

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

PRINTED: 09/29/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145445	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/25/2015
NAME OF PROVIDER OR SUPPLIER OAK HILL			STREET ADDRESS, CITY, STATE, ZIP CODE 623 HAMACHER STREET WATERLOO, IL 62298		
(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 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, record review and interview, the facility failed to wash hands to prevent the spread of infection for 3 of 24 residents (R2, R8, R11) reviewed for infection control in the sample of 24.</p> <p>Findings include:</p> <p>1. The current Resident Admission Record for R2 documents a diagnosis, in part, as UTI (urinary tract infection). The Minimum Data Set (MDS), dated 7/23/2015, documents R2 is incontinent of bowel and bladder and requires extensive assistance with personal hygiene.</p> <p>On 9/23/2015 at 10:55 AM, E6 and E7, Certified Nurses Aides (CNA) transferred R2 to bed using a mechanical lift. E6 applied gloves, then cleansed and dried R2's inner thighs and vaginal area. Without changing gloves, E6 assisted E7 to turn R2 to the right side, touching R2 with the same gloves. E6 cleansed R2's rectal area and buttocks and removed the urine soaked incontinent brief. Without removing the soiled gloves, E6 touched R2, then opened a tube of petroleum ointment, and applied it to R2's buttocks. E6 removed her gloves and without cleansing or washing her hands, removed R2's socks for a skin assessment.</p> <p>On 9/23/2015 at 11:05 AM, E6 and E7 transferred R2 from the bed to the wheelchair using the mechanical lift. E6 attached the personal safety</p>	F 441			

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F 441	<p>Continued From page 2</p> <p>alarm to R2's blouse and made R2's bed. E6 carried the bag of soiled items from R2's room, holding it in her right hand. E6 walked down the hall, entered numbers into the key pad to the soiled utility room and disposed of the soiled bag. E6 left the soiled utility room without washing or sanitizing her hands and entered the dining room. E6 then touched R25's arm as she was talking to her.</p> <p>2. The current Resident Admission Record for R11 documents diagnosis, in part, as History of Clostridium Difficile. The MDS, dated 6/25/2015, documents R11 is incontinent of bowel and bladder and requires extensive assistance with personal hygiene.</p> <p>On 9/22/2015 at 2:00 PM, E8, CNA used a mechanical lift to transfer R11 from the wheelchair to the toilet to have a bowel movement. E8 removed R11's wet incontinent brief and changed his gloves. On 9/22/2015 at 2:07 PM, E8 assisted R11 to stand, while attached to the sit to stand mechanical lift. E8 wiped fecal smears from R11 using his left hand. E8 used his right hand to cleanse R11's inner thighs and penis. Without changing gloves, E8 rinsed and dried R11's perineal area. E8 removed the soiled gloves, but did not wash or sanitize his hands. E8 put a clean incontinent brief on R11, pulled up his pants and transferred R11 to the recliner in his room. E8 then detached R11 from the mechanical lift, unplugged R11's recliner, gave him the call light, and placed a clean plastic bag in the bathroom trash can. E8 did not wash his hands while in R11's bathroom.</p> <p>On 9/22/2015 at 2:11 PM, E8 left R11's room and pushed the mechanical lift down the hall. E8</p>	F 441			

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F 441	<p>Continued From page 3</p> <p>entered the numbers on the key pad to unlock the door of the soiled utility room and placed the lift into the room. E8 threw the soiled and bagged items from R11 into a trash bin in the soiled utility room, then sanitized his hands.</p> <p>3. R8's MDS, dated 9/12/15, documents R8 is totally dependent on 2 staff for toileting, hygiene and bathing.</p> <p>On 9/23/15 at 11:50 AM, E4 and E5, CNA's, provided incontinent care to R8 in bed. R8's adult incontinent brief was slightly wet with urine and smeared with feces. E4 washed R8 using several wet washcloths and no rinse periwash in all soiled areas in the front and back. E4 dried the wet areas prior to putting clean briefs on R8. E4 changed gloves and sanitized her hands from dirty to clean area. After the procedure, E5 took off her gloves, collected the soiled linen, stepped out of R8's room and went inside the soiled utility room. E5 failed to perform any hand hygiene before exiting R8's room.</p> <p>On 9/24/15 at 2:20 PM, E2, Director of Nursing (DON), stated she expects staff to wash their hands after taking off their gloves, and before leaving the resident's room.</p> <p>4. The facility policy, Standard Precautions for Infection Control Guideline, revised 2/2006, documents, in part, "Wash Hands. Wash immediately after gloves are removed and between patient contacts. Avoid transfer of microorganisms to other patients or environments. Wear gloves. Wash hands and put on clean gloves just before touching mucous membranes and non intact skin. Change gloves and wash hands between tasks and procedures on the same patient after contact with material</p>	F 441			

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F 441	Continued From page 4 that may contain high concentrations of organisms. Remove gloves promptly after use, before touching noncontaminated item, environmental surfaces, and before going to another patient immediately to avoid transfer of microorganisms to other patients or environment. Remove gloves when you are ready to leave the room and wash your hands with antimicrobial soap. (This information makes it clear that the healthcare worker will need to change gloves several times while caring for the resident)."	F 441			