

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6014385</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/09/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PARKWAY MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3116 WILLIAMSON COUNTY PARKWAY MARION, IL 62959</b>
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S 000	Initial Comments  Annual Licensure and Certification Survey  Federal Oversight Support Survey	S 000		
S9999	Final Observations  Statement of Licensure Violations:  300.610a) 300.696a) 300.696c)2)7) 300.1210b) 300.1210c)3) 300.3240a)  Section 300.610 Resident Care Policies  a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting.	S9999	<p><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
		02/26/16

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S9999	<p>Continued From page 1</p> <p>Section 300.696 Infection Control</p> <p>a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed.</p> <p>c) Each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services (see Section 300.340):</p> <p>2) Guideline for Hand Hygiene in Health-Care Settings</p> <p>7) Guidelines for Infection Control in Health Care Personnel</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to follow standard and contact isolation precautions/protocols when caring for residents with infections, failed to adequately clean and thoroughly disinfect shared medical equipment, and failed to use proper</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>infection control practices for cleaning of isolation rooms to prevent transmission of Clostridium Difficile (C-Diff) between residents. This failure resulted with the potential to affect all 110 residents.</p> <p>Findings Include: On 2/3/16 at 9:10 PM, E2 stated that infection control policies are based on CDC (Centers for Disease Control) guidelines so if something is not in the facility policy, CDC guidelines are used. According to the CDC (Center for Disease Control) information titled " CDC 24/7: Saving Lives. Protecting People-Frequently Asked Questions about Clostridium difficile for Healthcare Providers " shows C-Diff (Clostridium Difficile) is a spore forming toxin. Disease resulting from C-Diff infections: PCM (pseudomembranous colitis), toxic mega colon, perforations of the colon, sepsis and death. Clinical symptoms: watery diarrhea, fever, loss of appetite, nausea, abdominal pain. Patients at increased risk for C-Diff: antibiotic exposure, gastrointestinal surgery/manipulation, long length of stay in healthcare settings, a serious underlying illness, immunocompromising condition, advanced age. C-Diff infections: patient exhibits clinical symptoms, patient test positive for C-Diff organism/or its toxin. How is C-Diff transmitted: C-Diff is shed in feces. Any surface, device, or material (e.g., commodes, bathing tubs, and electronic rectal thermometers) that becomes contaminated with feces may serve as a reservoir for the C-Diff spores. C-Diff spores are transferred to patients mainly via hands of healthcare personal who have touched a contaminated surface or item. How can C-Diff infections be prevented in hospitals and or other healthcare settings: Use Contact Precautions: for patients with known or suspected C-Diff infections- Place these patients in private rooms,</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>if no private room available, patients can be placed in rooms (cohorted) with other patients with C-Diff infections, use gloves when entering patients ' rooms and during patient care, perform hand hygiene after removing gloves (because alcohol does not kill C-Diff spores, use of soap and water is more efficacious than alcohol based hand rubs, preventing contamination of the hands via glove use remains the cornerstone for preventing C-Diff transmission via the hands of healthcare workers. Use gowns when entering patients rooms and during patient care. Dedicate or perform cleaning of any shared medical equipment. Continue these precautions until diarrhea ceases (because C-Diff infected patients continue to shed organism for number of days following cessation of diarrhea). Implementation and environmental cleaning and disinfection strategy: Ensure adequate cleaning and disinfection of environmental surfaces and reusable devices, especially items likely to be contaminated with feces and surfaces that are touched frequently. Consider using EPA (Environmental Protection Agency)-registered disinfectant with a sporicidal claim for environmental surface disinfection after cleaning in accordance with label instructions. Follow the manufacturer's instructions for disinfections of endoscopes and other devices. Recommended infection control practices in long term care and home health settings are similar to those taken in traditional health care settings. According to the CDC document titled " Infection Prevention During Blood Glucose Monitoring and Insulin Administration " shows The CDC has become increasingly concerned about the risks for transmitting of hepatitis B virus (HBV) and other infectious disease during assisted blood glucose (blood sugar) monitoring and insulin administration. CDC is alerting all persons who</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>assist others with blood glucose monitoring and/or insulin administration of the following infection control requirement: Finger stick devices should never be used for more than one person, whenever possible blood glucose meters should not be shared. If they must be shared, the device should be cleaned and disinfected after every use, per manufacturer's instructions. If the manufacturer does not specify how the device should be cleaned and disinfected then it should not be shared. Insulin pens and other medication cartridges and syringes are for single-patient-use only and should never be used for more than one person. Best practices for Assisted Blood Glucose Monitoring and Insulin Administration: If blood glucose meters