

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

PRINTED: 04/13/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145278</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/05/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>STERLING PAVILION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 EAST 23RD STREET</b> <b>STERLING, IL 61081</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 #1611736/IL84466</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 Personnel must handle, store, process and transport linens so as to prevent the spread of</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 infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure a resident was not placed on another resident's bed pan, and failed to ensure a bed pan used by a resident in isolation was covered, and stored off the floor.</p> <p>This applies to 2 of 3 residents (R1, R2) reviewed for infection control in the sample of 9.</p> <p>The findings include:</p> <p>1. R1's Care Plan dated March 29, 2016 showed R1 requires assistance with transfers, was non weight bearing, and used a commode and bedpan for toileting.</p> <p>On April 5, 2016 at 10:30 AM, E4 and E5, Licensed Practical Nurses (LPN), said last week they did not have bed pans available in their supply closet. E4 and E5 said the bed pans are locked up in a store room and the nurses do not have a key, and E4 said if they need one during the night, they have to call the Director of Nursing and she has to come to the facility, unlock the door, and give them one. E5 said last week, R1 needed a bed pan on the night shift, and there were no bed pans available. E5 said they had to use another resident's bedpan for R1, until they could get her one in the morning. E5 said they should not reuse resident bedpans for other residents.</p> <p>On April 5, 2015 at 8:20 AM, E2 (Director of</p>	F 441			

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F 441	<p>Continued From page 2</p> <p>Nursing) said a used bedpan should not be washed and reused on another resident, and if a resident is no longer using the bedpan it should be disposed of. At 10:10 AM, E10, Certified Nurse Assistant (CNA), and at 10:45, E3 (LPN) said a resident's bedpan should not be reused for another resident.</p> <p>The November, 2015 revised Cleaning and disinfection of Resident-Care Items and Equipment facility policy shows: The following categories are used to distinguish the levels of sterilization/disinfection necessary for items used in resident care. Single resident-use items are cleaned between uses by a single resident and disposed of afterwards (e.g., bedpans, urinals).</p> <p>2. R2's Minimum Data Set (MDS) of March 7, 2016 shows R2 is cognitively intact, and requires extensive staff assistance with dressing, bathing, and hygiene.</p> <p>R2's April, 2016 Physician Order Sheet (POS) shows on March 29, 2016 R2 had C-Difficile (Bacteria in Stool) and needed isolation.</p> <p>On April 4, 2016 at 12:00 PM and 1:55 PM, R2 had an isolation cart outside her room, and a contact isolation sign on her door. R2 was in her room, and two uncovered bedpans resting directly on her bathroom floor. R2 said she uses the bedpan everyday, and that is the only way she can have a bowel movement, because she does not use the bathroom, or a commode.</p> <p>On April 5, 2016 at 2:00 PM, E5, E2, and E6 (CNA) said a resident's bedpan should be in a plastic bag and on the back of the toilet or</p>	F 441			

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F 441	Continued From page 3 commode when it is not in use, and should not be placed uncovered on the floor.  The November, 2013 facility policy "Bedpan/Urinal, Offering/Removing" states "Clean the bedpan or urinal...Do not leave it in the bathroom or on the floor."	F 441			