STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145386	A. BUILDING _____ B. WING _____	05/20/2016

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SOUTHGATE HEALTH CARE CENTER	900 EAST NINTH STREET, PO BOX 843 METROPOLIS, IL 62960

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F 000	INITIAL COMMENTS	F 000		
F 280 SS=D	Annual Licensure and Certification Survey 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to update the plan of care for one of 24 residents (R2) reviewed for care plans in the sample of 24. Finding include: On 5/17/16 at 2:30 PM, R2 had no cast on either lower extremity	F 280		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 280	Continued From page 1 On 5/18/16 at 4:00 PM, R2 had no cast on either lower extremity. When questioned R2 stated she had not had a cast for almost a month. R2's orthopedic note date 4/22/16 shows under plan: We are going to transition her out of the cast and have her start toe-touch weight bearing of the left lower extremity. R2's Health Status Note dated with a late entry of 4/22/16 shows oncologist office was contacted on 4/21/16 to set up a office visit for R2 to be seen related to primary care physician giving orders to refer to Oncologist for further evaluation related to labs. On 5/3/16, R2 returned from Oncology appointment with new lab orders and further appointments. On 5/16/16 Oncology Associates called to report R2's blood drawn on 5/13/16 and results were received today. R2 should not get an appointment with phlebotomy until the 19th. Also informed the nurse that from this appointment on the 19th they were going to draw blood there weekly and if she needed 500 ml(milliliters) of blood taken off that they would do it at that time while she is there. R2's Plan of Care note shows primary care physician discontinued her Coumadin on 5/2/14 and started R2 on Plavix. R2's plan of care with admission date of 2/9/16 shows R2 is on Coumadin, cast is applied to left lower extremity. No where on R2's Care Plan is oncology visits and follow-up concerns addressed. On 5/19/16 at 1:20 PM, E4 ADON (Assistant Director of Nursing) stated R2 had been going to the Oncologist for a while after a referral from her primary related to some abnormal labs. E4	F 280		

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F 280	Continued From page 2 asked E6 (Medical Records) if she knew when and why R2 was going to the oncologist. E6 stated it was due to some type of blood dyscrasia. On 5/19/16 at 1:50 PM, E5 CPC(Care Plan Coordinator) stated residents care plans were changed at least quarterly, with admissions,and significant changes. E5 stated the care plan should be updated within a couple of days if something changed with it if it concerned the residents care. E5 stated she was aware R2 did not have a cast anymore and hadn't fixed her care plan. E5 stated she was aware R2 was seeing the oncologist for something but was not sure why but had not put it on her care plan. E5 stated she was not sure what was going on with R2's coumadin.	F 280		
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	F 441		

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F 441	Continued From page 3 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. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to follow their policy and procedures for infection control and contact isolation for C-Diff(Clostridium Difficile) and nationally recognized CDC(Center for Disease Control) processes for infection control for C-diff, this has the potential to affect 11 residents (R1-R3, R5, R6, R13, R15, R17, R18 R20, R21) of 12 residents reviewed for infections in the sample of 24, and 12 residents (R25 - R36) in the supplemental sample. A facility policy titled: Infection Control Policy/Procedures for Clostridium Difficile (no date) states: 1." Gown whenever anticipating that clothing will come in direct contact with resident's stool or any potentially contaminated environmental surface or equipment in close proximity of the resident. If a gown is used, it	F 441		

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must be donned upon entering the unit and before leaving the resident care unit." 2. "Housekeeping-During an outbreak, thorough environmental cleaning and disinfection with a disinfectant that has demonstrated effectiveness against C-Difficile is required. 3. "Visitors-Instruct visitors regarding hand cleansing before and after patient contact. Gowns and gloves are not required unless visitor has direct contract with the patient or provides care. Provide C-Diff Fact Sheet found in the Infection Prevention and Control Manual."

On 5/19/16 at 12:05 E2, DON (Director of Nursing), stated E2 had looked at the CDC recommendations yesterday evening after concerns had been brought to her attention and she had found out the CDC was specific that all staff should be wearing a gown upon entering a room of a resident on isolation for C-Diff. E2 stated staff could be spreading the spore around the facility if they did not wear a gown because they never know when or if they had potentially been contaminated. E2 stated with visitor they also had not been told to wear gown with R3 who had been diagnosed with C-Diff she had just told the Z1, (Power of Attorney for R3) to make sure to wash her hands. E2 stated after reviewing the CDC guidelines the facility would be updating their infection control policy and procedures including their isolation policies to make sure they were reflective of CDC guidelines.

On 5/19/16 at 12:45 AM, E3 (Housekeeping Supervisor) stated housekeeping staff had not been changing or cleaning the brooms ends between rooms after they swept rooms of residents with C-Diff, they just changed the heads. At this time, reviewed the Material Safety Data Sheet (revised 4/29/2016) for product that E3 identified as using to mop floors of residents

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with C-Difficile, and no information was found that the product was effective for cleaning spores for C-Diff, or statement of contact time needed for cleaning, or identification of the correct chemical compound required to effectively disinfect for C-Diff. E3 confirmed this was the product housekeeping used on not just the residents on isolation but all the resident room floors to clean and mop.