must be shared, the device should be cleaned and disinfected after every use, per manufacturer's instructions, to prevent carry-over of blood and infectious agents. If the manufacture does not specify how the device should be cleaned and disinfected then it should not be used. If shared, blood glucose meters should be cleaned and disinfected after every use. Insulin vials: if the vials must be used for more than one person it should be stored and prepared in a dedicated medication preparation area outside of the patient care environment and away from potentially contaminated equipment. Blood Glucose Meters: Whenever possible, blood glucose meters should be assigned to an individual person and not shared. If blood glucose meters must be shared, the device should be cleaned and disinfected after every use, per manufacturer's instructions to prevent carry-over of blood and infectious agents. If the manufacturer does not specify how the device should be cleaned and disinfected then it should not be shared. General: Unused supplies and medication should be maintained in clean areas separate from used supplies and equipment (e.g.</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>glucose meters) does not carry supplies and medications in pockets</p> <p>The facilities policy and procedure titled " Nursing: Categories of Transmission-based Precautions " with revision date 8/09 documents in part " It is the policy of the facility to follow established transmission-based (isolation) precaution. The objective is to prevent the spread of infection in the facility. The staffs responsible are nursing staff, housekeeping staff and any and all staff having direct contact with the resident. Contact precautions must be implemented, in addition to Standard Precautions for resident known to be infected or colonized with organisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident care items in the resident's environment. Examples of infections requiring Contact Precautions include, but not limited to: Clostridium Difficile. Gloves and hand hygiene: wear gloves upon entering the room if contact with resident or potentially contaminated surfaces is possible, during the course of caring for resident, change gloves and perform hand hygiene (wash hands if dealing with C-Diff) after having contact with infective material, remove gloves before leaving the room and perform hand hygiene (wash hands if dealing with C-Diff), after glove removal and hand hygiene, ensure that hands do not touch potentially contaminated environmental surfaces or items in the resident ' s rooms. Wear a gown (clean, non-sterile) when entering the room if you anticipate that your clothing will have substantial contact with the resident, environmental surfaces, or items in the resident's room; if the resident is incontinent; or if the resident has diarrhea. Resident care equipment: When possible, dedicate that use of noncritical resident care equipment items such as stethoscope, sphygmomanometer, bedside</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>commode, or electronic rectal thermometer to a single resident to avoid sharing between residents; if use of common items is unavoidable, then adequately clean and disinfect them before use for another resident. "</p> <p>The facilities policy and procedure titled " Housekeeping Isolation Procedure " with revision on 01/03 documents in part " It is the policy of the facility to ensure that contagious disease are not transmitted to other residents and the purpose is to enforce the procedure to keep contagious disease to a minimum. The staff responsible: Administration, Director of Nursing, Food Services Supervisor, Food Service Staff, Nursing Personnel, Housekeeping Supervisor, Housekeeping Staff. The procedure: Housekeeping shall receive written notice from nursing staff that a resident is in isolation. The notice should include resident's name, room number and date of isolation onset. The same daily cleaning procedures used in other resident rooms should be used to clean rooms and bathrooms of residents in isolation. Cleaning equipment used in rooms of residents requiring isolation should be disinfected before being used in other resident rooms. Dirty water discarded, wiping cloths and mop heads should be laundered and dried and buckets disinfected before re-use. When cleaning a room, use the same precautions as other staff members (gowns, gloves). All horizontal surfaces of furniture, mattresses, etc. should be cleaned with disinfectant solution. All floors, including bathrooms should be mopped with disinfectant solutions. Wash walls with disinfectant solutions, thoroughly scrubbing exposed areas. "</p> <p>According to the facilities policy and procedure titled " Policy no: 1.11 (IL) Area: Admiration Subject: Infection Control " with revised date 08/09 documents " Infection Control Policy: All</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>residents with known or suspected infectious conditions will be cared for using the most appropriate nursing care determined for the benefit and safety of the resident concerns, the other residents in the facility, and the safety of the employees. Standard Precautions: Standard Precautions are based upon the principle that all blood, body fluids, secretions, excretions (except sweat), non-intact skin, and mucous membranes may contain transmissible infectious agents. Standard Precautions should be applied to the care of all residents regardless of the suspected or confirmed presence of an infectious agent. Standard Precautions include but are not limited to: Hand Hygiene, Safe injection practices, Proper use of PPE (Personal Protective Equipment) (gloves, gowns, mask, etc.), resident placement within the facility, care of the environment, textiles, and laundry, handling equipment, disposal of waste. Hand washing is the foundation of controlling infectious disease. Personnel must wash their hands when coming on duty; when they are visibly soiled; when they are between residents; after they handle dressings, urinals, bedpans, needles, or syringes; after toilet use; and when they complete duty. Unless hand washing is specifically required, antimicrobial agents such as Alcohol based rubs are appropriate for cleaning hands and can be used for direct resident care. Gowns are worn by all personnel coming in direct contact with residents who require contact (if necessary) precautions. Gloves, disposable in nature, will be worn unless sterile gloves are necessary. Gloves will be changed after direct contact with resident's secretion or excretions, even if care of resident has not been completed. Environmental control will consist of dusting with damp cloth and wet mopping room after all other rooms have been cleaned. Employee traffic to and through the</p>	S9999		
