

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

PRINTED: 11/24/2014
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 11/20/2014
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=F	<p>Annual licensure and certification.</p> <p>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: Facility non compliance resulted in two deficient practices.</p> <p>A. Based on observation, interview, and record review, the facility failed to follow its infection control policies and procedures. This failure has the potential to affect all 86 residents residing in the facility.</p> <p>Findings include:</p> <p>1. The facility's Clostridium Difficile Infection Policy, dated 5/2011, documents residents with Clostridium Difficile will be placed on "contact +B precautions."This policy indicates "+B" signifies a bleach product is necessary for disinfection of non-porous, high-touch surfaces, and equipment in that room...non-porous , high touch environmental surfaces in the resident's room. Equipment likely to have been contaminated with Clostridium Difficile spores, will be cleaned using a product with a 1:10 dilution of bleach. A Contaminated Isolation Room Cleaning Clostridium Difficile Spores Policy, undated, documents the floor is where most air-borne bacteria will settle and should be mopped with a germicidal solution.</p> <p>The facility's Infection Control Isolation Transmission Based Precautions policy, dated 10/2013, states, "Contact Precautions include: Wear gloves when entering the room...Wear a gown when entering the room if you anticipate</p>	F 441			

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F 441	<p>Continued From page 2</p> <p>that your clothing will have contact with the resident or environmental surfaces...Diseases/Infections to consider for Contact precautions: Gastrointestinal, respiratory, skin, wound infections with Multidrug-resistant organisms including: MRSA (Methicillin Resistant Staphylococcus Aureus)..."</p> <p>An undated Contaminated Isolation Room Cleaning MRSA policy, states, "The floor is where most air-borne bacteria will settle and is critical to disinfect with the EPA (Environmental Protection Agency) approved solution." On 11/19/14 at 10:00 a.m., E9 (Housekeeper) verified the Neutral Floor Cleaner is used on all resident room floors, including isolation rooms. E9 verified the Non-Acid Based Bowl and Bathroom Cleanser is for all toilets, including isolation. E9 also verified no special cleaner is used on floors and toilets in isolation rooms. On 11/19/14 at 10:10 am, E10 (Housekeeper) stated, "I use the Neutral Floor Cleaner for all rooms to mop including the isolation rooms."</p> <p>The Non Acid Bowl and Bathroom Cleaner label documents that it "kills" MRSA. The label does not indicate any effectiveness against C-diff.</p> <p>The Neutral Floor Cleaner label does not specify any organisms that it kills. On 11/19/14 at 2:10 pm., E1 (Administrator) verified the Neutral Cleaner used in mop water does not kill Clostridium Difficile (C-Diff) or Methicillin Resistant Staphylococcus Aureus (MRSA). E1 also verified the Non-Acid based Bowl and Bathroom Cleaner used on all resident toilets, does not kill C-Diff. The Facility Floor Plan, documents the facility has two wings. R4, R7 and R20's rooms are located</p>	F 441			

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F 441	<p>Continued From page 3 in a manner that compromised both wings in the facility.</p> <p>2. R7's Physician Order Sheet, dated 11/2014, documents R7 has Clostridium Difficile and Methicillin Resistant Staphylococcus Aureus of the Nares. R7's Physician Order Sheet, dated 11/2014, documents R7 is on "Contact +B Isolation."</p> <p>R4's Physician Order Sheet dated 11/2014, documents R4 has a diagnosis of Clostridium Difficile and is on contact isolation.</p> <p>R20's Physician Order Sheet, dated 11/2014, documents that R20 has an order for contact isolation for diagnosis of MRSA of the nares.</p> <p>On 11/19/14 at 10:30 a.m., Z1 (Certified Occupational Therapist Assistant) was providing occupational therapy to R20 in R20's room. Z1 was sitting in a chair in R20's room providing direct care therapy services to R20 with no personal protective equipment (PPE) on.</p> <p>On 11/19/14 at 10:35 a.m., E8 (Licensed Practical Nurse) stated, "I need to educate the therapy staff because Z1 is treating (R20) at this time and Z1 isn't following isolation precautions."</p> <p>On 11/19/14 at 11:00 a.m., Z1 stated, "I wasn't aware that we had to suit up in (R20's) room, but I knew (R20) was on isolation."</p> <p>On 11/19/14 at 2:10 p.m., E1 (Administrator) stated, "Therapy should follow isolation precautions when in an isolation room treating a</p>	F 441			

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F 441	<p>Continued From page 4 patient."</p> <p>The CMS (Centers for Medicare and Medicaid Services), Resident Census and Conditions report, dated 11/17/14 and signed by E1 (Administrator), documents that 86 residents reside in the facility in Certified beds.</p> <p>B. Based on observation, interview, and record review, the facility failed to apply gloves, during an injection, for one resident (R2) reviewed for medication pass in the supplemental sample.</p> <p>Findings include:</p> <p>The facility's Diabetic Insulin Injection policy, dated 4/30/2007, documents when injecting insulin choose the area to give the insulin and apply gloves.</p> <p>R2's Physician orders, dated 11/2014, documents that R2 has a diagnosis of diabetes mellitus, and R2 has an order for Humalog 100 units/milliliter insulin per sliding scale twice a day.</p> <p>On 11/17/14 at 11:56 a.m., E7 (Licensed Practical Nurse) administered R2's insulin per physician order to R2's right lower quadrant with no gloves on. E7 stated, "I don't normally administer insulin with no gloves on."</p> <p>On 11/18/14 at 2:10, E2 (Director of Nursing) stated, "When administering insulin I expect the nurses to wear gloves."</p>	F 441			