

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001150	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/09/2025
NAME OF PROVIDER OR SUPPLIER THE HAVEN OF BRIDGEPORT		STREET ADDRESS, CITY, STATE, ZIP CODE 900 EAST CORPORATION BRIDGEPORT, IL 62417		
(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 First Probationary Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 300.696b) Section 300.696 Infection Prevention and Control b) Written policies and procedures for surveillance, investigation, prevention, and control of infectious agents and healthcare-associated infections in the facility shall be established and followed, including for the appropriate use of personal protective equipment as provided in the Centers for Disease Control and Prevention 's Guideline for Isolation Precautions, Hospital Respiratory Protection Program Toolkit, and the Occupational Safety and Health Administration 's Respiratory Protection Guidance. The policies and procedures must be consistent with and include the requirements of the Control of Communicable Diseases Code, and the Control of Sexually Transmissible Infections Code. These requirements were not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide perineal care in a manner to prevent cross contamination for a resident with a UTI (Urinary Tract Infection) for 1 of 1 resident (R47) reviewed for UTI in the sample of 43. Findings include:	S9999		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

05/28/25

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S9999	<p>Continued From page 1</p> <p>R47's Face Sheet documented an admission date of 4/14/24 and listed diagnoses including UTI, Atrial Flutter, and Chronic Kidney Disease. R47's Minimum Data Set (MDS) dated 4/4/25 documented that R47 has moderate cognitive impairment, is occasionally incontinent of urine, and always continent of bowel. R47's Care Plan dated 4/4/25 documented a problem area, "I am occasionally incontinent of bladder and occasionally incontinent of bowel," with corresponding intervention," Monitor/document for signs/symptoms of UTI: pain, burning, blood tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temp, urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, change in eating patterns." There was no problem area in the Care Plan related o R47 having a UTI.</p> <p>R47's 4/28/25 Urine Culture documented the presence of Escherichia coli in the urine. R47's Physicians Orders documented a 4/29/25 order for Amoxicillin 500 milligrams take one tablet three times daily for 7 days for UTI.</p> <p>On 05/07/25 at 02:02 PM, V8 and V9, both Certified Nursing Assistants, were observed providing perineal care for R47. R47 was alert only to herself. V8 washed her hands and donned clean gloves and cleansed the perineal area. Without changing gloves, V8 touched the bottle of perineal cleanser with the contaminated gloves. V8 then obtained a clean towel and used it to dry the perineal area using the contaminated gloves. At the conclusion of care, V9 performed hand hygiene and took the bottle of perineal cleanser, which was not labeled with R47's name, and placed it in a cabinet in the 100 Hall shower room. V9 stated bottles of perineal wash are generally</p>	S9999		

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S9999	Continued From page 2 not labeled with patient names and are used communally. On 05/08/25 at 03:13 PM, V2, Director of Nurses, stated V8 should have changed gloves after touching the perineal area and before touching the towel and the perineal wash bottle. "B"	S9999			