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S9999	<p>Continued From page 9</p> <p>room will be limited to that which is necessary. Terminal cleaning upon termination of isolation includes cleaning and bagging equipment for disinfections or sterilization; washing furniture and mattress covers; washing grossly soiled areas on walls; and wet mopping floors by means of double bucket technique.</p> <p>The facility identified germicidal bleach wipe (Environmental Protection Agency Register Number: 69687-1-1375349) noted to have a blue label on 1/26/16 at 4:00 PM used to clean the blood glucose monitoring machine includes the following directions " a 3 minute contact time is required to kill Clostridium difficile spores and reapply as necessary to ensure that the surface remains wet for the entire contact time. Allow surface to air dry. "</p> <p>According to directions on the disinfection cleaning product used by housekeeping (Environmental Protection Agency Regulation Number: 5741-28) noted to have red label on 1/28/15 at 10:45 AM, shows on the label when cleaning residents rooms for residents identified in isolation for C-Diff, the following instructions are specified on the label " when cleaning for C-diff a 8 minute contact time is necessary for cleaning the spore, and fecal matter/waste must be thoroughly cleaned from surfaces/objects before disinfection by application with a clean cloth, mop, and/or sponge saturated with the disinfectant product. Cleaning is to include vigorous wiping and/or scrubbing, until all visible soil is removed. Special attention is needed for high touch surfaces. Surfaces in patient rooms are to be cleaned in an appropriate manner. Restrooms are to be cleaned last. "</p> <p>According to directions on the germicidal wipe product noted to have a purple lable on 1/26/16 at 4:00 PM (Environmental Protection Agency Number: 88494-2-37549) shows no indicated use</p>	S9999		
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S9999	<p>Continued From page 10</p> <p>for C-Diff. Product label shows it is an alcohol wipes for and under directions for use: This product is not to be used as a terminal sterilant/high level disinfectant. Under cleaning: use one or more wipes, as necessary, to wet surface sufficiently and to thoroughly clean the surface. Disinfectant: Treated surface must remain visibly wet for one minute to achieve complete disinfection of all pathogens listed o this label. Allow surface to air dry. Contact time: Allow surface to remain wet for 1 full minute.</p> <p>On 1/27/16 at 9:45 AM, E2 DON stated R14 was on isolation starting on 1/15/16 but came off for a couple days and went back on 1/25/16.</p> <p>On 1/27/16 at 10:15 AM, E11 CNA (Certified Nursing Assistant) stated she had given R14 a shower last Tuesday (1/20/16). E11 stated R14 was on isolation at that time. E11 stated she gave R14 the shower in the community bathroom on 100 hallways. E11 stated when she was done with R14's shower; she wiped everything in the common bathroom down with the bleach wipes. E11 was not able verbalize how to clean according to the bleach wipe manufactures guideline. E11 did not indicate if or how the shower room was mopped or deep cleaned or if this was done.</p> <p>On 1/28/16 at 11:10 AM, E20 LPN (Licensed Practical Nurse) entered R14's identified C-Diff isolation room to administer insulin. E20 took R14's insulin pen into the room and injected R14 in the abdomen. E20 placed the insulin pen on the sink and was half on a barrier and half on the countertop. E20 washed her hands and applied new gloves and picked up insulin pen and placed it on clean barrier next to the blood glucose monitoring machine. E20 picked up insulin pen and exited room. E20 wiped over R14's insulin</p>	S9999		
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S9999	<p>Continued From page 11</p> <p>pen with the facility designated bleach disinfectant for less than 10 seconds and placed it in top of medication cart drawer with other insulin pens. When questioned E20 stated she should have cleaned the insulin pen longer before she placed it in the medication cart. At no time did E20 re-clean the identified contaminated insulin pen. When E20 was questioned, she stated she was just starting her noon medication pass and would be giving more medications and insulin. On 1/29/16 at 8:45, the DON stated if resident is symptomatic for C-Diff will go ahead and put in isolation.