

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

PRINTED: 10/22/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145850		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/13/2015	
NAME OF PROVIDER OR SUPPLIER CEDAR POINTE REHAB & NURSING				STREET ADDRESS, CITY, STATE, ZIP CODE 5825 WEST CERMAK ROAD CICERO, IL 60804			
(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 Complaint Investigation 1595134/IL80220 - No Deficiency 1595178/IL80266 - No Deficiency 1595275/IL80374 - No Deficiency 1595295/IL80395 - F441 1595316/IL80423 - No Deficiency 1595331/IL80439 - No Deficiency 1595344/IL80455 - No Deficiency			F 000			
F 441 SS=D	1595380/IL80497 - No Deficiency 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			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>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(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.</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 positively identify a resident's skin infestation, follow it policy governing head lice and have a communicable disease policy and procedure that would identified, treat and prevent the transmission of infectious skin agents . This applies to two of four residents (R4 and R13) reviewed for infection, in a sample of 17.</p> <p>Findings Include:</p> <p>On 9/28/2015 at 5pm, Z1 (family of R4) reported via phone, She received a call from facility staff informing her that R4 had Lice. Z1 went to the facility 9/26/2015, and took R4 to a hospital Emergency room for a Doctor to examine</p>	F 441			

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F 441	<p>Continued From page 2</p> <p>R4. Z1 said the Emergency Room Doctor said R4 had Scabies. Also, R4 had a fungal skin infection in a fold of skin on his back.</p> <p>On 10/1/2015 at 5:15pm, E8 (Licensed Practical Nurse/LPN) confirmed she was the 2nd shift 8th floor nurse on 9/26/2015. E8 said Z1 called and said she was taking R4 to the Doctor. Z1 wanted a list of his current medications and she wanted to see the bottle of medication (Permethrin Cream 5%) used for R4's head Lice. Z1 took the list of R4's medications; looked at and wrote down the name of the medication prescribed for R4's Lice. Z1 brought R4 back from the Emergency at 12AM. E8 was at the 8th floor Nurse's Station waiting for her ride home. Z1 told E8 and E13 (Licensed Practical Nurse/LPN) what the Emergency room Doctor said and prescribed, Permethrin Cream 5%.</p> <p>E8 was asked when she found out that R4 was being treated for Lice. E8 stated that until she was contacted by Z1 (9/26/2015), she did not know R4 had been treated for Lice. "After Z1 asked me about the medication (Permethrin Cream 5%) R4 was receiving for the Lice, I contacted the Treatment Nurse. I wanted to know if R4 had been treated for Lice. The Treatment Nurse (E25) told me that R4 was treated, 9/24/2015."</p> <p>On 10/1/2015 at 5pm, E3 (Director of Nursing/DON) was interviewed. E3 said staff called her 9/24/2015 and said they found live insects crawling on R4's shirt and bed. E3 told staff to follow the protocol for Lice. Staff called Z1 and R4's Physician, who wrote a prescription for Permethrin Cream 5%. The medication was applied to R4 and his roommate R13. R4 and R13's linen and clothing were</p>	F 441			

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F 441	<p>Continued From page 3</p> <p>bagged for cleaning. Residents residing on the 8th floor were checked for Lice. Residents residing on floors 2 thru 7 were not checked for Lice.</p> <p>R4's medical record did not reflect a physician's evaluation for Lice or Scabies. There was no laboratory result from skin scrapings to rule out Scabies.</p> <p>On 10/13/2015 at 2pm E25 (treatment nurse) confirmed that she applied Permethrin Cream 5% to R4 and R13, 9/24/2015. E25 was asked if the floor staff received any special instructions. "Shower R4 and R13 8 to 10 hours after application of the cream." E23 applied a second dose 7 to 10 days later.</p> <p>9/30/2015 at 1:30pm and 10/06/2015 at 1:15pm, no signs for contact precaution or restricting entry were observed post near or on the room where R4 resides.</p> <p>10/6/2015 at 1:15pm, R4 was asked if he leaves the floor. R4 said, "Yes".</p> <p>10/6/2015 at 1:20pm, E7 was sitting at the 8th floor nurse's station. E7 was asked if R4 is on any kind of restriction or precautions. E7 said that she did not think so. "I will ask if you want me to."</p> <p>The hospital emergency room notes dated 9/26/2015, documented: Scabies could not be ruled out without scrapings. R4 had a Fungal Infection in a fold of skin on his back.</p> <p>The facility's Policy and Procedure for Head Lice, revised 03/26/2010 documented: If there is an identified case of head lice the following</p>	F 441			

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F 441	<p>Continued From page 4 procedure will be followed.</p> <p>-The attending physician is notified and orders are obtain orders for treatment and contact precautions. Contact Precautions are to be maintained throughout the course of the treatment.</p> <p>-Assess the resident's roommate and any other resident or staff whom may have had contact with the resident. Provide treatment as recommended by the attending physician/medical director. staff can return to work when the lice and nit free.</p> <p>-Educate any staff that may have had any contact with the resident. Educate staff on infection control guidelines regarding head lice.</p> <p>E3 was asked for a copy of the facility's Communicable Disease policy. E3 presented the 'Initiation/Discontinuation of Isolation Precautions' for a Communicable Disease policy. This policy did not address the identification, treatment, isolation precaution and/or prevention of scabies or lice.</p>	F 441			