

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145686	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/01/2013
NAME OF PROVIDER OR SUPPLIER MORTON TERRACE H & R CENTRE			STREET ADDRESS, CITY, STATE, ZIP CODE 191 EAST QUEENWOOD ROAD MORTON, IL 61550		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 441 SS=D	<p>Complaint#1321121/IL62226</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>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.</p> <p>(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.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (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. (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</p>	F 441			

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 441	<p>Continued From page 1 infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, observation and record review the facility failed to follow their infection control policy on maintaining contact isolation procedures for one of two residents (R1) in contact isolation precautions reviewed for infection control in a total sample of three.</p> <p>Findings include:</p> <p>Facility's current list of residents in Isolation Precautions dated 03/22/13 documents R1 is in Isolation Precautions for VRE (Vancomycin-resistant Enterococci) of the urine and MRSA (Methicillin-resistant Staphylococcus aureus) of a wound on R1's coccyx (tailbone).</p> <p>Facility's Infection Control Policy and Procedure Manual dated August 2011 documents, "Contact Precautions require the use of appropriate Personal Protective Equipment including a gown and gloves upon entering the contact precaution room."</p> <p>R1 was laying in bed watching television on 03/25/13 at 12:05 p.m. A sign was posted on R1's door instructing visitors to report to the nurses' station before entering R1's room.</p> <p>On 03/25/13 at 12:17 p.m., E1, Administrator, stated that residents on Contact Isolation Precautions have a file kept outside their room with instructions on which personal protective</p>	F 441			

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

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F 441	<p>Continued From page 2</p> <p>equipment to wear before entering the room and information on the organism in which the resident is in Contact Isolation Precautions for. E1 also stated that all facility staff is expected to follow Contact Isolation Precautions.</p> <p>On 03/25/13 at 12:50 p.m., E3, Registered Nurse, stated that residents in Contact Isolation Precautions have a sign hanging on their door instructing individuals to report to the nurses' station before entering, "We (facility staff) educate the person on what precautions need taken." E3 also stated that R1 was currently in Contact Isolation Precautions.</p> <p>On 03/25/13 at 1:00 p.m. R1 was laying in bed while E4, Maintenance was standing in R1's room working on the television. E4's maintenance cart was sitting in the hallway outside of R1's room. E4 was not wearing a gown or gloves and exited R1's room and pulled his maintenance cart into R1's room.</p> <p>On 03/25/13 at 1:04 p.m. at the doorway to R1's room, E3 explained to E4 that he needs to be wearing a gown and gloves while he is working in R1's room, and E4 stated, "It's hard to work in a gown and gloves." E3 then stated, "he knows that he should be wearing a gown and gloves. I think he just wasn't thinking."</p>	F 441			