

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

PRINTED: 12/23/2014
FORM APPROVED
OMB NO. 0938-0391

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 12/19/2014
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 441 SS=D	<p>Licensure and Certification Survey</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: Based on observation, interview, and record review, the facility failed to cleanse wound and wash hands while performing wound care prevention on one resident (R4) of two residents reviewed for infections in a sample of 14.</p> <p>Findings include:</p> <p>On 12/18/14 at 11:40AM, E6 LPN (Licensed Practical Nurse) performed coccyx wound care prevention on R4. E6 cleansed R4's coccyx wound in a circular motion, over the same area, with the same gauze four times. E6 LPN folded the same gauze over and cleansed R4's coccyx wound in a circular motion, over the same area, two more times. E6 LPN finished R4's coccyx wound care prevention, and E6 LPN removed (E6) gloves at bedside. E6 LPN wiped down R4's bedside table and placed the water pitcher, G2 (Gatorade 2) drink, and kleenex's back onto the top of the bedside table without washing (E6) hands.</p> <p>On 12/18/14 at 2:50PM, E3 ADON (Assistant Director of Nursing) stated that staff should not cleanse in a circular pattern and staff should pat the area. E3 ADON also stated staff should wash their hands right away after removing gloves.</p> <p>Facility policy, "Glove Use," dated 3/1/10, states "Wash hands after removing gloves. Gloves do not replace handwashing."</p>	F 441			