

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

PRINTED: 09/01/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E897	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/25/2016
NAME OF PROVIDER OR SUPPLIER OAK TERRACE HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1750 WEST WASHINGTON SPRINGFIELD, IL 62702		
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{F 000}	INITIAL COMMENTS First Recertification Revisit to Survey date 07/12/2016. First Complaint Certification Revisit to Survey date 07/12/2016, Complaint #1643667/IL86672 - No Findings	{F 000}			
{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. (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	{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 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 adequately disinfect a multi-use blood glucose monitoring device and failed to provide adequate hand hygiene and glove changing during incontinent care to prevent the spread of infection for 5 of 9 residents (R5, R13, R21, R22 and R25) reviewed for infection control practices in the sample of 9.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. On 8/23/16 at 11:37 AM, E14, Registered Nurse (RN), stated he was preparing to perform fingerstick blood glucose monitoring on R21. E14 wiped the glucometer with a bleach-free, alcohol-free wipe for approximately 3 seconds and then let it set on top of the medication cart wrapped in a brown paper towel. At 11:44 AM, E14 took the glucometer and performed fingerstick blood glucose monitoring on R21. After the procedure, E14 used a bleach-free, alcohol-free wipe and wiped the glucometer all over for 3 seconds and let it sit on the counter. 2. On 8/23/16, at 11:56 AM, E14 used the same glucometer and performed fingerstick blood glucose monitoring on R22. After the procedure, E14 wiped the glucometer with a bleach-free, 	{F 441}			

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{F 441}	<p>Continued From page 2</p> <p>alcohol-free wipe for 2 seconds and laid it on the counter.</p> <p>On 8/23/16, at 12:05 PM, E14 stated he wipes the glucometer between resident use with the wipe and let it sit for 5 minutes. E14 stated as far as he knows there was no required length of time wiping the machine, just have to let it dry for 5 minutes. E14 stated R21 and R22 were the only residents with blood glucose monitoring on the 100 hall.</p> <p>On 8/24/16, at 11:37 AM, E2, Director of Nursing (DON), stated she expected the nurses to clean the glucometer with wipes and let it dry before using it on the next resident.</p> <p>On 8/25/16, at 12:31 PM, E1, Administrator, stated the manufacturer's instructions for the glucometer used during the blood sugar monitoring on R21 and R22 recommended to clean the meter with soft cloth wet with water and mild detergent and not to use alcohol or another solvent.</p> <p>The Facility Bleach-Free, Alcohol-Free Wipes Instructions, undated, documents, "Directions for use: Disinfecting: To disinfect hard, nonporous surfaces, thoroughly wet the surface. Treated surface must remain visibly wet for disinfection. To disinfect against Escherichia coli, Pseudomonas aeruginosa, Salmonella, Vancomycin Resistant Enterococci, Staphylococci, Methicillin Resistant Staphylococci, Mycobacterium, Vancomycin Intermediate Resistant Saphylococci, Tuberculosis, allow the treated surface to remain wet for 10 minutes. Virucidal: when treated surface is allowed to remain wet for 2 minutes.</p>	{F 441}			

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{F 441}	<p>Continued From page 3</p> <p>Use additional wipes if needed to assure that the treated surface remains continuously wet for the prescribed time."</p> <p>The Recommendations for Use of the Blood Glucose Meter System in a Clinical Setting, dated 10/2010, documents, "If a single meter is used to test more than one patient, the meter must be cleaned per the User's Guide AND DISINFECTED AFTER EACH USE, as specified below, whether or not blood contamination is suspected. Meter Disinfection Procedure: 1. Prepare a fresh (i.e. daily) 10% bleach solution or obtain equivalent hypochlorite wipes. 2. Clean the outside of the meter with a soft cloth dampened with a 10% bleach solution or equivalent hypochlorite wipes. 3. Allow surface to remain wet for approximately 5 to 10 minutes or as specified by the manufacturer of the disinfectant."</p> <p>3. R5's Minimum Data Set (MDS) dated 8/1/16, documents R5 needs extensive assist with personal hygiene, dressing and toileting and is totally incontinent of bowel and bladder.</p> <p>On 8/22/16, at 3:26 PM, E9 and E10, Certified Nursing Aides (CNAs) provided incontinent care to R5 in bed. E9 and E10 washed hands and gloved. E9 washed R5 in the front, took off gloves and put on clean gloves after sanitizing hands and rolled R5 on to his right side. R5's adult incontinent brief was wet and had feces on it and soft fecal material was spread over R5's inner buttocks and rectal area. E9 washed R5's left buttock and rectal area and part of the right inner buttock free of visible fecal material. Using the same contaminated gloves, E9 touched R5's bare knees as he rolled R5 to his left side. E9 then</p>	{F 441}			

