

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015473	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/08/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ILLINOIS VETERANS HOME AT QUINCY	STREET ADDRESS, CITY, STATE, ZIP CODE 1707 NORTH 12TH STREET QUINCY, IL 62301
---	---

(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) COMPLETE DATE
S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	Final Observations Statment of Licensure Violations: Section 340.1505 Medical, Nursing and Restorative Services e) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing. This requirement is not met as evidenced by: Based on observation, interview and record review the facility failed to perform hand hygiene during a pressure ulcer dressing change for one of four residents (R3) reviewed for pressure ulcers in a sample of nine. Findings include: A Hand Hygiene policy dated 8/2018 states the purpose of performing hand hygiene is, "To remove contamination and minimize counts of transient resident bacteria, hand washing will be done as indicated and according to National	S9999		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015473	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/08/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ILLINOIS VETERANS HOME AT QUINCY	STREET ADDRESS, CITY, STATE, ZIP CODE 1707 NORTH 12TH STREET QUINCY, IL 62301
---	---

(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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 1</p> <p>Standards." The policy further instructs to perform hand hygiene (hand washing), "After contact with blood, body fluids or excretions, mucous membranes, non-intact skin, or wound."</p> <p>A Wound/ Skin Care policy number 7.30-W (undated) states, "Wash hands thoroughly and apply gloves. Remove the soiled dressing and discard the dressing and gloves in a plastic bag. Wash hands, Apply new gloves. Use (Wound cleanser) or Sodium Chloride as ordered. Cleanse wound area and apply wound treatment as ordered. Remove and discard gloves and wash hands."</p> <p>On 11/5/18 at 1:15p.m. V5 (Licensed Practical Nurse) was preparing to change R3's pressure ulcer dressings to the right and left buttock. V5 applied gloves then assisted R3 to stand in front of a recliner while R3 held onto a wheeled walker. V5 pulled down R3's pants and incontinence brief and removed the soiled dressings from R3's right and left buttock pressure ulcers. Without removing her soiled gloves or performing hand hygiene, V5 used gauze and sodium chloride to cleanse R3's wounds. Without removing the soiled gloves or performing hand hygiene, V5 applied clean dressings to each wound.</p> <p>On 11/5/18 at 1:30p.m. V5 verified that V5 did not remove her soiled gloves or perform hand hygiene after removing R3's soiled dressings or before cleansing R3's right and left buttock pressure ulcers, or before applying R3's clean pressure ulcer dressings. V5 stated that she "probably" should have.</p> <p>(AW)</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015473	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/08/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ILLINOIS VETERANS HOME AT QUINCY	STREET ADDRESS, CITY, STATE, ZIP CODE 1707 NORTH 12TH STREET QUINCY, IL 62301
---	---

(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) COMPLETE DATE
S9999	<p>Continued From page 2</p> <p>Section 340.1320 Disaster Preparedness</p> <p>c) Fire drills shall be held at least quarterly for each shift of facility personnel. Disaster drills for other than fire shall be held twice annually for each shift of facility personnel. Drills shall be held under varied conditions to:</p> <p>1) Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>This requirement is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure two disaster drills for all personnel, on each shift, were held for the year and the policy for disaster drills did not specify that all personnel on each shift must have two drills during the year. This failure has the potential to affect all 332 residents living in the facility.</p> <p>Findings Include:</p> <p>The document General Information located in the Disaster Manual dated 10/17/16 states, "Training for Disaster Procedures for all staff will be done at least annually."</p> <p>The facility had one disaster drill on 4/18/18 that included all shifts.</p> <p>On 10/23/18, an evacuation drill was held at 2:17 pm for one of three living areas in one of four buildings in which residents live. Not all living areas or all buildings were included in the drill.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015473	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/08/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ILLINOIS VETERANS HOME AT QUINCY	STREET ADDRESS, CITY, STATE, ZIP CODE 1707 NORTH 12TH STREET QUINCY, IL 62301
---	---

(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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 3</p> <p>On 10/26/18 a missing resident drill was held at 10:00 am. Only five employees participated in the drill. This was not an all facility drill.</p> <p>On 11/07/18 at 1:30 PM V6, Director of Security, stated, "I didn't realize that there were specific regulations for the disaster drills. One of the drills that we held was for all of the shifts in each building. The other two were not facility wide for shifts. I'll need to start doing this."</p> <p>On 11/5/18 at 9:30 am, V2 (Adjutant) stated that at the time if the survey 332 residents resided in the facility.</p> <p>On 11/08/18 at 11:00 AM, V1, Administrator, confirmed that the facility did not hold two disaster drills for all personnel on each shift during the past year.</p> <p>(AW)</p>	S9999		
-------	--	-------	--	--