

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

PRINTED: 02/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145590	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/03/2015
NAME OF PROVIDER OR SUPPLIER ST JOSEPH'S MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2200 EAST WASHINGTON STREET BLOOMINGTON, IL 61701		
(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 441 SS=E	<p>Annual Certification Survey 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</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 - (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.</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</p>	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 infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to follow the Infection Control Program by failing to disinfect the blood glucose meter between resident uses, implement hand hygiene, and ensure the cleanliness of resident supplies to prevent cross-contamination and the spread of infection. These failures affect two of five residents (R2, R1) on the sample of five reviewed for infection control practices and 2 residents (R6, R7) on the supplemental sample.</p> <p>Findings include:</p> <p>1. The Laboratory Report dated 1/11/15 documents that R2's stool is positive for Clostridium difficile (C-diff).</p> <p>On 2/2/15 at 10:15am E4, RN (Registered Nurse) stated that R2 is in contact isolation for C-diff. When asked if R2 is symptomatic (loose stools) with the C-diff E4 stated, "Yes."</p> <p>On 2/2/15 at 11:10am E4 entered R2's room carrying a plastic medication cup, a 2 by 2 gauze pad, alcohol wipe and container of blood glucose meter test strips. E4 set the medication cup, gauze pad and container of meter strips directly on the surface of the trash container lid. E4 put on a gown and gloves, and got the blood glucose meter from outside the door of R2's room. E4 moved the container of meter strips, gauze pad and medication cup to R2's bedside table along with the blood glucose meter. E4 checked R2's</p>	F 441			

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F 441	<p>Continued From page 2</p> <p>blood glucose level. When finished, E4 used the contaminated gauze pad to wipe R2's finger which was used during the procedure. E4 then cleaned the container of meter strips and the blood glucose meter using one germicidal wipe for each item. E4 put the blood glucose meter in the charging dock and placed the container of meter strips in the storage box in the staff break room.</p> <p>On 2/2/15 at 11:20am E4 stated she wiped the blood glucose meter and container of meter strips for 10 seconds with bleach germicidal wipes prior to putting them away.</p> <p>The manufacturer's label for the bleach germicidal wipes states the active ingredient in the wipes is Sodium Hypochloride and "kills C. difficile spores." The label states, "Killing Clostridium difficile: Preclean hard nonporous by removing gross filth. Wipe surface to be disinfected. Use enough wipes for treated surface to remain visibly wet for 3 minutes. Let air dry."</p> <p>2. On 2/2/15 at 12:05pm E4 checked R6's blood glucose level using a blood glucose meter. E4 cleaned the meter with a disinfecting wipe. On 2/2/15 at 12:15pm E4 stated she cleaned the blood glucose meter with the disinfecting wipe for 10 seconds.</p> <p>The manufacturer's label on the disinfecting towelettes states the active ingredient in the wipes is Diisobutylphenoxyethoxyethyl dimethyl benzyl Isopropanol. The label states, "Use one ...towelette to completely preclean surface of all gross debris...For use as a disinfectant: Use a second.....towelette to thoroughly wet the surface. Repeated use of the product may be required to</p>	F 441			

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F 441	<p>Continued From page 3</p> <p>ensure that the surface remains visibly wet for 3 minutes..."</p> <p>On 2/3/15 at 11:30am E2, Unit Director provided a list of residents (R1, R2, R6, R7) with orders for blood glucose testing, which are using the blood glucose meter. E2 confirmed there is one blood glucose meter to be used for all residents residing on the unit that require blood glucose testing.</p> <p>The policy titled "Cleaning and Removing Patient Care Equipment from Non-Isolation Room dated 10/14 states, "...staff will remove gross debris from equipment with approved disinfectant...Once debris is removed, disinfect using approved disinfectant...Allow appropriate dwell time. Allow to dry....."</p> <p>3. On 2/2/15 at 2:50pm E4, RN entered R2's room and put on a gown and gloves. E4 then cleaned R2's inner gluteal area with cleansing wipes. E4 put barrier cream on R2's right gluteal open area using her gloved hand. With the same contaminated gloves on, E4 handled the gait belt, the walker, bedside table, foot rest of the chair, pillow and computer mouse. E4 then removed her gloves and gown, and washed her hands.</p> <p>On 2/2/15 at 3:00pm E4 confirmed she did not remove her gloves after applying the barrier cream to R2's open area. E4 stated she did not change her gloves because R2 has C-diff and "it's very contagious."</p>	F 441		