

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

PRINTED: 03/24/2016
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 03/22/2016
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 371 SS=F	<p>Annual Certification Survey 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to rapidly reheat precooked potentially hazardous food before placing it in a hot holding unit; failed to label and date food items in the refrigerator, failed to cover food items in the refrigerator and freezer, failed to ensure cleaning of food equipment, and failed to dispose of expired canned food items. These failures have the potential to affect all five residents that reside in the facility.</p> <p>Findings include:</p> <p>1. On 3/22/16 at 11:25 am E7, Cook was preparing foods for lunch in the kitchen. There was sliced turkey and sliced roast beef warming in individual compartments in broth on the steam table.</p> <p>On 3/22/16 at 12:05 pm E8, Dietary Manager,</p>	F 371			

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 371	<p>Continued From page 1</p> <p>stated the precooked sliced turkey and roast beef on the steam table were taken directly from the refrigerator and placed into the warm broth on the steam table without being rapidly reheated (to at least 165 degrees Fahrenheit). This meat was planned to be served as a resident entree for the mid day meal. E8 stated the refrigerated meat should be heated first before placing into the hot broth.</p> <p>2. On 3/21/16 at 9:40 am there was a cooked meat product found in the rapid-cooling refrigerator that was undated, unlabeled and not covered.</p> <p>On 3/21/16 E8 stated the meat product in the rapid-cooling refrigerator was "meatloaf that was put in (the refrigerator) yesterday (3/20/16)." E8 stated the meatloaf should have been labeled, dated and covered.</p> <p>On 3/22/16 at 11:08 am E9, Cook, stated the meatloaf was prepared on 3/19/16 and put into the chillblaster. E9 stated the meatloaf was not covered, labeled or dated and it (meatloaf) should have been. E9 stated "I temped (took temperature) it (meatloaf) to be 180 degrees Fahrenheit and then put into the chiller and I walked away. I just forgot about it."</p> <p>3. On 3/21/16 at 9:10 am there were frozen food items in the freezer that were uncovered. E10, Cook, stated the individual boxes of frozen, breaded, fish patties, veggie patties, pork tenderloin patties and potato bites were not covered and "should be covered."</p> <p>On 3/21/16 at 9:30 am a five pound box of fresh mushrooms was stored uncovered in the walk-in</p>	F 371			

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F 371	Continued From page 2 #2 refrigerator. E8 stated the mushrooms are to be covered. Also at this time in the walk-in Freezer #1 were large, individual boxes, one of each of frozen green beans, carrots, corn, and a large bag of cookies stored uncovered. E8 stated the green beans, carrots, corn and cookies should be covered. 4. On 3/21/16 at 9:20 am E10 stated the mixer was ready for use. The upper, turning element of the mixer was encrusted with a dried, white substance. E8 stated the mixer "was not cleaned very good." E8 stated the mixer was used to prepare an angel food cake mix on 3/20/16. 5. On 3/21/16 at 9:25 am in the dry storage area there were two 10 ounce cans of diced tomatoes and green chilies with the expiration date of 4/21/15. E8 stated the two cans of diced tomatoes and green chilies were expired and immediately threw the cans into the trash container.	F 371			
F 441 SS=D	The Resident Census and Conditions of Residents report completed on 3/21/16 documents five residents reside in the facility. 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	F 441			

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F 441	<p>Continued From page 3</p> <p>The facility must establish an Infection Control Program under which it -</p> <p>(1) Investigates, controls, and prevents infections in the facility;</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection</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, record review, and interview the facility failed to prevent potential cross contamination by failing to properly disinfect the multi-use blood glucose testing meter for one of one resident (R4) reviewed for blood glucose testing on the sample of five residents.</p>	F 441			

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F 441	<p>Continued From page 4</p> <p>Findings include:</p> <p>On 3/21/16 at 11:15 am E6, Registered Nurse (RN) checked R4's blood glucose using one of two, multi-use blood glucose testing meters located in the nurses station. Then at 11:20 am E6 took a germicidal disposable towelette from the dispenser and wiped the blood glucose testing meter for 20 seconds and disposed the towelette into the waste basket. The blood glucose testing meter was visibly dry within 30 seconds of cleaning the meter. At 11:20 am, 30 seconds after cleaning the blood glucose meter, E6 stated the meter was "dry."</p> <p>On 3/21/16 at 11:30 am E6 read the manufacturer's instructions for the germicidal disposable towelette and stated "I should have wiped it (blood glucose testing meter) more vigorously and wiped it for a full minute."</p> <p>On 3/22/16 at 11:50 am E3, RN Clinical Coordinator, stated that R4 was the only resident on the unit receiving a blood glucose check. E3 stated no other residents had current orders for a blood sugar check.</p> <p>The undated manufacturer's instructions for the germicidal disposable towelette documents "...Pull towelette from the dispenser (canister) and wipe hard, nonporous environmental surface. To disinfect all surface must remain wet for 1 minute. Use 5 minute contact time for Tuberculosis. Use 10 minute contact time for fungi..."</p> <p>The "Disinfection, non-critical patient care equipment" policy dated 10/2/15 documents "Disinfect the patient care equipment...following</p>	F 441			

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F 441	Continued From page 5 the label's safety precautions and directions for use. Make sure that the non-critical item is exposed to the disinfectant for the length of time indicated on the product label; studies have show that at least 1 minute is needed for a disinfectant to be effective against pathogens..."	F 441			