

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/07/2013
NAME OF PROVIDER OR SUPPLIER HERITAGE HEALTH-STREATOR			STREET ADDRESS, CITY, STATE, ZIP CODE 1525 EAST MAIN STREET STREATOR, IL 61364		
(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 279 SS=D	<p>Annual Licensure and Certification.</p> <p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to develop a comprehensive care plan addressing urinary incontinence for one resident (R23) of 13 residents reviewed for bowel and/or bladder incontinence, from a total sample of 24 residents.</p> <p>Findings include:</p>	F 279			

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 279	Continued From page 1 On 3/5/13 R23's available current medical record includes an History and Physical dated 11/20/2010 stating R23 has a diagnosis of "Urinary Incontinence frequent episodes." R23's current medical record also contains a physician's order dated 2/11/13 stating, "Skin Prevention program: Cleanse with perineal wash and use skin barrier product after each incontinent episode." R23's Nurses' Notes, Monthly Summary dated 2/13/13 indicates, under section H, that R23 is incontinent of both bowel and bladder. On 3/6/13 E7, Minimum Data Set (MDS) Coordinator provided R23's Comprehensive Area Assessment Summary (CAAS) dated 11/20/12. R23's CAAS indicates under "Care Areas" that urinary incontinence was triggered for care planning. On 3/6/13 at 1:45pm E2, Director of Nursing (DON) verified that R23 did not have a care plan addressing urinary incontinence.	F 279			
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,	F 441			

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F 441	<p>Continued From page 2</p> <p>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</p> <p>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:</p> <p>Based on observation, interview and record review the facility failed to follow the facility's Glove Use and Hand Hygiene policies for one resident(R18) of 13 residents reviewed for bowel and/or bladder incontinence in a total sample of 24 residents.</p> <p>Findings include:</p> <p>On 3/5/13 at 10:30 am, while repositioning R18, E6, Licensed Practical Nurse (LPN) and E8,</p>	F 441			

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

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F 441	<p>Continued From page 3</p> <p>Certified Nursing Assistant (CNA), each touched R18's suprapubic urinary catheter with bare hands. E6, LPN then rearranged R18's bed blankets without washing their hands. E2, Director of Nursing (DON) was observing R18's care at this time. E8 confirmed that gloves should be worn when touching or moving a urinary catheter.</p> <p>The facility's Glove Use policy was provided by E2 on 3/5/12. This policy was dated 3/1/2010 and states, under the heading, "When to Use Gloves:" that "gloves should be used when handling potentially contaminated items" and "when it is likely that hands will come in contact with blood, body fluids or potentially infectious material".</p> <p>The facility's undated "Standard Precautions" policy states that gloves should be worn whenever exposure to drainage tubes is planned or anticipated.</p>	F 441			