

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145933	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/30/2013
NAME OF PROVIDER OR SUPPLIER APOSTOLIC CHRISTIAN SKYLINES			STREET ADDRESS, CITY, STATE, ZIP CODE 7023 NORTH EAST SKYLINE DRIVE PEORIA, IL 61614	
(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 Annual Licensure and Certification Survey Validation Survey for Subpart U: Alzheimer Unit The Apostolic Christian Skylines is in compliance with Subpart U, 77 Illinois Administrative Code 300.7000.	F 000		
F 441 SS=D	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 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. (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	F 441		6/12/13

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</p> <p>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, interview, and record review the facility failed to wash hands immediately following incontinence care for one of eight residents (R10) observed for incontinence care in the sample of fourteen.</p> <p>Findings include:</p> <p>A Minimum Data Set dated 2/7/13, documents R10 has severely impaired cognitive skills and requires extensive assistance with toileting needs.</p> <p>On 5/28/13 at 2:20 p.m., E6 (Certified Nurse Aide) and E7 (Certified Nurse Aide) provided incontinence care for R10. E6 and E7 donned gloves and E6 cleaned liquid feces from R10's peri-area while E7 helped keep R10 positioned. When R10's incontinence care was complete, E6 turned and opened R10's bedside night stand without changing soiled gloves, removed a tube of barrier cream and applied the cream to R10's buttock area. E6 and E7 wore the same soiled gloves while placing a new brief on R10 and dressing R10. E6 and E7 positioned R10 and covered her with a blanket. E7 picked up the bag of soiled trash and opened R10's door while</p>	F 441			

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

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F 441	<p>Continued From page 2</p> <p>wearing the same soiled gloves, walked to the spa room, disposed of the trash, removed the potentially soiled gloves, then walked to the elevator stating it was time for her clock out, without washing her hands.</p> <p>On 5/30/13 at 10:40 a.m., E2 (Director of Nursing) stated facility expectations are for staff to remove gloves and wash hands after providing incontinence care and before touching any other surfaces.</p> <p>A Handwashing/Hand Hygiene dated 1/31/12, documents employees must wash their hands for ten to fifteen seconds using antimicrobial or non-antimicrobial soap and water after handling items potentially contaminated with blood, body fluids, or secretions; Hand hygiene is always the final step after removing and disposing of personal protective equipment.</p>	F 441		