</p> <p>On 1/29/16 at 9:45 AM, E22 (Housekeeper) stated R14's room was on the 100 hallway. E22 stated she normally cleaned R14's room, and even prior to her being placed on isolation resident was having " explosive, foul smelling stool " and she was pretty sure it was C-Diff. E22 stated that when she had asked a nursing assistant what was going on with R14, they were aware she was having loose stool and E22 figured the nurses knew too. E22 stated even before R14 was on isolation R14 had loose stools and R14 had stool all over the bathroom and across her room to her closet. E22 stated that R14 would try to clean up the feces herself but didn't do a very good job. E22 stated R14 trying to clean up after problems with loose stools had occurred more than once. E22 stated she had been sweeping R14's room with a broom and bringing it out and putting it on the housekeeping cart as well as the dustpan. E22 stated she probably should have not done this and used the dust mop. E22 stated she never used a gown when cleaning R14's room. E22 stated when she cleans a room for C-Diff she cleans the bathroom in the middle of the cleaning process, not last. E22 stated she used the same housekeeping cart to clean hallway 100 and 200. E22 stated she</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>was the regular housekeeper on these units and her assignment for each day was to take care of both 100 hallway and 200 hallway.</p> <p>On 2/2/16 at 3:25 PM, Z3 (Power of Attorney) for R14 stated that he was the one that made the facility nurse aware of R14 having issues with loose stools. Z3 stated R14 had so much loose stool in her adult brief that it was saturated and coming apart. Z3 stated R14 had told him and the nurse, who was a Registered Nurse, that she had been having the loose stools for a while and she had been needing help making sure she was getting herself clean. Z3 stated R14 had been keeping a journal of her bowel movements and showers since her admission and the staff was aware of it as far as he knew. Z3 stated that a while back, around the beginning of 2015, R14 had issues with C-Diff and the facility had treated it totally different. Z3 stated they had been much more strict with the isolation precautions and were cleaning all the time. Z3 stated this is why he was so concerned this time because the facility didn't seem to be doing any precautions. Z3 stated the only way he had been made aware of what the " bug " was is because he had family in the medical field and they had explained how serious it could be. Z3 stated the facility did not do any education with him or R14 except put R14 on isolation and tell them to make sure to wash their hands with soap and water because alcohol wouldn't work. Z3 stated that approximately 10 days ago he was at the facility visiting R14 and the nurse had done R14's blood glucose monitor and gave R14 her insulin in the common area across from the dining room. Z3 stated the nurse did not have the cart with her but made two trips up the hallway once with the blood glucose machine and once with R14's insulin.</p> <p>On 2/2/16 at 4:05 PM, Z2 (Medical Director/Primary Care Physician) stated he was</p>	S9999		
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S9999	<p>Continued From page 13</p> <p>the Medical Director for the facility and was the Primary Care Physician for R14 and R16. Z2 stated that if a resident was having any signs and symptoms of an infectious disease and specifically C-diff such as loose stool, then he would expect the facility to put them on the appropriate isolation as soon as the symptoms were present. Z2 stated he would expect the facility to notify the primary care physician for further direction with regard to culture or care of the issue. Z2 stated the resident and resident ' s Power of Attorney need to be made aware as necessary. Z2 stated C-Diff is a spore and therefore was not cleaned in the same manner as some other organisms. Z2 stated he would expect the facility to clean according to what the direction or guidelines of the product said, or according to the facility policies. Z2 stated all staff should be communicating to nursing if they are seeing signs of C-Diff such as the loose stool. Z2 indicated if a housekeeper or certified nursing assistant is aware of someone having loose stools or any signs of infections they should be communicating this to the nursing staff. According to the facilities updated Infection Control Log provided on 2/2/16 for November 2015, December 2015 and January 2016 through the morning of 2/2/16, the following is documented for R16: Hallway 600; Admit date -12/15/15; onset date-1/4/16; site-stool; symptoms-diarrhea; culture-C-Diff PCR (Per Culture Result) 1/3/15; organism-C-Diff; isolation-yes; nosocomial-yes; resolve date-blank Hallway 600; Admit date-12/15/15; onset date-12/23/15; site-stool; symptoms-diarrhea; culture-C-Diff PCR; organism-C-Diff, isolation-yes; nosocomial-no; resolve date 1/1 On 2/3/16 at 11:28, E1 Administrator stated that she thought the " PCR " abbreviations under the</p>	S9999		
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S9999	<p>Continued From page 14</p> <p>culture area on the Infection Control Log stood for "Per Culture Report."</p> <p>During an observation on January 29, 2016 at 8:10 AM, E18, Housekeeper, and E19 Housekeeper trainee entered R16's room to spray R16's bed with sanitizing solution containing bleach. According to a lab result dated December 23, 2016, R16's stool was positive for cdiff infection. E19 was holding a spray bottle of disinfectant containing bleach in one hand and a cleaning rag in another. E19 sprayed the mattress then immediately wiped the mattress with the cloth in the other hand. After E19 finished wiping R16's mattress, E19 handed the disinfectant bottle containing bleach to E18. E18 took the bottle and without changing gloves, took keys out of her uniform pocket, opened the housekeeping locked storage area, placed the bottle into the housekeeping cart on top of the other bottles of cleaning solutions including window cleaner and a bottle labeled "Oxyfest" without cleaning the bottles. E 18 and E19 were wearing gloves during the spraying and wiping of R16's bed and mattress but neither were wearing gowns or any other personal protection equipment (PPE) to protect E18's or E19's clothing from becoming contaminated. E18 and E19 removed their gloves, went into R16's bathroom, washed their hands and exited the room.</p> <p>On January 29, 2016 at 9:20 AM, E18 and E19 returned to R16's room to perform mopping, cleaning and disinfection assignments to the furniture, bathroom, sink shower, floor, trash and linen containers, etc. E18 and E19 went to the PPE container inside the entrance door to the room, obtained gowns, and took the gowns into R16's bathroom and both put on the gowns and gloves in R16's bathroom. E19 went to the</p>	S9999		
