

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

PRINTED: 06/23/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145818</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/17/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROCK RIVER HEALTH CARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>707 WEST RIVERSIDE BOULEVARD ROCKFORD, IL 61103</b>		
(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 Investigation Survey #1513065/IL77789 - No findings #1513131/IL77874 - F441 cited</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</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</p> <p>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 ensure staff use personal protective equipment to reduce cross-contamination and the spread of infection.</p> <p>This applies to 1 of 5 residents (R11) reviewed for isolation precautions in the sample of 7.</p> <p>The findings include:</p> <p>On June 13, 2015 at 5:55 PM., the isolation cart outside R11's room had no isolation gowns on it. CNAs (Certified Nursing Assistants) E9 and E12 transferred R11 to a wheelchair without wearing PPE (Personal Protective Equipment) gowns.</p> <p>On June 13, 2015 at 4:10 PM, E11 (CNA) stated gown and gloves are required for care for a resident with C-Diff (Clostridium Difficile). E11 said afterwards hand washing with soap and water is necessary. On June 13, 2015 at 4:50 PM, E12 stated for residents isolated for C-diff a gown and gloves are needed to enter room. Linen and garbage have their own bins inside the residents room. On June 13, 2015 at 5:00 PM, E9 stated contact isolation is used for C-diff. Gown and gloves are put on before entering a room. Residents are put on isolation after positive results come back from the lab and a doctor order is obtained. On June 13, 2015 at 6:00 p.m. E2 (Director of Nursing - DON) stated contact</p>	F 441			

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F 441	Continued From page 2 precautions for C-diff isolation includes wearing gowns and gloves when giving care or coming into contact with resident. On June 13, 2015, at 5:55 PM, E9 and E12 stated they completed incontinence care and transferred R11 to the wheelchair. E9 and E12 stated they did not have on isolation gowns because there was none on the cart when they went to enter the room.  The Physician order dated June 6, 2015 has orders for contact isolation precautions and Flagyl (antibiotic) 500 milligrams to be given every eight hours for twenty one days.	F 441			