

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

PRINTED: 04/07/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145024</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/02/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>PINECREST MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>414 SOUTH WESLEY AVENUE MOUNT MORRIS, IL 61054</b>		
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F 000	INITIAL COMMENTS  Annual Licensure and Certification Survey  Validation Survey for Subpart U: Alzheimer Unit Pinecrest Nursing Home is in compliance with Subpart U, 77 Illinois Administrative Code Section 300.7000. for this survey.	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 and interview the facility failed to ensure food steam tables were free of potential cross contamination from dust, and debris; the facility failed to monitor the sanitation levels of the water in a 3 compartment sink, temperatures in refrigerated/freezer storage and food expiration dates; the facility failed to store frozen food, and clean dishes in a manner to prevent cross contamination.  This has the potential to affect all residents in the facility.  The findings include: The CMS 672 dated 3/30/2015 shows 103	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 residents in the facility.</p> <p>On 4/1/15 at 8:30 AM, E4 (Dietary Manager) stated all the resident food is prepared in the main kitchen. Resident food is transported to the steam table in the Main (West) Dining Room, the East Dining Room kitchenette, 400 Wing kitchenette, and to the Terrace Unit kitchenette. Food is plated and served to the residents from steam tables in each dining area.</p> <p>During this survey the following sanitation concerns were identified:</p> <p>On 3/31/15 at 9:15 AM in the East Dining Room kitchenette, E13 was unable to find the sanitation strips to check the level of the 3 compartment sink. E13 stated they do not keep a sanitation level log for this 3 compartment sink. E13 stated they use the sink to wash food service utensils and pans.</p> <p>On 4/1/15 at 8:45 AM, in the kitchenette of the 400 wing, 2 containers of unopened yogurts with expiration dates of 01/01/15 and 1 container expired on 3/23/15 were found in the refrigerator. At 9:10 AM, the refrigerator in the activity/kitchen area in the Terrace Unit did not contain a thermometer in the refrigerated or freezer compartments. In the freezer section, an opened 2 quart container of ice cream was stored on top of 2 trays of ice cubes. E8 (Activity Aide) stated the refrigerator is used to store both resident and activity department food items. E8 stated the kitchen probably monitors the temperatures and keep the refrigerator clean and organized. The ice cubes are used when extra ice is needed for beverages.</p> <p>At 9:20 AM, the kitchen walls in the Terrace Unit (Alzheimer Unit) directly above the steam table had furry brown pieces sticking to the wall. The top of the wooden ledge of the pull down door which is above the steam table had furry brown</p>	F 371			

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F 371	Continued From page 2 debris along the edge. A rubber floor mat was rolled up and positioned next to the shelf storing resident condiment supplies. The floor mat was soiled with dried food debris. At 10:15 AM, in the lounge near the 500 wing, a refrigerator with resident food snacks and beverages had no refrigerator or freezer thermometer. No temperature log was found. E7 (Activity Staff) stated she thinks the refrigerator temperatures and cleaning is done by the dietary staff. At 11:10 AM, E4 (Dietary Manager) and E6 toured the East wing kitchenette. The fan attached to the wall pointed toward the food serving line had brown furry debris on the screen and blades. A metal fuse box without a cover was located on the wall adjacent to the steam serving table. The top of the fuse box was dusty and had small pieces of black matter, and the edges of the fuse switches were dusty. A plastic food tray storing the cereal/soup bowl had food crumbs around the dishes.	F 371			
F 441 SS=D	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	F 441			

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F 441	<p>Continued From page 3</p> <p>(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 infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to provide personal care in a manner to prevent cross contamination, failed to transport soiled linen in a manner to prevent cross contamination, and failed to ensure staff washed their hands after providing resident care. This applies to 2 of 18 residents (R85, R50) in the sample of 18 reviewed for infection control and 1 resident (R96) in the supplemental sample. The findings include: 1. R85 ' s Physician Order Sheet dated 3/1/15 shows diagnoses to include Parkinson ' s</p>	F 441			

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F 441	<p>Continued From page 4</p> <p>Disease, Urinary Frequency, and Dementia. R85 ' s Minimum Data Set (MDS) of 3/8/15 shows R85 requires assistance with transfers, hygiene, bathing, toileting, and ambulation. The 3/8/15 MDS shows R85 is incontinent of urine.</p> <p>On 3/30/15 at 7:00 PM, E5 (Certified Nursing Assistant - CNA) removed R85 ' s soiled incontinence brief and R85 ' s clothes. E5 placed two wash cloths in the bottom of sink and left the water running. E5 removed R85 ' s dentures and handed R85 a toothbrush to brush his teeth. E5 brushed R85 ' s dentures over the wash cloths in the bottom of the sink. E5 rinsed the dentures, and changed the water in the denture cup in the sink with the wash cloths sitting on the bottom. After brushing his teeth, R85 rinsed his mouth with water and spit it into a basin. E5 dumped the tooth paste and rinse water into the sink with the wet washcloths. E5 then used the wash cloths to provide incontinence care to R85.</p> <p>On 4/1/15 at 2:30 PM, E2 (Director of Nursing - DON) said staff should remove wash cloths from the sink before rinsing anything in the sink. E2 said the wash cloths should not have been in the sink while the denture cup was rinsed and while the rinse container was cleaned. E2 said contaminated wash cloths should not be used to provide resident care.</p> <p>The undated facility policy " [facility] Infection Control Program shows " It is the policy of [facility] to provide all services to maintain a sanitary and comfortable environment and to prevent the development and transmission of infection. "</p> <p>2. On 3/30/15 at 7:15 PM, E9 and E10 (CNA) assisted R96 into the bathroom. After R96 ' s shirt and pants were removed, the dirty clothes were tossed onto the floor in the corner of the bathroom. E10 gave R96 a partial bath including</p>	F 441			