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S9999	<p>Continued From page 15</p> <p>housekeeping cart located outside R16's doorway, unlocked the storage area on top of the housekeeping cart, retrieved the sanitizing solution and began spraying the over the bed table, bedside table, floor, chest of drawers, heater/air conditioner, bathroom floor, shower, sink top, toilet, walker, and toilet riser. E19 then retrieved a broom from the housekeeping cart and started sweeping the wet floor under R16's bed, around the above mentioned furniture, and in front of the doorway. E19 went to the housekeeping cart and obtained the dust pan from the housekeeping cart and swept the dirt from the floor into the dust pan and placed the dirt into the trash can in R16's room, then placed the broom and dust pan back on the housekeeping cart without disinfecting the broom or dust pan. E18 was in R16's bathroom wiping down the shower, and stated "I need some gloves" came out of R16's bathroom removed the gloves she was wearing, and protective gown covering her clothes, leaving R16's room without washing her hands. E18 verified per interview on January 29, 2016 at 9:30 AM she went to the janitor's closet to obtain the box of gloves, and placed the gloves on the housekeeping cart. Upon re entering R16's room E18 put a protective gown over her uniform and went back into R16's bathroom and started wiping down the walker, toilet riser, sink surface, sink faucets, wall and towel bars. E18 left the bathroom and walked to the housekeeping cart, and without changing gloves retrieved more cleaning cloths from a plastic bag half full of cloths on the housekeeping cart, contaminating the clean cloths. E19 was mopping the floor and stopped mopping to pick up a piece of trash off the floor, placed it in the trash can in R16's room, then continued mopping, contaminating the mop handle. E19 mopped the flooring under R16's bed, then proceeded to R16's bathroom, then</p>	S9999		
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S9999	<p>Continued From page 16</p> <p>returned to the rest of the bedroom floor, mopping the bathroom floor prior to mopping the floor entering R16 bedroom. E18 and E19 removed the PPE, placed it in the trash can in R16's room, went into R16's bathroom, washed their hands and left R16's room. E18 and E19 entered R19's room to perform mopping, cleaning, and disinfection assignments to the furniture, bathroom, sink shower, floor, trash and linen containers, etc. According to R19's initial MDS, R19 does not have a diagnosis of C-diff. However, R19's care plan dated December 29, 2015 shows a reduced immunity due to receiving radiation for lung cancer. E19 used the same contaminated broom, dust pan, and mop handle that was used in R19's room to clean R16's room.</p> <p>R19's Care Plan with last conference date of 1/25/16 shows an admit date of 12/2/15 and diagnosis of Carcinoma in situ of unspecified bronchus and lung, and identified problem is R19 requires radiation, Lung cancer. R19's goal is she will not exhibit signs of complication reduced immunity secondary to radiation use. Approach by the facility is to monitor/observe/assess resident for signs/symptoms of complications related to radiation therapy including reduced immunity.</p> <p>R16's face sheet states she was admitted on December 15, 2015 at 12:43 PM, and according to the Admission Minimum Data Sets (MDS) dated December 22, 2015 has a diagnosis of Diabetes Mellitus type II; Ulcerative Colitis; Hip Fracture; Pressure Ulcer; Pain; Weakness; and Diarrhea.</p> <p>R16's nursing note dated December 18, 2015 at 8:30 PM, states, "Res (resident) has had several episodes of diarrhea x (times) 2 days. Res does report she has hx (history) of IBS (irritable bowel</p>	S9999		
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S9999	<p>Continued From page 17</p> <p>syndrome) but also reports she took multiple antibiotics while in hospital. Will obtain stool sample to r/o (rule out) cdiff. (R16's) physician notified, and on December 18, 2015 R16's Physician Order Sheet (POS) lists an order for "stool for cdiff."</p> <p>R16's nursing note dated December 21, 2015 at 10:50 AM states "No BM (bowel movement) x 3 days. Res reports that she had a BM yesterday." Another nursing note dated December 23, 2015 at 2:21 AM states "Stool sample x 1 obtained at this time, lab notified for plu (pick up)."</p> <p>R16's laboratory report for the stool for cdiff from a local hospital laboratory dated December 23, 2015 states "collected December 23, 2015 at 4:00 PM; received 5:23 AM; and verified 10:53 AM, cdiff positive, a positive result indicates the detection of toxigenic c. difficile DNA."</p> <p>R16's care plan has a problem start date of December 23, 2015 and states "She has c-diff" with approaches initiated on the same date of as: "encourage resident to wash hands after defecation. Encourage resident to wash hands before meals. Follow principles of infection control and universal/standard precautions for c diff." This care plan was initiated 5 days after symptoms of diarrhea had begun.</p> <p>According to the facilities updated Infection Control Log provided on 2/2/16 for November 2015, December 2015 and January 2016 through the morning of 2/2/16, the following is documented for R18: Hallway 600; Admit-11/21/15; onset date-11/29/15; site-stool; symptoms-diarrhea; culture-C-Diff PCR 11/20; organism-C-Diff; isolation-yes; nosocomial-no; resolved 12/14</p>	S9999		
