Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: IL6014948 B. WING 03/16/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ONE VETERANS DRIVE ILLINOIS VETERANS HOME AT MANTENO MANTENO, IL 60950 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Initial Comments S 000 S 000 **Annual Licensure Survey** S9999 Final Observations S9999 Statement of Licensure Violations: 340.1335a) 340.1335c)2 Section 340.1335 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 III. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 III. 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, U.S. Public Health Service, Department of Health and Human Services (see Section 340.1010): 2) Guideline for Hand Hygiene in Health-Care Settings. This requirement was not met as evidenced by: Based on observation, interview and record review the facility failed to follow infection control guidance with regards to hand hygiene and gloving during provision of care. The facility also failed to disinfect the blood glucose machine per Attachment A

linois Department of Public Health

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

TITLE

Statement of Licensure Violations

(X6) DATE

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		policy and procedur directions.	e, and per germicidal wipe		N.			
		This applies to 4 of and R14) reviewed to sample of 12.	12 residents (R1, R7, R13 for infection control in the					i
		The findings include	:				1,7	
		sleeping. V4 (Treatr treatment to R1's proassisted by V15 (VN nursing certified) with R1 had an eschar for dried skin around the R1's left heel using a wound wash. Using used to clean R1's left hen applied the Alginon the left heel press area with a foam dreats assisted to R1's left heel press area with a foam dreats assisted to R1's left heel press area.	220 AM, R1 was in bed ment Nurse) provided essure injury while being AC/Veterans assistant in repositioning the resident. If the end with expressure injury, V4 cleaned in gauze wet with saline the same gloves that she aft heel pressure injury, V4 nate with antibacterial silver the same. During the same				į.	
	=	lateral malleolus usin used a gauze wet wit clean R1's right latera hardened skin with di	n, V4 cleaned R1's right g a new pair of gloves. V4 h saline wound wash to al malleolus that had a dried ried flaky skin surrounding same gloves V4 wiped the lateral malleolus and r foam dressing.				£J	
	1 1 3	procedure, she expec remove gloves, perfor	from a dirty to a clean sts the nursing staff to rm hand hygiene (either use ash hands) then re-gloved					
	7	The facility's hand hyd	iene policy and procedure					ĺ

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	last revised by the fa	acility on 7/2021 shows the		1				
	purpose, "Effective I	hand hygiene reduces the	ł					
	I incidence of healthc	are-associated infections "						
	Under the policy it s	hows, "All members of the	ľ					
	for Discoss Control	comply with current Centers	ľ					
	hydione guidelines	and Prevention (CDC) hand						
	nygrenie guidennies.	Further review of the same shows under gloves and						
	hand hygiene, "Glov	es reduce bond	i					
	contamination by 70	-80 percent, prevent						
	cross-contamination	and protect patients and						
	health care personne	el from infection. However,						
	the use of gloves do	es not eliminate the need for 1		=				
	hand hygiene." "2. (Change gloves during national						
	care it moving from a	a contaminated body site to a						
}	dean body site. 3. F	Remove gloves promotly i		!				- 1
	after use, before touc	ching non-contaminated						ı
	items and environme	ental surfaces, and before		2:+			S 77	ł
İ	hands after removing	tient and 4. Decontaminate						1
	nanus anter removing	gloves."						-1
	2. On 3/15/22 at 11:0	06 AM, V17 (Registered						1
	Nurse) used the unit	blood glucose monitoring			100			1
	machine to check R1	3's blood sugar level. After				j		1
	performing the proced	dure, V17 used a packet of				j		1
	germicidal disposable	wipe, wiped the used blood				l		
- 1	glucose monitoring m	achine one time and				1		1
	discarded the used go	ermicidal disposable wipe						
	immediately and then	placed the said blood				- 1		ı
	glucose monitoring m	acnine on top of the					(4)	
1.	the same blood alves	dry. At 11:20 AM, V17 used						1
[,	was on ton of the med	se monitoring machine that dication cart (last used for						1
] [R13) to check R14's t	blood sugar After						
	performing the proced	lure, V17 used another				(2)		ı
	packet of germicidal d	lisposable wipe, wiped the						
	used blood glucose m	onitoring machine one time						L
8	and discarded the use	ed germicidal disposable					į.	Ι
1	wipe immediately and	then placed the blood						
<u> </u>	glucose monitoring ma	achine on top of the						П

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED IL6014948 B. WING 03/16/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ONE VETERANS DRIVE ILLINOIS VETERANS HOME AT MANTENO MANTENO, IL 60950 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 3 S9999 medication cart to air dry. Review of the germicidal disposable wipe directions for use printed on the front of the packet shows, "To disinfect and deodorize: To disinfect nonfood contact surfaces only: unfold a clean wipe and thoroughly wet surface. Allow treated surface to remain wet for a full two (2) minutes. For heavily soiled surfaces, use a wipe to pre-clean prior to disinfecting. Let air dry." Review of the facility's policy and procedure regarding blood glucose monitoring last reviewed by the facility on 6/2021 shows in-part under the procedure, "Clean and disinfect meter per manufacturer guidelines." Review of the blood glucose monitoring machine guidelines shows, "Cleaning and disinfecting your meter and lancing device is very important in the prevention of infectious disease. Cleaning is the removal of dust and dirt from the meter and lancing device surface, so no dust or dirt gets inside. Cleaning also allows for subsequent disinfection to ensure germs and disease causing agents are destroyed on the meter and lancing device surface." On 3/16/22 at 10:16 AM, V2 (Director of Nursing) stated that she expects the nurses to follow the contact time of two (2) minutes as directed on the instructions written on the packet of the germicidal disposable wipe to ensure that the equipment and/or surfaces are disinfected properly. V2 added that if the instruction is not followed, the equipment and/or surfaces was not disinfected. 3. R7 was admitted to the facility September 22, 2016. According to ERs face sheet his diagnoses included multiple sclerosis, chronic pain syndrome, quadriplegia, osteoarthritis, and stage

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