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F 441	<p>Continued From page 5</p> <p>the perineal area. The soiled washcloths and towels were thrown onto the floor near R96 ' s clothes. Upon completion of personal care for R96, E10 picked up the soiled clothing without using gloves and held them next to her uniform. E10 transported the linen down the hall to the soiled linen container in the utility room. The soiled linens were not bagged or contained during transport.</p> <p>On 4/1/15 at 2:15 PM, E2 (DON) stated they do not have a policy regarding transporting soiled linen. E2 stated the linen should not be held close to their uniform during transport.</p> <p>3. On 04/01/15 at 8:50 AM, E11 (Certified Nursing Assistant-CNA) assisted R50 in the bathroom. E11 (CNA) cleaned R50 after R50 had a bowel movement. E11 removed her gloves. Without washing or sanitizing her hands, E11 then assisted R50 with brushing her teeth, grabbed the walker and helped R50 to her chair. E11 removed the gait belt around R50 ' s waist, fluffed a pillow, and positioned it on R50 ' s side. E11 straightened the bedside table, placed the water pitcher near R50, and clipped the call light close to R50. E11 then opened the door and left the room without washing or sanitizing her hands. R50 ' s Profile Face Sheet shows diagnoses to include Left Hip Arthroplasty, Left distal Humerus fracture Status Post Fall and Muscle Weakness. R50 ' s current care plan shows R50 needs assistance of 1 person during transfer, ambulation and bathroom assistance per verbal request.</p> <p>On 04/01/15 at 2:50 PM, E2 (Director of Nursing-DON) said that the expectation is for the CNAs to do handwashing after resident cares or after removing their gloves. E2 (DON) stated, " If the CNA cannot wash her hands right away, a hand sanitizer could be used but after that the</p>	F 441			

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F 441	Continued From page 6 CNA should wash her hands. We have a yearly in-service about this and during orientation of new staff. " The facility ' s Hand Washing Policy dated 07/30/07 shows ...All personnel shall follow hand washing guidelines, appropriate to the designated task, in order to help prevent the spread of infection and disease to residents, visitors, and other personnel ...before and after donning gloves ...waterless cleansers, properly used, may be utilized as appropriate, in lieu of handwashing, when there is no visible soiling and/or handwashing facilities are not readily available.	F 441			
F 465 SS=C	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON  The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.  This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to ensure the kitchen environment and equipment was maintained in a sanitary condition. This has the potential to affect all residents in the facility. The findings include: The CMS 672 dated 3/30/2015 shows 103 residents in the facility. During this survey the following concerns were identified: On 4/1/15 at 9:10 AM, the inside walls of the microwave in the activity/kitchen area in the Terrace Unit were soiled with food splatters. E8 (Activity Aide) stated the kitchen is responsible for	F 465			

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F 465	<p>Continued From page 7</p> <p>cleaning the kitchen equipment and microwave. At 9:20 AM, in the Terrace Unit kitchenette, the inside of ceiling exhaust vent had a black film as well as the outer corners of the vent. At 9:45 AM, E4 (Dietary Manager) stated the maintenance staff cleans the air vents of the main kitchen, but not the vents of the kitchenettes.</p> <p>At 10:20 AM, in the lounge near the 500 wing, a popcorn popping machine was empty; not in use. The inside walls and bottom of the machine were left with an oily film. E7 stated she usually cleans the machine before she makes popcorn for the residents.</p> <p>At 10:45 AM, E6 (Assistant Dietary Manager) toured the main kitchen with the surveyor. The reach in cooler door gaskets (6 doors) had a black residue inside the grooves of the gaskets as well on the contact surface. The door surface where the gaskets seal also had a black residue. The inside surface of the doors was soiled with food debris and splashes.</p> <p>The opening edge on the large white storage bins for flour and sugar had a sticky residue and food debris noted on the top of the bins. The outside of the bins were soiled.</p> <p>The large floor model stand mixer motor had splashes of liquid and the base of the machine had liquid splashes and a dust layer.</p> <p>The metal storage shelf under the food buffet unit holding large cooking pans was dusty and contained splashes of food.</p> <p>The floor of the walk-in cooler was soiled with debris, and the front of a metal storage cabinet had a layer of brown residue near the handles. Outside East dining room kitchenette near the serving window, a 3 shelf cart had resident cards and menu papers on the top. The top shelf and other 2 shelves contained food debris and liquid splashes. The top of an insulated food cart used</p>	F 465			



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F 465	Continued From page 8 for storage outside the serving window had food debris and dust. The tables in the East dining room had a lazy Susan for beverage condiments, salt, pepper and pencils to use for menu selection. The lazy Susans had food crumbs and liquid splashes. On 4/1/15 at 11:10 AM, E4 (Dietary Manager) stated they currently do not have a schedule for routine deep cleaning.	F 465			