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: ___ B. WING IL6004287 09/27/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 435 CAMDEN RD MOUNT STERLING HEALTH AND REHAB CENT **MOUNT STERLING, IL 62353** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) \$ 000 Initial Comments S 000 First Probationary Licensure Survey \$9999 Final Observations S9999 Statement of Licensure Violations 1 of 2: 300.2210b)1)6)7) 300.2220b) 300.2230a) 300.2230a)2)A)C)D) Section 300.2210 Maintenance Each facility shall: b) Maintain the building in good repair, safe and free of the following: cracks in floors, walls, or ceilings; peeling wallpaper or paint; warped or loose boards; warped, broken, loose, or cracked floor covering, such as tile or linoleum; loose handrails or railings; loose or broken window panes; and any other similar hazards. Maintain the grounds and other buildings on the grounds in a safe, sanitary and presentable condition. Maintain the grounds free from refuse, litter, insect and rodent breeding areas. Section 300.2220 Housekeeping Attics, basements, stairways, and similar areas shall be kept free of accumulations of refuse, discarded furniture, old newspapers, Attachment A boxes, discarded equipment, and other items. Statement of Licensure Violations Section 300.2230 Laundry Services

Illinois Department of Public Health

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

TITLE

(X6) DATE

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: B. WING IL6004287 09/27/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 435 CAMDEN RD MOUNT STERLING HEALTH AND REHAB CENT **MOUNT STERLING, IL 62353** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY S9999 Continued From page 1 S9999 Every facility shall have an effective means of supplying an adequate amount of clean linen for operation, either through an in-house laundry or a contract with an outside service. 2) If an in-house laundry service is provided then the following conditions shall exist: The laundry area shall be maintained and operated in a clean, safe and sanitary manner. No part of the laundry shall be used as a smoking or dining area. C) Laundry personnel must be in good health and practice good personal grooming. Employees must thoroughly wash their hands and exposed portions of their arms with soap and warm water before starting work, during work as often as necessary to keep them clean and after smoking, eating, drinking, using the toilet and handling soiled linens. Clean linen shall be protected from contamination during handling, transport and storage. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure laundry staff had hand soap available for hand hygiene, the hand soap dispensers were functioning, clean laundry was not potentially contaminated by soiled laundry, soiled clothing was not stored on the floor, soiled blankets were not on the floor and boxes were not stored on the floor of the laundry room. The facility also failed to ensure the laundry exterior door did not have a large gap along the bottom and side, crumbling masonry was not on the floors, the lid to the dumpsters fit

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: B. WING IL6004287 09/27/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 435 CAMDEN RD MOUNT STERLING HEALTH AND REHAB CENT **MOUNT STERLING, IL 62353** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION $\{X5\}$ (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 I Continued From page 2 S9999 properly and was kept closed. These failures have the potential to affect all 48 residents in the facility. Findings include: A Laundry Worker policy dated 11/2019 states that the facility's laundry workers are responsible for reporting equipment needs to their supervisor and ensures that established sanitation and safety standards are maintained. A Hand Washing Policy dated 07/01/23 states. "This policy considers hand hygiene the primary means to prevent the spread of infection." This policy instructs staff to wash their hands for 15-20 seconds after contact with blood, body fluids, secretions, before and after wearing gloves, after handling items potentially contaminated with blood, body fluids, or secretions. On 9/26/23 at 9:20a.m. V4 (Maintenance/ Laundry/ Housekeeping Supervisor) entered the facility's laundry. The door to the laundry opened to the soiled laundry area where two washers were situated. In front of the washers was a barrel of neatly folded clean linens which was surrounded by barrels of visibly soiled linens. There was a pile of plastic bags on the floor on the side of the washer furthest from the door. These bags were opened and contained soiled clothing and linens which were spilled out onto the floor. V4 stated those were donated clothing from a recently deceased resident. V4 stated he thinks the clothing on the floor and in the bags was clean, but he was not sure. Located next to those bags was a bathroom with a broken liquid soap dispenser. On the edge of the sink was a

Illinois Department of Public Health

bar of soap. Near the entrance to the laundry was a double metal sink with a broken liquid hand

