STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145619	A. BUILDING ______ B. WING ______	05/26/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWOOD CARE CENTER OF GALESBURG	**1250 WEST CARL SANDBURG DRIVE GALESBURG, IL 61401**

(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 Annual Licensure and Certification Survey. Complaint 1622758/IL85655 - No deficiency	F 000		
F 280 SS=D	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 Certified Nurse Aide (CNA) Care Plan Guide to accurately reflect the individual Care Plan for two of 16 residents (R6 and R8) reviewed for care plans in a sample of 16.	F 280		

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 280	Continued From page 1 Findings include: The Facility policy for "CNA Care Plan Guide" documents, in part, "In order to ensure direct caregivers have current information regarding the resident's needs (Corporate Name) will maintain CNA Care Plan, which is easily accessible for staff review....The Rehab/ Restorative Nurse will:...update the CNA Care Plan Guide as the resident's needs or condition changes." 1. On 5/24/2016 at 10:10AM R8 was sitting up in a wheelchair in (R8's) room. R8 had a wheelchair and bed alarm in place. R8's Current Care Plan documents, in part, "At risk for falls..." The Care Plan interventions include: "Follow specific fall protocols listed on Fall Assessment (See back of Fall Assessment)." R8's "21 Day Care Plan Fall Assessment" last updated 4/12/2016 documents, "Resident at significant risk for falls." "Fall Prevention Measures" include R8 is to have a "Personal alarm on bed and chair" dated 11/27/2016. The facility "CNA Care Plan Guide" form documents options under "Safety Devices: Lap Buddy, Self release seatbelt, Body alarm in chair or bed, 1 side rail, 2 side rails,..." R8's CNA Care Plan Guide documents "Safety Devices as N/A (not applicable)." 2. On 5/24/2016 at 10:15AM E10 (Registered Nurse/Case Manager) stated, "R6 is in Contact +B isolation for C-Diff (Clostridium Difficile)." R6's Current Care Plan documents, "Clostridium Difficile Infection" with an "Intervention" as	F 280		

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F 280	Continued From page 2 "Contact +B isolation until no diarrhea for at least 48 hours..." R6's Current CNA Care Plan Guide has the option to document types of isolation. This area of R6's Care Plan Guide was left blank. On 5/25/16 at 9:55AM E7 CNA stated, "We use the Care Plan Guide. I am not sure who keeps them up to date." On 5/25/ 2016 at 9:35AM E6 CNA stated, "We use the Care Plan Guides every day, it really helps. They are really helpful when we have new staff." On 5/25/2016 At 11:11AM, E9 (Restorative Nurse) stated, "I try to update the Care Cards when the MDS(Minimum Data Set) is due, so quarterly. It is everyone's responsibility to change the cards as changes happen..."	F 280		
F 334 SS=D	483.25(n) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS The facility must develop policies and procedures that ensure that -- (i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's legal representative has the opportunity to refuse	F 334		

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F 334	Continued From page 3	F 334		

immunization; and
(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:
(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and
(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.

The facility must develop policies and procedures that ensure that --
(i) Before offering the pneumococcal immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;
(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;
(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and
(iv) The resident's medical record includes documentation that indicated, at a minimum, the following:
(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and
(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.

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F 334	Continued From page 4 (v) As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization.	F 334		
	This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to follow the facility policy regarding vaccination of residents for one of five residents (R1) reviewed for immunizations in the sample of 16. Findings include: The facility's "Pneumonia Vaccine Administration" policy, revised 9/2015, states, "Pneumonia vaccines will be offered to every new admission and annually to every resident who has not been vaccinated with one or both vaccines. The resident's history of previous vaccination will be obtained whenever possible from the resident, the Medical Power of Attorney (POA) and/or the resident's primary care physician...If pneumococcal vaccine history is uncertain, the PCV13 (Pneumococcal Conjugate Vaccine/Prevnar 13) may be given without risk followed by a dose of PPSV23 (Pneumococcal Polysaccharide Vaccine/Pneumovax) at the appropriate interval." R1's current "Face Sheet" documents R1 was admitted to the facility 4/10/14.		Past noncompliance: no plan of correction required.	

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F 334	Continued From page 5 R1's "Pneumonia Vaccine Consent/Refusal" sheet, dated 4/10/14, documents R1's POA gave consent for R1 to receive the pneumonia vaccine. R1's medical record, including R1's Immunization Record, does not indicate that R1 ever received the pneumonia vaccine. On 5/26/16 at 11:00 A.M., E2 (Director of Nursing) verified that the facility has no record that R1 ever received the pneumonia vaccine at this facility or any prior facility.	F 334		
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 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	F 441		