According to the CDC (Center for Disease Control) information titled " CDC 24/7: Saving Lives. Protecting People-Frequently Asked Questions about Clostridium difficile for Healthcare Providers " shows C-Diff (Clostridium Difficile) is a spore forming toxin, disease resulting from C-Diff infections:

. How is C-Diff transmitted: C-Diff is shed in feces. Any surface, device, or material (e.g., commodes, bathing tubs, and electronic rectal thermometers) that becomes contaminated with feces may serve as a reservoir for the C-Diff spores. C-Diff spores are transferred to patients mainly via hands of healthcare personal who have touched a contaminated surface or item.

How can C-Diff infections be prevented in hospitals and or other healthcare settings: Use Contact Precautions: for patients with known or suspected C-Diff infections(cohort) with other patients with C-Diff infections, use gloves when entering patients' rooms and during patient care, perform hand hygiene after removing gloves (because alcohol does - Place these patients in private rooms, if no private room available, patients can be placed in rooms not kill C-Diff spores), use of soap and water is more efficacious than alcohol based hand rubs, preventing contamination of the hands via glove use remains the cornerstone for preventing C-Diff transmission via the hands of healthcare workers.

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F 441	Continued From page 6 Use gowns when entering patients rooms and during patient care. Dedicate or perform cleaning of any shared medical equipment. Implementation and environmental cleaning and disinfection strategy: Ensure adequate cleaning and disinfection of environmental surfaces and reusable devices, especially items likely to be contaminated with feces and surfaces that are touched frequently. Consider using EPA (Environmental Protection Agency)-registered disinfectant with a sporicidal claim for environmental surface disinfection after cleaning in accordance with label instructions. Follow the manufacturer's instructions for disinfections of endoscopes and other devices. The Center for Disease Control, CDC, guidelines under 11/1 Environmental Measures " Certain Pathogens (e.g. ....C. difficile) may be resistant to some routinely used hospital disinfectants. Also, since C-Difficile may display increased level of spore production when exposed to non-chlorine based cleaning agents, and spores are more resistant than vegetative cells to commonly used surface disinfectants, some investigators have recommended the use of 1:10 dilution of 5/25%...hypochlorite (household bleach) and water for routine environmental disinfection of rooms and with patients with C. difficile when there is continued transmission. " R3's Care Plan with initiation date of 5/5/16 shows R3 has C-Difficile related to hospitalization with antibiotic use, resident is on contact isolation. On 5/17/16 at 12:05 PM, E2, (DON), entered R3's room with no gown or gloves and E2 stated R3 was on contact isolation for C-Diff and staff usually didn't need to wear a gown unless they thought they might come into contact with residents feces or something thing that was soiled. E2 stated staff did not wear gown each	F 441		

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time they entered R3's room.
On 5/18/16 at 11:45, E10, CNA (Certified Nurse's Aid) and E15, (CNA), went into R3's room on multiple occasions with no gown. E11, (RN) came into room with no gown on. E10 at one point had neither gloves or gown on and rolled R3 to his right side, feces was on the edge of his incontinence pad, and E10 touched this with her uniform top. E10 also failed to clean off the over bed table that had been used for catheter care cleaning materials for R3. E10 then went and got R3's meal tray and placed it on the bedside table. E10 fed R3 small portion of food then took contaminated meal tray up hallway to dirty kitchen window and placed it there.
On 5/18/16 at 12:35 PM, E12, (housekeeper) went into R3's isolation room without a gown and proceeded to start wiping off surfaces of bed, wall and dresser. When E10 entered with R3's meal tray, E10 exited R3's room and on the way out she took R3's contaminated trash can into hallway and put it on her housekeeping cart and emptied it, wiped it down, replaced liner and then placed it back into R3's room. E10 did not get a clean housekeeping cart or clean her contaminated housekeeping cart.
On 5/18/16 at 1:15 am E14 (Licensed Practical Nurse) went into R3's room to do his treatment and did not wear a gown and said she never did because she didn't need to because she never had and didn't feel she need it if she was just stepping in real quickly. E15, CNA went in to assist E14 with holding R3 over so E14 could do treatment. E15 did not put on a gown and when E15 turned R3 over to his right side for E14, E15's right forearm was in contact with R3's right buttock and R3 was stooling at the time.
On 5/18/16 at 3:35 PM, Z1 (resident family member) stated she tries to visit R3 one to two

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F 441	Continued From page 8 times a week and all she had been told about R3 was he was sick and to make sure they washed their hands really good. Z1 stated she did not know why R3 was on isolation or what she should or should be doing. Z1 stated staff had just told her to be sure and wash her hands good. Z1 stated she did not know she was supposed to be wearing a gown for protection. Z1 stated very rarely did staff at the facility use a gown when they came into R3's room to give care. On 5/18/16 at 11:30 am , E5 (CNA) stated the CNA's that work on A, B, and C hall usually work together and help each other on all three of the intermediate halls. E10 (CNA) stated she goes over to help on the other halls when she is needed on the intermediate hall. According to the facility's Resident List Report dated 5/17/16, E2 identified the following residents as those residing on A, B and C intermediate halls: R1, R2, R3, R5, R6, R13, R14, R15, R17, R18, R20, R21 and R25-R36.	F 441		