

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

PRINTED: 07/08/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145646	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/07/2015
NAME OF PROVIDER OR SUPPLIER ROSEWOOD CARE CENTER OF EAST PEORIA			STREET ADDRESS, CITY, STATE, ZIP CODE 900 CENTENNIAL DRIVE EAST PEORIA, IL 61611		
(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=D	<p>Complaint #1523542/IL78373- F441 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 record review and interview, the facility failed to follow their policy for isolation precautions by placing a resident (R1) not infected with Clostridium difficile (C-diff), in a room with a resident (R2) diagnosed with C-diff, and failed to use an appropriate disinfection solution approved to sanitize C-diff on the room floor of a resident (R2) diagnosed with C-diff. These failures have the potential to affect one of five residents (R1) reviewed for infection control in the sample of five.</p> <p>Findings include:</p> <p>The facility's Infection Control- Clostridium difficile Infection policy (dated 5/2011) documents the following: "The facility's infection control and prevention practices reflect current (Centers for Disease Control and Prevention) guidelines... When possible, residents with (Clostridium difficile) (or suspected) infection will have a private room or share a room only with someone else that also has (Clostridium difficile). If two resident with (Clostridium difficile) share a room, they should not share a toilet or commode... In addition to routine environmental cleaning, non-porous, high touch environmental surfaces in the resident's room and equipment likely to have been contaminated with (Clostridium difficile) spores, will be cleaned using a product with a 1:10 dilution of bleach (sodium hypochlorite), according to the manufacture recommendations..."</p>	F 441			

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F 441	<p>Continued From page 2</p> <p>The facility's Infection Control Isolation Transmission Based Precautions policy (dated 10/2013) documents the following: "When necessary, (the facility) will implement isolation precautions to help prevent the spread of infections within the facility. The 2007 (Centers for Disease Control and Prevention) Guidelines will be utilized... Contact Precautions will be used for residents known or suspected to be infected with epidemiologically important microorganisms that can be transmitted by direct contact with the resident or indirect contact with contaminated environmental surfaces or resident-care items... Contact (+ Bleach) will be used for (Clostridium difficile) infections- See (Clostridium difficile) policy/procedure... Place the resident in a private room, cohort with a resident with the same type of infection, or place with an appropriate roommate as outlined in Fundamentals of Isolation Precautions Policy.</p> <p>The Centers for Disease Control and Prevention (dated 3/2012) documents the following: "Use Contact Precautions: for patients with known or suspected Clostridium difficile infection... Place these patients in private rooms. If private rooms are not available, these patients can be placed in rooms (cohorted) with other patients with Clostridium difficile infection."</p> <p>On 7/6/15 at 2:00 PM, a sign was posted outside R2's door. The sign documented, "Stop. See Nurse for Instructions." E4 (Certified Nursing Assistant) stated that R2 was in Contact Isolations for (Clostridium difficile) and gown and gloves were required to enter R2's room</p> <p>R2's Physician Orders Sheet (dated 6/16/15-</p>	F 441			

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F 441	<p>Continued From page 3</p> <p>6/30/15) documents that R2 has a diagnosis of (Clostridium difficile). This same form also documents that R2 is on Contact (+Bleach) Precautions for (Clostridium difficile).</p> <p>On 7/6/15 at 3:00 PM, E6 (Registered Nurse) stated that E6 was working on 7/1/2015 when R1 was at the facility. E6 stated that R1 was the roommate of R2 while R1 was at the facility and confirmed that R1 did not have Clostridium difficile. E6 also stated that R2 was in Contact Precautions for Clostridium difficile and had completed antibiotic treatment for the infection.</p> <p>On 7/7/15 at 11:00 AM, E2 (Director of Nursing) stated that the facility has both policies (Infection Control- Clostridium difficile Infection policy dated 5/2011 and Infection Control Isolation Transmission Based Precautions policy dated 10/2013) available at the desk for staff to utilize. E2 stated that there are sections that are utilized from the Infection Control- Clostridium difficile Infection policy and staff are expected to ask E2 or E3 (Assistant Director of Nursing) if they are unsure of which policy or section to reference.</p> <p>On 7/7/15 at 9:00 AM, E3 (Assistant Director of Nursing) stated that on 7/1/15, R1 was placed in the same room as R2. E3 stated that on 7/1/15 at 2:00 PM, R1 did not have a commode in R1's room. When E3 went back in the room later (at unspecified time), E3 stated that there was a commode in R1's room. E3 stated E3 was unsure of what time the commode was brought into the room.</p> <p>On 7/7/15 at 9:20 AM, E7 (Certified Nursing Assistant) stated that if a Clostridium difficile-negative resident is sharing a room with a</p>	F 441			

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F 441	<p>Continued From page 4</p> <p>Clostridium difficile- positive resident, then E7 would wipe the toilet seat off with bleach wipes and then soap and water after the Clostridium difficile-positive resident used the toilet. E7 stated that it would then be appropriate for the Clostridium difficile-negative resident to use the same toilet as the Clostridium difficile-positive resident.</p> <p>On 7/7/15 at 9:50 AM, E5 (Housekeeping Supervisor) stated that the facility uses an Antibacterial Heavy Duty cleaner to clean the floors of residents in isolation precautions for Clostridium difficile.</p> <p>On 7/7/15 at 11:15 AM, Z1 (Technical Sales for Antibacterial Heavy Duty cleaner) stated that the Antibacterial Heavy Duty cleaner that the facility uses is not approved to use against Clostridium difficile.</p>	F 441			