

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146030	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/12/2013
NAME OF PROVIDER OR SUPPLIER HEARTLAND CHRISTIAN VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 101 TROWBRIDGE ROAD NEOGA, IL 62447	
(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>Annual Licensure and 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146030	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/12/2013
NAME OF PROVIDER OR SUPPLIER HEARTLAND CHRISTIAN VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 101 TROWBRIDGE ROAD NEOGA, IL 62447		
(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 441	<p>Continued From page 1 infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, observations and record review the facility failed to properly disinfect isolation rooms potentially contaminated with Clostridium Difficile for 2 of 2 residents (R20 , R23) reviewed for infection control in the sample of 15 and one resident (R10) in the supplemental sample.</p> <p>Findings include:</p> <p>On 9/10/13 at 10 am during the initial tour precautionary signage was present outside the rooms for R10, R20 and R23.</p> <p>The Physician's Order Sheet (POS) for R10 dated September 2013 lists the diagnosis of Clostridium Difficile (C-diff) with contact isolation.</p> <p>The POS for R20 dated September 2013 lists the diagnosis of C-diff. with contact isolation.</p> <p>The POS for R23 dated September 2013 lists the diagnosis of C-diff. with contact isolation.</p> <p>The facility's report titled "Infection Control Logs" dated August 2013 documented R10, R20 and R23 with active Clostridium Difficile infections.</p> <p>The facility's infection control policy dated August 2012 for Clostridium Difficile states #6 "Due to the persistence of C Difficile spores for prolonged periods of time, the environment shall be disinfected with a disinfecting agent</p>	F 441			

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

PRINTED: 09/13/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146030	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/12/2013
NAME OF PROVIDER OR SUPPLIER HEARTLAND CHRISTIAN VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 101 TROWBRIDGE ROAD NEOGA, IL 62447		
(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 441	Continued From page 2 recommended for C difficile (e.g.. household bleach and water solution....)" The policy does not direct the facility staff on the dilution ratio. On 9/11/13 at 2:30 PM E3, Housekeeping /Laundry Supervisor stated "(E3) followed the directions on the bottle of Sodium Hypochlorite (Bleach) to make the disinfecting solution for cleaning resident equipment and floors. The dilution that was followed was 3/4 cup of bleach to 1 gallon of water." This mixing procedure results in using 6 ounces of bleach to 128 ounces of water, for a ratio of 1 to 21. This dilution was less than the recommended one part bleach to nine parts water ratio to eliminate C-diff spores.	F 441			