

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/20/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145445</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/15/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>OAK HILL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>623 HAMACHER STREET WATERLOO, IL 62298</b>		
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F 000	INITIAL COMMENTS  Annual Licensure and Certification Survey  Validation Survey for Subpart U: Alzheimer's Unit  The Oak Hill is in substantial compliance with Subpart U, 77 Illinois Administrative Code 300.7000.	F 000			
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY  The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions  This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to provide an air gap on the ice machine between the ice storage bin and the floor sewage drain to prevent potential backflow into the ice machine, and failed to store food in a manner to prevent contamination. This has the potential to affect 128 residents living in the facility.  Findings include:  1. On 7/12/16 at 9:10 AM, three dented cans of tuna fish were on the shelf with food stock for use in the kitchen. At the same time, there was no	F 371			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 371	<p>Continued From page 1</p> <p>date on canned food items to assure first in first out rotation of food stock. The can of wax beans had no manufacturers date stamped on it.</p> <p>On 7/12/16 at 9:11 AM, E12 stated "(E13) must not have done stock. If (E13) doesn't put away stock she wouldn't know cans were dented and that she should call to get a credit for the case of dented product. We usually would put dented cans on (E13's) desk so she would know to call." E12 stated "For stock rotation we date the case box then when we put the cans in the incline rack we use the date stamped on the can. I can't see a date on the (wax beans) can. But we use the cans so fast and canned goods last forever. We only order foods on the menu that we don't have to worry about it."</p> <p>The facility's Food Storage (dry/Refrigerated/Frozen) dated 2011, documents in part, "Food shall be stored on shelves in a clean, dry area, free from contaminants. Food shall be stored at appropriate temperatures and using appropriate methods to ensure the highest level of food safety. All food items will be labeled. The label must include the name of the food and the date by which it should be sold, consumed, or discarded. Rotate products so the oldest are used first. Staff shall be instructed to use products with the earliest expiration date before those with a later expiration date. Dented cans are set aside in a separate labeled area of the storeroom to avoid using them and discarded according to vendor procedure."</p> <p>The memo written by E12, dated 7/13/16 documents, "We've contacted the Nutrition Resource Center from (Food Service Distributor) regarding the issue with the code on the can,</p>	F 371			

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F 371	<p>Continued From page 2</p> <p>rather the expiration dates. They stated the code is used for recall purposes. They've suggested that we follow the USDA's Food Product Dating guidelines regarding the items with a code. They further suggested that a good practice to start would be to start dating each individual can with the date that it came in to our facility. We will begin this practice effectively immediately."</p> <p>2. On 7/12/16 at 9:15 AM, a refrigerant recovery tank labeled "Amtrol may be used for Recovery of R410A Refrigerant" was stored in the main walk in freezer in the main kitchen with food for the residents.</p> <p>On 7/12/16 at 9:15 AM, E14, Maintenance Director, stated "That's a recovery tank for removing Freon that we freeze. It's empty right now but there's going to be Freon in it. We are going to pump down a unit this morning. We freeze the tank before we pump down the unit."</p> <p>On 7/13/16 at 2:45 PM, E14, stated "The refrigerant recovery tank was empty that was in the freezer. We put the Freon in it then take it to the (local Refrigeration Supply Store) to have it emptied then to get another tank. Freon won't hurt anyone. It's not poison. You could eat it."</p> <p>On 7/14/16 at 3:05 PM, Z2, a local refrigeration supply company representative, stated " I wouldn't put the Freon recovery tank in the freezer where food is stored. That's not a safe practice to potentially mix chemicals with food. An empty recovery tank would have had Freon in it previously and traces from the Freon residue could leak out into the freezer. Freon is not environmentally safe. And it would not be a good idea to put the empty canister in the freezer with</p>	F 371			

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F 371	Continued From page 3 food. Mixing food with chemicals is never a good idea."  3. On 7/12/16 at 1:30 PM, the drain to the ice storage bin of the ice machine in the main kitchen was one half inch below floor level submersed into the floor drain.  On 7/15/16 at 8:44 AM, E12 stated "the drain to the ice machine was stuck down into the drain."  The facility's Ice Handling and Cleaning policy, dated 2011, documents in part, "Ice storage bins shall be drained through an air gap."	F 371			
F 441 SS=E	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS  The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.  (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.	F 441			

