

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

PRINTED: 02/26/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145438		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/25/2016	
NAME OF PROVIDER OR SUPPLIER COLLINSVILLE REHABILITATION & HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 614 NORTH SUMMIT COLLINSVILLE, IL 62234			
(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 315 SS=D	<p>Complaint #1640902/IL83471</p> <p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interviews, observations and record review, the facility failed to provide complete incontinent care for 1 of 5 residents (R1) reviewed for incontinent care in the sample of 9.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS), dated 10/8/15, documents R1 is dependent on two staff for transfers and one staff for bathing, hygiene and toileting. The MDS also identifies R1 as always incontinent of bowel and bladder.</p> <p>R1's Urinalysis, dated 10/2014, documents R1's history of Urinary Tract Infections (UTI) of Escherichia coli.</p> <p>R1's Care Plan, dated 1/5/16, includes the goal to be free of infections for 90 days with interventions</p>			F 315			

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 315	Continued From page 1 to "Give proper hygiene before/after meals, upon rising, upon request, before retiring for the evening, after napping, + (and) PRN (as needed) for incontinence." An intervention, dated 1/5/16, documents the goal to assure R1 of maximum comfort to be clean, dry and free from odors. On 2/23/16 at 11:20 AM, E11 and E12 Certified Nurses Aides (CNAs) turned R1 to his left side in bed. R1 had a wet brief on which was confirmed by R12 who stated it "was soaked." R1 also had a bowel movement (BM). E11 donned gloves and wiped BM from R1's rectal area and inner buttocks with disposable wipes, but failed to clean his outer buttock and inner thighs. E12 and E11 then assisted R1 to roll to his left side and again wiped his rectal area and inner buttocks using disposable wipes. No cleansing was provided to R1's peri-area, scrotum, penis or inner groin area which would have been wet with urine. R1 is uncircumcised. The facility's Perineal Cleansing policy, dated 9/21/10, documents the policy is to "eliminate odor; to prevent irritation or infection and to enhance resident's self-esteem." The procedure for males includes washing pubic area, including upper/inner aspect of both thighs as well as the penis and scrotum and retracting foreskin and wash carefully to remove secretion, wash under scrotum.	F 315			
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	F 441			

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F 441	<p>Continued From page 2 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 infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and record review, the facility failed to follow proper hand hygiene during incontinent care for 1 of 8 residents (R1) reviewed for infection control in the sample of 9.</p>	F 441			

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F 441	<p>Continued From page 3</p> <p>Findings include:</p> <p>1. On 2/23/16 at 11:20 AM, E11 and E12 Certified Nurses Aides (CNAs) donned gloves and assisted R1 to his right side to provide incontinent care. E11 cleansed R1's inner buttocks and rectal area while wearing gloves. E11 touched R1's hip, sheets, pad, and searched in R1's drawer for barrier cream without removing the soiled gloves and/or washing hands. E11 and E12 then assisted R1 to his left side and E12 provided incontinent care while wearing gloves, but again, failed to remove/change them before touching R1's sheets, hips, and clothes. Both E11 and E12 applied barrier cream to R1's skin while wearing the soiled gloves.</p> <p>There was bowel movement on R1's pressure ulcer dressing on his inner buttock. At 11:37 AM following the incontinent care, E10 Licensed Practical Nurse (LPN) entered the room to remove the soiled tape on R1's pressure ulcer dressing. After touching the soiled dressing and removing the tape, E10 cleansed the area with saline soaked gauze without first changing his gloves and/or washing his hands.</p> <p>There was no sink in R1's room.</p> <p>The facility's Handwashing policy, dated 12/2008, documents "all staff will wash hands, as washing hands as promptly and thoroughly as possible after resident contact and after contact with blood, body fluids, secretions, and equipment or articles contaminated by them is an important component of the infection control and isolation precautions." The policy also documents "If soap and water are not available use a waterless</p>	F 441			

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F 441	Continued From page 4 antimicrobial or Theraworx to clean your hands." The facility's Perineal Cleansing policy, dated 9/21/10, includes a note that documents "The basic infection control concept for peri-care is to wash from the cleanest to the dirtiest area and remember to change or remove gloves and wash hands when going from working with contaminated items to clean items."	F 441			