

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

PRINTED: 12/09/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146068	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/04/2014
NAME OF PROVIDER OR SUPPLIER SUNNY ACRES NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 19130 SUNNY ACRES ROAD PETERSBURG, IL 62675		
(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>Annual Licensure and Certification Survey.</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 observation, interview, and record review, the facility failed to maintain an indwelling urinary catheter drainage bag off of the floor for one of one residents (R16) reviewed for indwelling urinary catheters in the sample of 17.</p> <p>Findings include:</p> <p>On 12/2/14 at 2:33pm, E4, Certified Nursing Assistant (CNA), and E5, CNA, transferred R16 from the wheelchair to the bed using a mechanical lift. During the transfer, E4, placed R16's urine drainage bag on the floor, with E4's feet placed on both sides of the bag. R16's catheter tubing was not secured to R16's leg.</p> <p>On 12/2/14 at 2:40 pm, E4 verified E4 did not know whether or not the urinary drainage bag could be placed on the floor.</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 On 12/3/14 at 10:15 am, E2, Director of Nursing, stated, "They (facility staff) generally do not place urinary catheter drainage bags on the floor. The facility does not have a policy regarding care of urinary catheter drainage bags." R16's Care Plan dated 10/16/14, directs "Do not allow tubing or any part of the drainage system to touch the floor."	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 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 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.	F 441			

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F 441	<p>Continued From page 2</p> <p>(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 prevent cross-contamination during toileting for one of eight residents (R6) reviewed for bowel and bladder control in the sample of 17.</p> <p>Findings include:</p> <p>On 12/2/14 at 9:30 am, E3, Certified Nursing Assistant (CNA), applied gloves and cleansed feces from R6's perianal area. E3 then applied a clean incontinence brief to R6, and pulled up R6's pants, while wearing the same contaminated gloves.</p> <p>On 12/2/14 at 9:45 am, E3 stated, "Staff are suppose to change gloves after changing and cleaning a resident."</p> <p>On 12/3/14 at 10:05 am, E2, Director of Nursing, stated, "(E3) should have changed gloves before applying R6's clean incontinence brief."</p> <p>The facility's undated Policy and Procedure for Glove Use directs, "Gloves are changed...after</p>	F 441			

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F 441	Continued From page 3 contaminated procedures on the same patient." The facility's undated Policy and Procedure for Perineal Care states: "11. Wash, rinse and dry buttocks and peri-anal area..., 12. Remove wet/soiled incontinent pad, 13. Place soiled linen in proper container, 14. Put on clean gloves, 15. Place a dry incontinent pad or briefs underneath resident."	F 441			