

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001929	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2015
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NAME OF PROVIDER OR SUPPLIER SAUK VALLEY SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 DIXON AVENUE ROCK FALLS, IL 61071
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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
S 000	Initial Comments Licensure Change of Ownership survey	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations 300.696a) 300.696c)2) 300.1610g) 300.1630b) 300.3130c)4)</p> <p>Section 300.696 Infection Control 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. 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: 2) Guideline for Hand Hygiene in Health-Care Settings</p> <p>This requirement was not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to have staff remove gloves and wash their hands in between clean and contaminated surfaces. This applies to 2 of 5 residents, R4 and R6, reviewed for peri-care in a sample of 5.</p>	S9999	<p>Attachment A Statement of Licensure Violations</p>	

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>The findings include:</p> <p>1. On 3/4/15 at 11:35AM E6 (CNA) was performing peri-care to R4. E6 donned gloves prior to peri-care, washed R4's perineum and anal area and placed dirty washcloths on R4's commode E6 then went to R4's closet, retrieved clothes, retrieved towels from dresser drawers, applied lotion to panniculus/perineum, assisted with putting clothes on R4, and applied lotion to R4's body, all with same gloves on used during peri-care.</p> <p>2. On 3/4/15 at 10:15 am, E6 removed R5's pants, which were saturated with urine, and placed them in a garbage bag. E6 then provided peri care to R5 and placed dry clothing on R5 without washing her hands or changing her gloves. E6 removed her gloves and then offered water to R5 without washing her hands.</p> <p>On 3/5/15 at 12:02PM, E6 stated that she is supposed to wash hands before and after giving care to a resident, and would "always take off my gloves after giving peri-care if I was going to potentially touch something such as a doorknob."</p> <p>On 3/5/15 at 12:45 pm, E8 stated, "I place new gloves in between peri-care for urine and stool. I take my gloves off and wash my hands after providing peri-care and before putting clean clothes on the resident. It is cross contamination touching dirty and clean clothes without washing hands or changing gloves in between."</p> <p>An undated Perineal Cleansing policy of a female without catheter states (after peri-care performed): "Remove gloves and wash hands with soap and water, cleansing gel or Theraworx.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Apply new incontinent product, clothes or reposition comfortably. Wash hands with soap and water, cleansing gel or Theraworx." "The basic infection control concept for peri-care is to wash from the cleanest to the dirtiest area and remember to change or remove gloves and wash hands when going from working with contaminated items to clean items."</p> <p>(AW)</p> <p>Section 300.1610 Medication Policies and Procedures</p> <p>g) No facility shall maintain a stock supply of controlled drugs or legend drugs, except for those in the emergency medication kits and convenience boxes, as described in this Section.</p> <p>This requirement is not met as evidenced by: Bases on observation, interview, and record review, the facility failed to store legend medication (medication that is not available over-the-counter) in the convenience box or emergency box. This has the potential to affect all 29 residents in the facility.</p> <p>The findings include: On 3/5/15 at 8:35 AM, five tablets of Prochlorperazine 10 mg (anti-nausea medication) were in the top drawer of the medication cart. E7 (Registered Nurse) stated "it's used as stock medication."</p> <p>The facility policy for House Stock Medications (revised 01/01/13) shows "1. In accordance with Applicable Law and the State Operations Manual, Facility may maintain a supply of commonly used over-the-counter medications ('House Stock Medications')."</p> <p>An undated list of facility stock medications provided by E2 (Director of Nursing) does not</p>	S9999		
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S9999	<p>Continued From page 3 include Prochlorperazine.</p> <p style="text-align: center;">(AW)</p> <p>Section 300.1630 Administration of Medication b) The facility shall have medication records that shall be used and checked against the licensed prescriber's orders to assure proper administration of medicine to each resident. Medication records shall include or be accompanied by recent photographs or other means of easy, accurate resident identification. Medication records shall contain the resident's name, diagnoses, known allergies, current medications, dosages, directions for use, and, if available, a history of prescription and non-prescription medications taken by the resident during the 30 days prior to admission to the facility.</p> <p>This requirement was not met as evidenced by: Based on observation, interview, and record review, the facility failed to administer prescribed medications as ordered. This applies to one resident (R3) reviewed for medication administration in the sample of five, and one resident (R14) in the supplemental sample. The findings include: During the noon medication pass with E5 (Registered Nurse) on 3/4/15, two scheduled medications were omitted. R3 did not receive Clindamycin 300 mg (antibiotic), and R14 did not receive Enulose 15 ml (laxative). R3's Medication Administration Record (MAR) for March 2015 includes directions to administer the antibiotic three times daily. R14's MAR includes direction to administer her laxative daily. After completing the medication pass review, E5 was informed of the omissions on the MAR and she</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>acknowledged she missed the doses. On 3/5/15 at 2:55 PM, E5 stated that she had gone back to R3 and R14 and administered the medications. E5 was asked if she would have known the medications had been omitted if the surveyor had not pointed it out to her and E5 replied "no."</p> <p style="text-align: center;">(AW)</p> <p>Section 300.3130 Plumbing Systems c) Water Supply Systems 4) Hot water available to residents at shower, bathing and handwashing facilities shall not exceed 110 degrees Fahrenheit.</p> <p>This requirement is not met as evidenced by: Based on observation, interview, and record review the facility failed to keep water temperature below 110 degrees Fahrenheit in the resident accessible bathrooms. This applies to all 29 residents in the facility. The findings include: On 3/5/15 at 10:00 am, the following temperatures were recorded: room 22 and the residents bathroom across from the nurses station had temperatures of 111-112 degrees Fahrenheit; rooms 3, 10, 13, 16, and 18 had a temperature of 113 degrees Fahrenheit; room 6 had a temperature of 114 degrees Fahrenheit; and rooms 8, 12, and 24 had a temperature of 115 degrees Fahrenheit. On 3/5/15 at 11:25 am, E4 (Maintenance) stated, "I check water temperatures in each room every Monday and Friday and spot check others or check the shower room in between. I check the accuracy of my thermometer before I test the temperatures." The facility's log of water temperature checks</p>	S9999		

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S9999	Continued From page 5 show from November 3, 2015 to March 2, 2015 that the hand sink temperatures ranged from 103 degrees Fahrenheit to 109 degrees Fahrenheit. (B)	S9999		