

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/23/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145607	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/15/2014
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NAME OF PROVIDER OR SUPPLIER MANORCARE OF PALOS HEIGHTS EAST	STREET ADDRESS, CITY, STATE, ZIP CODE 7850 WEST COLLEGE DRIVE PALOS HEIGHTS, IL 60463
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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) COMPLETION DATE
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F 000 INITIAL COMMENTS

F 000

~~Complaint Investigations:
1495438/IL13522-No Deficiencies
1494759/IL72789-300.696
The Manorcare of Palos Heights East is in compliance with 42 CFR Part 483, Requirements for Long Term Care facilities for this survey.~~

F9999 FINAL OBSERVATIONS

F9999

Statement of Licensure Violations

Section 300.696 Infection Control

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.

This requirement is not met as evidenced by:

Based on observation and interview the facility failed to follow its infection control policy by not disinfecting patient care equipment between use, failed to properly wash hands between resident physical therapy procedures in 2 of 9 (R3 and R15) residents sampled in the investigation of infection control. This failure had the potential to affect all 163 residents in the facility.

Findings include:

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F9999	<p>Continued From page 1</p> <p>On 12/10/14 11:25 AM E5 (Physical Therapist) was observed in the physical therapy/occupational therapy room removing used sheets from mat table. E5 put the sheets in the soiled linen bin. E5 went to the sink to retrieve a plastic cup from a sleeve of plastic cups. E5 retrieved clean linen and put on mat table. E5 assisted R3 to the mat table to initiate treatment. During this observation E5 never washed hands. E5 did not sanitize the flat table before assisting R3 to the mat table. E5 was observed touching other residents while giving therapy to R3. E5 was observed placing a plastic ball (therapy device) from the floor after resident use to the clean therapy equipment bin. The ball was not sanitized.</p> <p>12/10/14 11:40 PM E6 (Physical Therapy Aid) was observed assisting R15 to the mat table in the physical / occupational therapy room. E6 did not sanitize the table before placing R15 on the table. During treatment of R15, E6 was observed handling the catheter bag and tubing of R15. The catheter bag tubing was observed touching the floor and the mat table. After treatment E6 pushed R15 to the elevator. No handwashing took place after treatment and the handling of the catheter bag. No sanitizing took place before other residents were transferred to the mat table.</p> <p>No resident physical therapy equipment was observed being sanitized after resident use on 12/10/14 between 11:25 AM and 1 PM.</p> <p>E4 (Director Of Rehab Services) 12/11/14 10:15 AM stated the Physical Therapy/Occupational Therapy staff are to follow the facility infection control policy universal guidelines when providing</p>	F9999		

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F9999	Continued From page 2 care to the residents. Staff are monitored and trained on an ongoing basis. Equipment such as mats and mat table, walkers, parallel bars, mats and all other equipment that comes into contact with residents are to be sanitized with sanitizing/disinfectant wipes and disinfectant spray between each resident use. Residents under isolation precautions are to be given treatment in their room. Residents under isolation precautions do not come down the the therapy treatment area. Staff must practice proper handwashing between the handling of each resident. Therapy residents are monitored on an ongoing basis. (C)	F9999			