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F 441	Continued From page 6 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, record review, and interview, the facility failed to ensure nursing staff performed hand hygiene procedures, to prevent potential cross-contamination, while providing cares for four residents (R6, R7, R15, and R24) of 16 residents, reviewed for infection control, in a sample of 16. Findings include: The facility policy, entitled "Infection Control Protocols" , dated 11/1998, documents, "Hands and other skin surfaces will be washed immediately after contamination." The facility policy, entitled "Infection Control: Hand Washing," dated 9/2014, documents, "Times to perform hand hygiene: Before and after providing resident care including bathing, oral care, incontinence care, catheter care, any direct contact with the resident, (such as taking a blood pressure/pulse, transferring the resident) etc., before and after assisting a resident with toileting, and after contact with body fluids or excretions or mucous membranes."	F 441		

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The facility policy, entitled "Infection Control Standard Precautions," dated 11/1998, documents, "Remove gloves promptly after use, before touching non-contaminated items, and environmental surfaces, and before going to another resident. Wash hands immediately after gloves are removed."

The Facility "Infection Control" policy, last revised 9/2014 documents, in part, "(Corporate Name) recognizes proper hand hygiene to be one of the most important elements of an effective infection control program and one of the best ways to prevent the spread of infection and illness ...Times to perform hand hygiene: ...Upon entering an isolation room and after leaving isolation room, Before and after providing resident care including bathing, oral care, incontinence care, catheter care, any direct contact with the resident ...,before and after assisting a resident with toileting, after contact with infectious diarrhea (C. [Clostridium] Difficile, Norovirus, etc.)..."

1. On 5/24/2016 at 10:20 AM, E10, Registered Nurse/Case Manager stated R6 is in isolation for C-diff (Clostridium Difficile).

On 5/16/2016 R6's May 2016 Physician's Orders documents R6 was started on a decreasing dose of Vancomycin for treatment of C-diff.

On 5/25/2016 at 9:42AM, E6 and E7 both Certified Nurse Aides (C.N.A.s) washed their hands and applied gloves then applied protective personal equipment (PPE) and transferred R6 onto the toilet. E6 and E7 took down R6's pants and soiled incontinent brief then sat R6 onto the toilet. R6 was incontinent of stool. E6 left the bath room took the soiled incontinent pad out of R6's wheelchair placing it into a garbage bag and water soluble bag. E6 returned to the bathroom, picked up the soiled clothes E7 had taken off R6

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and placed them into the bag with the other soiled linens. With the same soiled gloves, E6 went to R6's closet, took out clean clothes, an incontinent brief, and incontinent wipes. E6 and E7 assisted R6 to stand while E6 provided perineal care. Before E6 could complete the care, R6 needed to sit down on the soiled toilet seat. R6 stood up again and E6 wiped stool off the toilet seat off with an incontinent wipe and finished providing perineal care to R6. With the same soiled gloves, E6 and E7 pulled up the clean incontinent brief, pants and transferred R6 back into the wheelchair. E6 and E7 then took off their gloves and washed their hands.
On 5/25/2016 at 9:55 AM, E6 and E7 stated, "We washed our hands when we came into the room and when we left the room."
2. On 5/24/16, at 11:00 a.m., E5 (Certified Nursing Assistant) washed (E5's) hands, donned gloves, placed a gait belt round R7's waist and assisted R7 to ambulate from R7's wheelchair [at beside] to the bathroom with a walker. R7 urinated and had a bowel movement while sitting on the toilet. E5 wiped R7's perineal area with toilet paper. Without changing gloves, E5 pulled up R7's incontinence brief and pants; assisted R7 from the bathroom back to R7's wheelchair; removed the gait belt from R7's waist; and draped the gait belt around E5's neck.
On 5/24/16, at 11:10 a.m., E5 confirmed, E5 should have washed E5's hands, and changed gloves, after wiping R7's perineal area. E5 also confirmed, each certified nursing assistant has their own gait belt which they use for all residents that they take care of.
3. On 5/24/2016, at 1:15 p.m., E4 (Certified Nursing Assistant) provided incontinence/perineal care to R15. After cleansing R15's perineal area, without changing gloves, E4: applied barrier

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F 441	Continued From page 9 cream [to R15's buttocks]; applied a new incontinence brief; pulled up R15's pants; positioned a pillow under R15's left side; repositioned a pillow under R15's head; positioned a third pillow under R15's feet; and pulled up R15's blanket. On 5/24/2016, at 1:30 p.m., E4 confirmed, E4 should have changed gloves before, and after, applying barrier cream to R15's buttocks. 4. On 5/26/2016 at 10:25 AM, E7 and E5, both C.N.A.'s washed their hands and applied gloves. E7 and E5 then transferred R24 to bed using a full mechanical lift. E7 and E5 rolled R24 to the right and left to remove R24's pants and incontinent brief. E7 provided incontinent care to R24's bottom, then perineal area, applied the clean brief and pants. E5 and E7 then removed their gloves and washed their hands. On 5/26/2016 at 10:30 AM, E7 stated, "We washed our hands and applied gloves when we entered the room and washed them when we left the room."	F 441		