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S9999	<p>Continued From page 18</p> <p>Hallway 600; Admit date 11/21/15; onset date-12/18/15; site-stool; symptoms-diarrhea; Culture-C-Diff PCR; organism-C-Diff; Isolation-yes; nosocomial-no; resolved-event 12/20</p> <p>Hallway 600; Admit date 11/21/15; onset date 12/19/15; site-stool; symptoms-diarrhea; culture-C-Diff PCR; organism-C-Diff; isolation-yes; nosocomial-no; resolve date-1/1</p> <p>Hallway 600; Admit date 1/6/16; onset date-1/6/16; site-stool; symptoms-loose stools; culture-yes; organism-C-Diff; isolation-yes; nosocomial-yes; resolve date-blank</p> <p>On 2/3/16 at 11:28, E1 Administrator stated that she thought the " PCR " abbreviations under the culture area on the Infection Control Log stood for "Per Culture Report."</p> <p>R18's progress notes dated 11/28/15 show resident is incontinent of loose-moucousty stool.</p> <p>R18's progress note dated 11/29/15 shows labs positive for C-Diff.</p> <p>On 1/28/16 R18 had isolation signs on doorway and isolation equipment in her room.</p> <p>R18's Care Plan with last care conference on 2/1/16 shows a problem start date of 12/18/15 for diagnosis of C-Diff and the goal is that C-Diff will be resolved with no further complications with target date of 3/5/16. Care plan approaches show "Encourage resident to wash hands after defecation, encourage resident to wash hands before meals" and "Follow principles of infection control and universal/standard precautions for c diff,"</p> <p>R18's Care Plan Snapshot with date of 12/2/15, 2/2/16 shows a problem start date of 11/29/15 for diagnosis of C-Diff and the goal is that C-Diff will be resolved with no further complications with goal target date of 12/15/15. Care plan approaches show "Encourage resident to wash hands after defecation, encourage resident to</p>	S9999		
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S9999	<p>Continued From page 19</p> <p>wash hands before meals" and "Follow principles of infection control and universal/standard precautions for c diff,"</p> <p>According to the facilities Infection Control log for 01/2016, R18: had diagnosis and treatment for C-Diff on 11/29/15, 12/18 &amp;/or 19/15, and 1/6/16. All of R18's diagnoses of C-Diff are designated as nosocomial infections.</p> <p>According to the facilities updated Infection Control Log provided on 2/2/16 for November 2015, December 2015 and January 2016 through the morning of 2/2/16, the following is documented for R79:</p> <p>Hallway-600; Admit date 11/6/15; onset date-11/6/15; site-stool; symptom-admit with; culture-no; organism-C-Diff; isolation-yes; nosocomial-no; date resolved-new event.</p> <p>Hallway-600; Admit date-11/6/15; onsetdate-11/11/15; site-stool; symptom-diarrhea; culture-C-Diff PCR; organism-C-Diff; isolation-yes; nosocomial-no; date resolved-11/30/15</p> <p>Hallway 400; Admit date-11/6/15; onset date-12/30/15; site-stool; symptom-diarrhea; culture- C-Diff; organism-C-Diff; isolation-yes; nosocomial-no; resolve date- blank</p> <p>Hallway 300; Admit date-10/19/15; onset date-1/27/16; site-stools; symptoms-foul odor; culture-yes; organism-C-Diff; isolation-yes; nosocomial-yes; resolved-blank</p> <p>On 2/3/16 at 11:28, E1 Administrator stated that she thought the " PCR " abbreviations under the culture area on the Infection Control Log stood for "Per Culture Report."</p> <p>R79's progress note dated 11/6/15 shows resident is to be re-admitted on this day and is still on contact isolation for C-Diff</p> <p>R79's progress note from 11/11/15 shows doctor gave orders to discontinue Flagyl and start Vancomycin 125mg orally 4 times a day for 14</p>	S9999		
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S9999	<p>Continued From page 20</p> <p>days. Also states resident is positive for C-Diff R79's progress note from 11/25/15 shows resident completed Vancomycin related to C-Diff today and resident remains on isolation precautions related to C-Diff. R79's progress note from 11/29/15 shows stool specimen obtained R79's progress note from 12/1/15 shows doctor notified of negative C-Diff results R79's progress note from 12/30/15 shows lab notified nurse of positive for C-Diff. Also shows R79 to receive Vancomycin for a total of 21 days, then re-check 72 hours after last dose R79's progress note from 1/26/16 shows resident with loose, foul smelling stool, doctor was notified, stool specimen was collected for C-Diff R79's progress note from 1/27/16 shows lab reports resident is positive for C-Diff Infection Control Log for November 2015, December, 2015 and January 2016 shows R79 with nosocomial C-Diff infections with onset dates of 11/6/15, 11/11/15, 12/30/15 and 1/27/16. This document shows the C-Diff infection with onset date of 11/11/15 as resolved on 11/30/15. According to the facilities current Infection Control Log for January 2016, R79 was identified as having and/or being treated for signs and symptoms of C-Diff on 1/27/16. R79's Care Plan Snapshot for 11/2/15 to 2/2/16 shows identified problem of C-Diff on 10/25/15 and the goal is to have no further complications regarding the C-Diff with target goal date of 11/6/15. R79's Care Plan Snapshot of 11/12/15 to 2/2/16 shows problem date for C-Diff as 10/25/15 and resolution with no further complications by 11/15/15. R79's Care Plan Snapshot of 11/26/15 to 2/2/16 shows problem date for C-Diff of 10/25/15 and target goal for resolution and no further</p>	S9999		
