

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

PRINTED: 12/14/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145615</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/09/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>REGENCY CARE OF STERLING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>612 WEST ST MARY'S STREET 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 313 SS=D	<p>Annual Licensure and Certification Survey 483.25(b) TREATMENT/DEVICES TO MAINTAIN HEARING/VISION</p> <p>To ensure that residents receive proper treatment and assistive devices to maintain vision and hearing abilities, the facility must, if necessary, assist the resident in making appointments, and by arranging for transportation to and from the office of a practitioner specializing in the treatment of vision or hearing impairment or the office of a professional specializing in the provision of vision or hearing assistive devices.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure resident's had required, functional assistive devices for vision and hearing. This applies to 1 of 13 residents (R12) reviewed for vision and hearing in the sample of 17. The findings include: On December 7, 2015 at 11:05AM, R12 stated, "I can't hear you; my hearing aids aren't working." Z1 (Occupational Therapy Assistant) stated, "they (hearing aids) have not been working for awhile now. We have been using an amplifier. I'm not sure where that is, it may be in our department." R12 was given a card to read. R12 stated, "I can't read this, I lost my glasses." Z1 stated, "we've not been able to find the glasses for about a week now." On December 8, 2015 at 2:15PM, E7, Certified Nursing Assistant(CNA) stated, "I have not seen R12's glasses since she came back from the hospital; that was around three</p>	F 313			

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 313	Continued From page 1 weeks ago." On December 9, 2015 at 11:03AM, E9 (CNA) stated, "R12 can't hear out of her hearing aids. I've replaced the batteries but they still don't work." E9 began talking to R12. R12 stated, "I can't understand you but that's ok. I'm sorry I can't hear. My hearing aids need some attention." On December 9, 2015 at 11:15AM, E8 (Social Worker) stated that "when a resident has difficulty hearing we start out with the doctor cleaning out their ears. We have amplifiers that we use. We are planning on buying more." E8 stated, "I do not recall anything about R12's hearing aids." E8 could not verify if any appointment had been made with the doctor to clean R12's ears. On December 8, 2015 at 2:15PM, E2 (Director of Nursing) stated, "when a resident's hearing aids are not working we check the batteries. If that doesn't work we make a referral to Social Services." On December 8, 2015 at 2:30PM, E2 placed R12's hearing aids in ears. R12 stated, "something is interfering, can you hear the buzzing?" E2 made a few adjustments to the hearing aid. R12 stated, "I hear your voice but not the words." E2 then placed the amplifier in R12's ear. R12 stated, "That's loud." The facilities policy titled, If a resident is having a hard time hearing, dated December 9, 2015 showed, "If resident has to go without assistive devices, while coordinating the repair and or replacement, an alternate form of communication will be provided." E12's Minimum Data Set dated November 4, 2015 showed, hearing-0 (adequate), hearing aid-0 (Not present).	F 313			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS	F 441			

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F 441	<p>Continued From page 2</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 -</p> <ol style="list-style-type: none"> <li>(1) Investigates, controls, and prevents infections in the facility;</li> <li>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</li> <li>(3) Maintains a record of incidents and corrective actions related to infections.</li> </ol> <p>(b) Preventing Spread of Infection</p> <ol style="list-style-type: none"> <li>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</li> <li>(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.</li> <li>(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.</li> </ol> <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:</p>	F 441			

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F 441	<p>Continued From page 3</p> <p>Based on observation, interview, and record review the facility staff failed to remove their soiled gloves and wash their hands after toileting a resident to prevent the spread of infection. This applies to 1 of 14 residents (R4) reviewed for infection control in a sample of 17.</p> <p>The findings include: On December 8, 2015 at 8:45 AM, E4 CNA (Certified Nursing Assistant) and E5 CNA wheeled R4 into the bathroom. E4 CNA and E5 CNA donned gloves and transferred R4 from the wheelchair to the toilet. E5 CNA removed R4's saturated incontinence brief. With the same contaminated gloves, E5 CNA touched multiple surfaces (new brief, R4's pants, wheelchair, gait belt, and bar next to toilet). E5 CNA wiped R4's perineum with washcloths with a smear of stool noted on each washcloth. With the same contaminated gloves, E5 CNA pulled up R4's pants, touched the gait belt on R4, and held the wheelchair handles as R4 was transferred to it.</p> <p>On December 9, 2015 at 8:20 AM, E1 (Administrator) stated, "The staff know that when they touch something soiled, they immediately are to change their gloves and wash their hands." The Facility's Handwashing policy (undated) shows, "all staff must wash their hands immediately after coming in contact with each resident and after contact with material which may be contaminated and/or potentially infectious. Also after a source of body fluids, mucous membranes, and removing gloves."</p>	F 441			