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{F 441}	<p>Continued From page 4</p> <p>took off his gloves, washed hands and put on clean gloves. E10 finished cleaning R5's right buttock.</p> <p>On 8/24/16, at 11:41 AM, E2 stated she expected E9 to remove his contaminated gloves before touching R5 in other areas.</p> <p>4. On 8/23/16, at 10:19 AM, E2 stood R13 up from the toilet in the resident's bathroom after R13 had urinated and had a bowel movement in the toilet. E4, CNA, with gloved hands, wiped the bowel movement from R13's buttocks, pulled her diaper and pants up, touched R13's wheelchair arm rests and wheelchair handles with the same contaminated gloves. E4 removed her gloves. E5, CNA, was present in the room. At 10:20 AM, E4 stated "(R13) had a bowel movement. We're going to put her in bed and do peri-care (perineal care) on her." At 10:22 AM, E4 donned gloves and cleansed R13's pubic area including upper aspects of both thighs and frontal portion of the perineum with a wet washcloth and non-rinse soap. After each wipe of the pubic area, inner thighs and perineum, E4 touched the soiled areas of the cloth with gloved hands as she folded the wet cloth to cleanse another area. E4 spread R13's labia majora apart and cleansed from bottom to top. R13 was turned on her right side and E4 cleansed her buttocks and anal area and E4 touched the soiled areas of the cloth with gloved hands as she folded the wet cloth to cleanse another area. E4 touched the soiled areas on the cloth with each fold of the cloth with gloved hands and never changed gloves during care. E4 changed her gloves prior to dressing</p>	{F 441}			

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{F 441}	<p>Continued From page 5</p> <p>R13 but did not perform hand hygiene prior to donning new gloves.</p> <p>R13's MDS, dated 8/1/16, documents R13 is always incontinent of bowel and bladder and total dependent on staff for care.</p> <p>On 8/24/16, at 2:30 PM, E2 stated "I saw everything you saw. I saw (E4) wipe BM (Bowel Movement) from (R13's) bottom, pull up her diaper and pants, touch area on her wheelchair, and never changed her gloves. I saw (E4) continually touch the dirty areas on the wash cloth, give and care and never changed her gloves. I saw her touch all kinds of things with her dirty gloves. I saw (E4) perform peri-care on (R13's) perineum going back to front. I saw it all."</p> <p>The Facility's Policy, "Perineal Care-Female", undated, documents "To eliminate odor, to prevent irritation or infection, and to enhance residents's self-esteem." The Policy continued to document "9. Spread labia majora apart and cleanse from top to bottom."</p> <p>The Facility's "Infection Control Program" Policy and Procedure, undated, documents "The purpose of our infection control program is to provide a safe, sanitary and comfortable environment for our residents, and to help prevent the development and transmission of disease and infection."</p> <p>5. R25's MDS, dated 6/17/16, documents R25 as frequently incontinent of bowel and bladder and requires extensive assistance from staff with care. R25's MDS documents she has severe cognitive impairment.</p>	{F 441}			

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{F 441}	<p>Continued From page 6</p> <p>On 8/23/16, at 10:38 AM, E7 and E4, CNAs, and E2 were present in R25's room. E7 wore gloves and cleansed R25's pubic area including upper aspects of both thighs and frontal portion of the perineum with a wet washcloth and non-rinse soap. After each wipe of R25's pubic area, inner thighs, and perineum, E7 touched the soiled areas of the cloth with gloved hands as she folded the wet cloth to cleanse another area. R25 was turned on her left side and E7 cleansed her buttocks and anal area touching the soiled areas of the cloth with gloved hands as she folded the wet cloth to cleanse another area. E7 touched the soiled area on the cloth with each fold of the cloth with gloved hands and never changed gloves during care.</p> <p>On 8/24/16, at 2:30 PM, E2 stated "I saw everything you saw. I saw (E7) continually touch the dirty areas on the wash clothes, give care and never changed her gloves. I saw her touch all kinds of things with her dirty gloves. I saw it all."</p>	{F 441}			