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S9999	<p>Continued From page 21</p> <p>complication on 11/27/15. R79's Care Plan Snapshot of 1/21/16 to 2/2/16 shows problem date for C-Diff of 1/6/16 and target goal for resolution and no further complications on 1/22/16. R79's Current Plan of Care with Last Care Conference of 1/25/16 shows problem date for C-Diff of 1/27/16 and target goal for resolution and no further complications is 2/12/16. Approaches in all of the above care plans for R79 show care plan approaches of "Encourage resident to wash hands after defecation, encourage resident to wash hands before meals" and "Follow principles of infection control and universal/standard precautions for c diff." Review of all the above Care Plan shows no new interventions or changes. According to the facilities updated Infection Control Log provided on 2/2/16 for November 2015, December 2015 and January 2016 through the morning of 2/2/16, the following is documented for R91: Hallway 300; Admit date 12/31/15; onset date-1/27/16; site-stool; symptoms-frequency; culture-yes; organism-C-Diff; isolation-yes; nosocomial-yes; resolved-blank R91's progress note from 1/25/16 shows resident observed with multiple loose stools this shift; stool foul smelling, liquid; will obtain stool specimen to rule out C-Diff; Doctor notified. Sample was obtained and lab notified for pick up R91's progress note from 1/26/16 shows doctor noted resident's loose stool, approved request for stool sample check for C-Diff. R91's progress note from 1/27/16 shows doctor notified of positive C-Diff results. R91's Current Care Plan with Last Conference Date of 2/1/16 shows a problem start date of C-Diff on 1/28/16 and the target goal is R91 will have no further complications by 2/20/16. Under</p>	S9999		
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S9999	<p>Continued From page 22</p> <p>approaches states, to follow principles of infection control and universal standard precautions for C-Diff.</p> <p>According to the facilities Infection Control Log for December 2015 and January 2016 R91's onset date was 1/27/16 and is identified as a nosocomial infection</p> <p>According to document provided by facility on 1/29/16 the following residents share blood glucose monitoring machines according to the specified hallways:</p> <p>100 hallway: R26, R31, R34, R47, R19 (C-Diff identified resident)</p> <p>200 hallways: R57, R1, R3, R54, R57, R110</p> <p>300 hallways: R62, R66, R67, R108, R70</p> <p>400 hallways: R78, R80, R81, R83, R85, R86</p> <p>600 hallway: R89, R99, R104, R90, R92, R109, R105, R102, R16 (C-Diff identified resident)</p> <p>On 1/27/16 at 9:52am, observation was made of wound care being performed on R7's right heel. E8 (Licensed Practical Nurse) performed the treatment correctly but when the treatment was complete E8 put the scissors that were used during the task into her (E8) right pocket of her uniform shirt without cleaning them first. E8 said she didn't clean the scissors but she was going to later. E8 said she put the scissors in a pocket by themselves and wouldn't put anything else in with them.</p> <p>On 1/26/16 at 4:25 PM, E9 RN (Registered Nurse) performed blood glucose monitoring for R66 in her room. E9 took the machine out of the top drawer of the medication cart with her bare hand and placed it on top of the cart. E9 put on gloves and picked up the monitor and went into R66's room. E9 used the monitor by holding it in her hand during the check and exited the room and used a germicidal wipe to clean the machine for over three minutes but then immediately placed in the top drawer of the medication cart</p>	S9999		
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S9999	<p>Continued From page 23</p> <p>hallway and blood glucose monitor was not dry at that time and not placed in any type of protector. In the top of the drawer was another blood glucose monitoring machine as well as insulin pens, oral meds, eye drops, nasal sprays and inhalant medications.</p> <p>On 1/27/16 at 9:05 AM, E2 DON (Director of Nursing) stated to clean a blood glucose monitor after use in an isolation room or for someone on C-Diff isolation, the staff is suppose to wipe it for one minute then let it air dry for three minutes. E2 stated each hallway has a designated medication cart and each cart has at least two blood glucose monitoring machines and the machines are shared between residents and they are cleaned with the germicidal bleach cleaners for infection control.</p> <p>On 1/27/16 at 10:50 AM, E15 LPN (Licensed Practical Nurse) stated she normally works on the 200 unit and as far as she knew, to clean the blood glucose monitoring machine was to wipe off the machine for one minute and then let it dry for three minutes. E15 did not indicate any difference with cleaning the blood glucose monitoring machine in isolation or a regular room. E15 was not aware of contact time of the manufacturer guidelines for the germicidal bleach wipes.</p> <p>On 1/27/16 at 11:00 AM, E14 RN (Registered Nurse) stated her normal assignment is the 400 hallway and the way she cleaned a blood glucose monitoring machine was to wipe the machine for one minute and then let dry for three minutes. E15 stated she was not aware of any difference if it was an isolation room or not. E15 stated she was not aware of contact time of the manufacturer guidelines for the germicidal bleach wipes.</p> <p>On 1/28/16 at 10:00 AM, E16 (Housekeeper/laundry Aid) stated she didn't work as a housekeeper very often but was training E17</p>	S9999		
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S9999	<p>Continued From page 24</p> <p>(Housekeeper). E16 stated she had been trained to use a bleach based disinfectant but they had started using a different cleaner and she was not sure of how to use it, but E17 had been trained by another housekeeper on how to use that disinfectant product. E16 stated she used a pre-mixed solution from the maintenance room to mop the floor of all the rooms, E16 indicated she used these for the isolation rooms as well. E16 stated if someone was on isolation it was on a board in the maintenance room and the reason they were on isolation. E16 then proceeded to the maintenance room between 400 and 600 hallways and showed a bleach based product in white bottle she used to clean isolation rooms. On 1/28/16 at 10:45 AM, E4 (Housekeeping Supervisor) was in the maintenance room. The board that is used to identify residents that are on isolation precautions and the corresponding reason/organism did not show R11 listed. E4 stated the staff is to use the corporate identified disinfectant which is a bleach product to clean surfaces and floors. E4 stated the pre-mixed solution in the maintenance room is not to be used when cleaning for C-Diff. E4 stated E16 should not be using the white bleach product she had showed earlier in the maintenance room off the 400 hallway. E4 stated corporate had given the facility a new product to use to disinfect for C-Diff. E4 stated all staff should know and have been trained how to use this product correctly with any type of isolation but especially C-Diff infections. E4 stated she expected housekeeping staff to clean an identified C-Diff isolation room with the corporate provided product and that included to mop the floors. On 1/28/16 at 11:00 AM, E5 (Housekeeper) stated if someone was on isolation it should be on the board in the maintenance room. E5 was unable to verbalize why R11 was on isolation</p>	S9999		
