

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

PRINTED: 07/28/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145903	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/24/2015
NAME OF PROVIDER OR SUPPLIER VANDALIA REHAB & HEALTH CARE C			STREET ADDRESS, CITY, STATE, ZIP CODE 1500 WEST ST LOUIS AVENUE VANDALIA, IL 62471		
(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=E	<p>Annual Licensure and Certification.</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 change gloves during care for a resident on isolation(R5), to don gloves while caring for a resident on isolation(R4), to remove gloves after doing incontinence care(R7), and to appropriately clean a blood glucose monitoring machine to prevent the spread of infection(R2) for four of five residents reviewed for infection control in the sample of 12.</p> <p>Findings include:</p> <p>1. On at 07/22/15 at 10:30 am, E7, Certified Nursing Assistant (CNA) was observed doing range of motion exercises with R4 . E4, Social Services Director/CNA Supervisor, was also present and observed the procedure. After the procedure, E7, while wearing gloves, began to reposition R4 in bed. E4 walked over to the side of the bed to help, and without donning gloves, E4 took hold of the incontinence pad under R4 and E7 and E4 pulled him up in bed. A sign was posted outside R4's door which stated "See the nurse before entering "and an isolation cart was present in the hallway just outside the door.</p> <p>A July, 2015 Infection Log showed R4 is on contact isolation for Methicillin/Oxacillin Resistant Staphylococcus Aureus (MRSA) of the nares with an onset date of 07/17/15. An undated Multidrug Resistant Organism in Non Hospital Healthcare Setting Policy stated " Disposable gloves should</p>	F 441			

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F 441	<p>Continued From page 2</p> <p>be worn if contact with body fluids is expected. "</p> <p>On 07/22/15 at 2:30 pm, E2, Director of Nurses(DON), acknowledged R4 is on contact isolation due to MRSA of the nares and confirmed that E4 should have put on gloves before assisting with repositioning R4.</p> <p>2. On 07/22/15 at 11:10 am, E9, (Registered Nurse), was observed performing blood glucose monitoring on R2. After the procedure, E9, without cleansing the unit, wrapped the unit in a germicidal disposable wipe and put it on the medication cart while she administered Insulin to R2. A Cleaning and Disinfecting of Glucometer Policy dated 06/09/10 instructed, "wipe down the (unit) and air dry." On 07/22/15 at 11:15 am, E9 stated that the correct procedure for disinfecting glucometers is to "wrap a germicidal wipe around it, let it sit for four minutes, then take the wipe off and let it air dry for four minutes." On 07/22/15 at 2:30 pm, E2 stated the correct procedure to disinfect the glucometer is to thoroughly wipe down the unit and allow it to air dry. E2 stated there is one resident on isolation, R20, on the hall served by that medication cart.</p> <p>3. On 07/22/15 at 2:00 pm, E8, (CNA), was observed providing incontinence care for R7. With gloved hands, E8 cleansed feces from the resident's anal area. Without removing the gloves, E8 then touched the padded side rail, put the siderail up, and positioned the residents top sheet and bedspread over him while wearing the contaminated gloves. A Perineal Cleansing Policy dated 09/21/10 instructed that after cleansing and drying the</p>	F 441			

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F 441	Continued From page 3 perineum, "remove gloves and wash hands with soap and water, cleansing gel, or (trade name hand disinfectant)." On 07/22/15 at 2:30 pm, E2 confirmed E8 should have removed her gloves and washed her hands prior to touching the siderail and bed linens. 4. On 07/22/15 at 2:00 pm, E5 and E6, both CNAs, were observed providing incontinence care for R5. After cleansing R5's buttock/anal area with gloved hands, E5 and E6 began doing range of motion on R5 without removing the contaminated gloves. In the process of doing range of motion, E5 and E6 touched the siderails, pillows, bed linens and the resident's skin with the contaminated gloves. On 07/22/15 at 2:30 pm, E2 stated R5 has recently been treated for Extended Spectrumbeta Lactamases (ESBL) of the urine. E2 stated R5's most recent urine culture is not back yet, and until the result is confirmed, R5 should be treated as though he is still infected with the organism. A Contact Precautions Policy dated 12/02 stated, "During the course of providing care for a resident, change gloves after having contact with infective material that may contain high concentrations of microorganisms."	F 441			
F 458 SS=B	483.70(d)(1)(ii) BEDROOMS MEASURE AT LEAST 80 SQ FT/RESIDENT Bedrooms must measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms. This REQUIREMENT is not met as evidenced by: Based on observation, record review and	F 458			

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F 458	Continued From page 4 interview, the facility failed to ensure that 29 rooms of 29 rooms on the A Hall and B Hall, each containing 2 resident beds, provided the required 80 square feet per resident for 7 of 7 residents (R1, R2, R3, R7, R8, R9, R11) reviewed for undersized rooms in the sample of 12, and 15 residents (R13 through R27) in the supplemental sample. Findings Include: The A Hall resident rooms, 3 through 17, are Medicaid certified, multiple resident rooms and the B Hall resident rooms, 18 through 31, are Medicaid certified, multiple resident rooms according to an interview with E1, Administrator, on 7/21/15 at 11:00AM. All of these multiple resident rooms provide 75 square feet per resident, per measurement of the rooms during the environmental tour on 7/21/15 at 9:30AM. The facility provided a census sheet, dated 7/21/15, with the waived rooms indicated. During this survey, resident rooms 24 through 27 were being used as office space and a conference room. On 7/21/15 at 11:00AM, E1 stated that these rooms can be used as resident rooms if needed. According to the 7/21/15 facility census sheet, the residents residing in these rooms are R1, R2, R3, R7, R8, R9, R11 and R13 through R27.	F 458			
F 465 SS=C	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.	F 465			

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F 465	<p>Continued From page 5</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to maintain wall coverings, flooring, ceilings, and some wall areas in an attractive and easily cleanable manner. This failure has the potential to affect all 47 residents in the facility. Findings include: On 7/21/15 at 10:00 a.m. the following conditions were observed:</p> <ol style="list-style-type: none"> 1. Wall paper beneath the level of the hand rail in the dining room was torn and loose in places, and in general poor condition. 2. Wall paper beneath the level of the hand rail throughout the facility was in fair-poor condition, most notably in the C Hall. 3. Water damage around the air conditioning units in rooms 50 and 49. 4. Wall damage on the end of the living room near the television. 5. Water damage by the ceiling fluorescent lights in the center of B hall. 6. Unfinished drywall repair around the fluorescent light in the ceiling in the center of B hall. 7. Two cracks in the ceiling on B hall, each 7 - 10 feet long. 8. Numerous worn and cracked areas in the floor tile in B hall. 9. Worn floor tile and missing cove base molding in the bathroom in D hall. 10. Dark residue around the toilet and on the vents in the bathroom in D hall. 11. Unfinished vanity around the sinks in the women ' s bathroom on A hall. <p>During the Daily Status meeting on 7/24/15 at</p>	F 465			

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F 465	Continued From page 6 12:00 p.m., E1, (Administrator), acknowledged the environmental concerns and stated that the facility remodeling and repairs were supposed to begin several months ago, but had not started yet. According to the Resident Census and Conditions of Residents report dated 7/21/15, the facility has 47 residents.	F 465			