

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

PRINTED: 04/25/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145598		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/21/2016	
NAME OF PROVIDER OR SUPPLIER SEMINARY MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 2345 NORTH SEMINARY STREET GALESBURG, IL 61401			
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F 000	INITIAL COMMENTS			F 000			
F 315 SS=D	<p>Annual 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 record review and observation the facility failed to wash hands and change gloves during catheter care for one of two residents (R20) reviewed for catheter care in the sample of 18.</p> <p>Findings include:</p> <p>The Facility Infection Control Policy (revised 8/09) documents, in part, "Standard Precautions are based on the principle that all blood, body fluids, secretions, excretions (except sweat), non-intact skin, and mucous membranes may contain transmissible infectious agents. Standard Precautions should be applied to the care of all residents regardless of the suspected or confirmed presence of an infectious agent...Handwashing is the foundation of controlling infectious disease...Gloves will be</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 changed after direct contact with resident's secretions or excretions, even if care of resident has not been completed..."	F 315			
F 441 SS=D	On 4/19/2016 at 1:35 PM, E6 Certified Nurse Aide (CNA) prepared a basin of water, soap and several washcloths inside the basin and placed it on R20's bed side table. E6 washed hands and applied gloves. E6 washed R20's right and left groin and glands of the penis, several times to remove exudates, then placed the washcloth in a bag. With the same soiled gloves, E6 reached into the basin of water, wrung out the washcloth, cleansed R20's catheter tubing and disposed of the washcloth. With the same soiled gloves, E6 dried R20's groin, penis and meatus with a towel. E6 repositioned R20, finished cares and covered R20 with a bed sheet. E6 then removed E6's gloves and washed hands. 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.	F 441			

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F 441	<p>Continued From page 2</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 infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review and observation the facility failed to wash hands and change gloves to prevent spread of infection during resident care for one of seven residents (R2) reviewed for hand washing in the sample of eighteen and failed to wear gloves while administering an injection for one resident (R29) in the Supplemental sample.</p> <p>Findings include:</p> <p>POLICY The Facility Infection Control Policy revised 8/09 documents, in part, "Standard Precautions are based on the principle that all blood, body fluids, secretions, excretions (except sweat), non-intact skin, and mucous membranes</p>	F 441			

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F 441	<p>Continued From page 3</p> <p>may contain transmissible infectious agents. Standard Precautions should be applied to the care of all residents regardless of the suspected or confirmed presence of an infectious agent...Handwashing is the foundation of controlling infectious disease...Gloves will be changed after direct contact with resident's secretions or excretions, even if care of resident has not been completed..."</p> <p>1. R2's Quarterly Minimum Data Set (MDS), dated 4/13/16, documents R2 as Cognitively impaired and requiring extensive assist with hygiene, toileting, transfer and incontinent of bowel and bladder.</p> <p>On 4/20/2016, at 9:50AM, E7 and E8 both Certified Nurse Aides (CNA's) washed hands and applied gloves then transferred R2 to the toilet. E7 removed R2's soiled clothes and brief. E6 prepared a basin of water, soap and several wash cloths. E8 then reached into the basin, took out a wash cloth and washed R2's penis and placed the wash cloth in a bag. E8 reached back into the basin for a wash cloth, wrung out the wash cloth and then washed R2's right groin and disposed of the wash cloth in a bag. E8 reached back into the basin for a wash cloth, wrung out the wash cloth and then washed R2's left groin and disposed of the cloth in a bag. With the same soiled gloves, E8 dried R2's groin and penis areas with a towel. E8 then applied a clean brief, socks, pants and shoes. E8 removed E8's gloves and washed hands.</p> <p>On 4/20/2016, at 10:10 am, E8 stated, "I washed my hands before I started (pericare) and after putting clothes on him..."</p>	F 441			

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F 441	Continued From page 4	F 441			
F 465 SS=E	<p>2. Facility Policy titled "Standard Precautions" revised 08/09 documents, "Wear gloves (clean, nonsterile) when touching blood, body fluids, secretions, excretions, and contaminated items."</p> <p>On 4/19/16, at 11:10 AM, E5/LPN (Licensed Practical Nurse) did not put on gloves while administering R29's insulin (Novolog 5 units subcutaneous).</p> <p>On 4/19/16, at 11:10 AM, E5/LPN verified that (E5/LPN) should wear gloves when administering insulin.</p> <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRONMENT</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to properly maintain functioning closet doors to promote the safety of nine residents (R1, R2, R6, R7, R9, R10, R11, R15, and R17) in a sample of 18 and 20 residents in the supplemental sample. (R21, R22, R30-R40, R42-R48)</p> <p>Findings include:</p> <p>Facility Maintenance Policy and Procedure (Revised 11/02) documents: that the facility must provide a means of maintaining all areas of the</p>	F 465			

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F 465	<p>Continued From page 5</p> <p>facility; and to assist in assuring resident's care and comfort and maintain functional operations of the physical plant.</p> <p>Resident Council Minutes, dated 2/29/16, document resident concerns with closet doors coming off. The maintenance department was instructed to put up new tracks. The closet doors were reported at the Safety Meeting.</p> <p>Resident Council Minutes, dated 3/29/16, document resident concerns with closet doors coming off of the new tracks. The maintenance department was notified to check the closet doors again for possible use of a different type of door track.</p> <p>On 4-21-16 at 10:30 AM, the closets for the following residents had doors without a track to guide the doors, causing the doors to move freely and to fall off at times: R1, R2, R6, R7, R9, R10, R11, R15, R17, R21, R22, R30-R40, and R42-R48.</p> <p>On 4/20/16, at 10:00 am, R15 stated, "They [closet doors] need to be fixed, they keep falling down. Mine have fallen onto the Aides [Certified Nurses Assistants] a couple times."</p> <p>On 4/20/16, at 10:32 am, R30 states, "they got them fixed and they still aren't safe."</p> <p>On 4/21/16, at 9:30 am, R1 stated, "they are usually off of the hook and they are hard to open."</p> <p>On 4/21/16, at 9:35 am, R38 stated, "I had them just take off my closet doors cause they just fall off all the time. They fixed them twice but they just kept falling off." At that time, there were no</p>	F 465			

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F 465	Continued From page 6 closet doors present on the closet in R38's room. On 4/21/16, at 9:45 am, R32 stated, "my closet doors don't work and they fall off. It's annoying." On 4/21/16, 9:50 am, R31 stated, "the doors fall off of my closet." On 4/21/16, at 10:00 am, E10 (Maintenance Supervisor) verified that the resident closet doors were not functioning correctly.	F 465			