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F 441	<p>Continued From page 4</p> <p>(b) Preventing Spread of Infection</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to follow contact isolation protocols for residents with Clostridium difficile (C. diff). This had the potential to effect 6 of 6 residents (R1, R3, R6, R16, R17 and R21) reviewed for infection control on the Alzheimer's unit in the sample of 24.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>On 7/12/16, the facility provided a facility roster. The Facility Roster documented R1, R3, R6, R16, R17 and R21 resided on the Alzheimer's unit.</li> <li>R6's Stool Exam for C-diff result dated 7/11/16</li> </ol>	F 441			

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F 441	<p>Continued From page 5</p> <p>documents R6 is positive for C-diff in the stool. R6's Physician Order Sheet, (POS), dated 7/11/16 documents R6 to be on contact isolation for C-diff.</p> <p>During the initial tour, on 7/12/16 at 9:15 AM, E4, Unit Director, stated the Whispering Pine Unit is the locked Alzheimer's unit in the facility. E4 stated they had only one resident, R6, on isolation for C-diff infection.</p> <p>On 7/12/16 at 9:36 AM, R6 was in her room and there was a "Stop. Please report to nurse before entering" sign on the door and an isolation cart parked inside the doorway next to the bathroom.</p> <p>On 7/13/16 at 12:58 PM, E9, Housekeeping Staff, stated she is permanently assigned to the locked unit. E9 stated there is one isolation room for C-diff infection and she knew it was for R6. E9 stated she cleans R6's room everyday. E9 stated she uses a spray disinfectant she called RTU Disinfectant 311 which kills everything. E9 stated she did not know if the disinfectant has bleach in it. E9 stated she cleans all surfaces in R6's room with it. E9 showed the disinfectant spray bottle she uses for R6's room and its label read RTU Disinfectant 311. E9 stated she uses Neutral Floor Cleaner to clean the floor in R6's room with a mop she uses only for that room.</p> <p>On 7/14/16 at 9:24 AM, E11, Housekeeping Staff, stated she works only at the locked unit and is aware there is one isolation room for infection of the stool. E11 stated she uses an antibacterial disinfectant called RTU Disinfectant 311 for all surfaces and Neutral Floor Cleaner to clean the floor of the C-diff isolation room. E11 stated they are not allowed to use bleach to clean resident</p>	F 441			

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F 441	<p>Continued From page 6 rooms.</p> <p>On 7/13/16 at 3:26 PM, E10, Housekeeping Supervisor, stated her staff disinfects the C-diff isolation room every day by mixing their own solution of a third quart of bleach and add enough water to make a quart of solution. E10 stated they use that solution to clean all surfaces in R6's room except the floor. E10 stated they use Neutral Floor Cleaner to clean the floors for a C-diff isolation room. E10 stated it does not matter whether her staff cleans the C-diff room or any isolation room first or last because they use a different mop for each resident room in the facility. E10 stated the Neutral Floor Cleaner contains ingredients in the same family as bleach.</p> <p>On 7/14/16 at 12:19 PM, Z1, Manufacturer of Neutral Floor Cleaner and RTU Disinfectant 311 Technical Support Supervisor, stated during a telephone interview, that both the RTU Disinfectant 311 and Neutral Floor Cleaner do not contain any bleach and are not in the family of the hypochlorites.</p> <p>The Material Safety Data Sheet for the RTU Disinfectant 311 and the Neutral Floor Cleaner were reviewed. Both did not contain bleach.</p> <p>The Facility presented a policy on Cleaning of An Isolation Room (Contact) but did not have a policy that addresses cleaning of an isolation room specific to C-diff infection.</p> <p>The Center for Disease Control (CDC) Guidelines dated 2007, documents, "11.1 Environmental Measures: Certain pathogens (i.e. C.difficile) may be resistant to some routinely used hospital disinfectants. Also, since C. difficile may display</p>	F 441			

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F 441	Continued From page 7 increased level of spore production when exposed to non-chlorine based cleaning agents, and the spores are more resistant than vegetative cells to commonly used surface disinfectants, some investigators have recommended the use of 1:10 dilution of 5/25%...hypochlorite (household bleach) and water for routine environmental disinfection of rooms and on patients with C.difficile when there is continued transmission."	F 441			