

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013023 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/25/2021 |
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| NAME OF PROVIDER OR SUPPLIER ILLINI RESTORATIVE CARE | STREET ADDRESS, CITY, STATE, ZIP CODE 1455 HOSPITAL ROAD SILVIS, IL 61282 |
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| (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 |
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| S 000 | Initial Comments | S 000 | | |
| S9999 | <p>Annual Licensure Survey</p> <p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>330.790a.)</p> <p>Section 330.790 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>These requirements have not been met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to implement the facility's hand washing/catheter care policy and procedure by not washing hands and changing gloves when providing incontinence care and indwelling urinary catheter care for one resident (R254) of one resident reviewed for indwelling urinary catheter care in a total sample of seven.</p> <p>Findings include:</p> <p>Facility policy, entitled "Hand Washing and Hand Hygiene", dated 06/2021, documents, "Hand hygiene must be performed after touching blood,</p> | S9999 | <p>Attachment A Statement of Licensure Violations</p> | |

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| Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| S9999 | <p>Continued From page 1</p> <p>body fluids, secretions, excretions, and contaminated items, whether or not gloves are worn; immediately after gloves are removed, and when otherwise indicated to avoid transfer of microorganisms to other residents, personnel, equipment and/or the environment. Specific examples include but are not limited to: 5. Before and after providing personal cares for a resident (Peri-care, bathing, oral cares)."</p> <p>Facility policy, entitled "Catheter Care (Indwelling Catheter), dated 06/2021, documents, "Practice: To reduce the risk of infection or irritation from an indwelling catheter. Procedure 7. Wash hands and apply gloves; 15. Using a clean, soapy cloth or disposable wipe, wash the catheter itself by holding onto the catheter at the insertion site with one hand and using the other hand to wipe the meatus to about four (4) inches of catheter tubing."</p> <p>On 6/23/21 at 10:05 a.m., with R254 standing next to R254's toilet, V3 (Certified Nursing Assistant/CNA) cleansed bowel movement (BM) from R254, and without changing gloves and V3's washing hands, V3 held R254's indwelling urinary catheter tubing with V3's left hand while cleaning the tubing with V3's right hand.</p> <p>On 6/23/2021, at 10:25 a.m., V3 stated, "I should have changed gloves and washed my hands after cleaning BM and before doing cath[eter] care." (C)</p> | S9999 | | |