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S9999	<p>Continued From page 25</p> <p>precautions. E5 stated when she cleaned an identified isolation room for C-Diff she sprayed with the disinfectant the facility had told her to use. E5 stated she sprayed all the surfaces then went back and wiped it off with a paper towel. E5 stated she would take the broom and dust pan into isolation room and dust mop the floor. E5 stated she then would spray the bottom of the broom bristle with the identified disinfectant and the dust pan and place them back on her housekeeping cart. E5 stated she mopped the room with the pre-mix solution from the maintenance room and stated it was a yellow product and already on her cart and the mop heads were soaked in it.</p> <p>E5, Housekeeping, stated on 1/29/16 at 9:45 AM when cleaning the room of a resident who is on contact isolation for C-Diff, E5 does not routinely wear personal protective equipment such as gowns, masks, or shoe covers. E5 stated that if there was visible soiling such as urine or bowel on the floor then E5 would put on shoe covers.</p> <p>E4, Housekeeping Supervisor, stated on 1/29/16 at 9:50 AM that the same broom and dustpan are used to clean multiple rooms on same halls, including isolation rooms of residents on contact isolation for C-Diff. E4 stated she never even thought about the sweeping brooms and dustpans going in and out of residents rooms from an isolation room, and those needing to be cleaned, and how or when, and then putting them back on the housekeeping carts after use in an isolation room.</p> <p>On 2/03/2016 at 9:10 am, E1-Administrator and E2 Director of Nurses, were asked about the Infection Control Log and to explain how the column "Nosocomial YES/NO" was used. E2 stated that nosocomial meant that the infection was aquired in any health care setting. E1 stated at that time that for the purpose of their infection</p>	S9999		
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S9999	<p>Continued From page 26</p> <p>log, nosocomial would mean that the infection was aquired in house at their facility. E2 then stated, "I did not realize that". E2 further stated at this time that if someone has signs and symptoms of Clostridium Difficile infection, "we would put them on isolation at first suspicion even before a positive culture.</p> <p>300.690a) 300.690b) 300.690c) Section 300.690 Incidents and Accidents</p> <p>a) The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected outcome of a resident 's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the progress note or nurse's note of that resident.</p> <p>b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section,"serious"means any incident or accident that causes physical harm or injury to a resident.</p> <p>c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local</p>	S9999		
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S9999	<p>Continued From page 27</p> <p>law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Departments toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence. (Source: Amended at 37 Ill.Reg.2298, effective February 4, 2013) This requirement was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to notify the Illinois Department of Public Health (IDPH) of an accident which resulted in death for one of one resident (R23) whose chart was reviewed for notification in the supplemental sample. Findings include: A Nursing Progress Note dated 01/28/16 showed that R23 expired in the facility on that date. A Hospital Emergency Room Admission Summary dated 01/24/16 showed that following a fall on that date, R23 was admitted with diagnoses of Severe Dementia, Subdural Hematoma, Falls, and Chronic Cerebrovascular Accident.</p> <p>On 01/29/16 at 12:40pm, E2, Director of Nurses, stated that R23 died in the facility on 01/28/16 as a result of "an acute on chronic Subdural Hematoma after (R23) fell on 01/23/16 and 01/24/16". She stated R23 had no signs of injury following the 01/23/16 fall. She stated R23 was sent to the Emergency Room on 01/24/16 after a Certified Nursing Assistant witnessed R23 sliding</p>	S9999		
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S9999	<p>Continued From page 28</p> <p>out of bed on that date. E2 stated R23 was severely cognitively impaired and ambulated independently. E2 stated R23 had a total of four falls at the facility since R23 was admitted on 09/24/15. E2 stated multiple fall interventions were implemented for R23. On 02/02/16 at 10:30am, Z2, Medical Director, who is also R23's Primary Care Physician, stated the facility had notified him of R23's 1/23 and 1/24 falls as well as his death. Z2 stated R23's daughter/Power of Attorney, did not want him to have neurosurgery to treat the Subdural Hematoma, and wanted him sent back to the facility and kept comfortable. On 02/04/16 at 11:05am, E3, Acting Administrator, stated she did not contact IDPH about R23's death. E3 stated she thought she did not have to contact IDPH about a death unless it had resulted from actual or suspected abuse and that R23's death had not been as a result of abuse.</p> <p>(B)</p>	S9999		
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