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 IL6004287 B. WING 09/27/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 435 CAMDEN RD MOUNT STERLING HEALTH AND REHAB CENT MOUNT STERLING, IL 62353 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 3 S9999 soap dispenser. Along the far wall of the room was a barrel with isolation gowns in a bag with a loose gown laying outside and on top of the bag. In the barrel but under the bag of isolation gowns were unfolded blankets some of which appeared to have some yellow staining. There was a second room within the laundry where the dryers were located, and the clean laundry was folded and stored. The wall that separated the soiled laundry room from the clean laundry room had an opening which was the shape of a window without glass. This window was situated directly above the clean laundry folding table. In the window was a box fan which was blowing air directly from the soiled laundry area onto where the clean laundry was folded. There was visible hanging dirt and debris attached to the vents and blowing out towards the clean laundry folding area. There were boxes of clean clothing lining the floors under the folding table and against the back wall. There was a clean clothing rack situated against a locked metal exterior door. On the floor in front of the door was a heavily soiled blanket which had been shoved against an approximately two-inch gap running along the bottom of the metal door. V4 verified there was clean and soiled laundry stored side by side in front of the washers. V4 verified there was a pile of resident's clothing on the floor partially inside and out of plastic bags. V4 verified the two liquid hand soap dispensers for staff to wash their hands were broken. V4 stated that one of the laundry aides must have brought a bar of soap to use. V4 verified a visibly soiled box fan was on and blowing air directly from the soiled laundry area onto the clean laundry folding table and into the room where clean laundry was stored. V4 verified a heavily soiled blanket was on the floor in front of a metal exterior door.

PRINTED: 11/30/2023 FORM APPROVED 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: B. WING IL6004287 09/27/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 435 CAMDEN RD MOUNT STERLING HEALTH AND REHAB CEN. **MOUNT STERLING, IL 62353** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 On 9/26/23 at 1:00p.m. V2 (Field Nurse) entered the laundry room to examine the condition of the laundry area. V5 (Laundry Aide) was standing in the laundry in front of the washers. V5 pointed to the bag of isolation gowns with another isolation gown laying on top of the bag and stated that she had been wearing the gown laying on top of the bag when she handled the soiled laundry. V5 stated the blankets underneath the bag of isolation gowns were clean but needed to be bleached because of stains. V5 stated that she places the soiled isolation gown back on top of

A General Maintenance policy dated 07/01/23

blankets on the floor.

states, "The facility shall ensure the facility grounds, dwelling and facility equipment are maintained in good, safe, and working order."

A Minimum Data Set (MDS) Resident Census form dated 9/25/23 provided and verified by V3 (Director of Nurses) documents that at the time of the survey 48 residents resided in the facility.

the bag of clean gowns in between uses. V5 stated the gowns inside the bag were all unused

dispensers in the laundry had been broken for a long time so she decided to bring a bar of soap so she could wash her hands. V5 stated that she used the fan which blew air from the soiled area of the laundry onto the clean laundry storage area and folding table because the laundry area gets hot. V5 stated that the clothing and linens on the floor situated inside and out of plastic bags belonged to a deceased resident. V5 stated she left the clothing on the floor because she doesn't have time to wash it. V2 stated that there should be functioning soap dispensers with liquid hand sanitizing soap in the laundry area. V2 stated there should not be any soiled clothing or

and clean. V5 stated that the two soap

PRINTED: 11/30/2023 FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED. A. BUILDING: _ B. WING IL6004287 09/27/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 435 CAMDEN RD MOUNT STERLING HEALTH AND REHAB CEN' **MOUNT STERLING, IL 62353** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S9999 Continued From page 5 S9999 A Hand Washing policy dated 07/01/23 states. "Hand hygiene products and supplies (sinks, soap, towels, alcohol-based hand rub, etc) shall be readily accessible and convenient for staff use to encourage compliance with hand hygiene policies." On 9/26/23 at 9:15a.m. V4 (Maintenance/ Laundry/ Housekeeping Supervisor) was outside next to the facility's two garbage dumpsters. The lids to both dumpsters were open, trash was overflowing from one dumpster, and there were animal footprints covering the sides of each dumpster. V4 stated that the dumpster lids are supposed to be kept closed so raccoons don't get inside and rummage through the garbage. V4 pointed to the animal footprints and stated those were raccoon footprints. V4 stated raccoons are always trying to get into the dumpsters. V4 proceeded to close both dumpster lids, however, one of the dumpster lids did not fit and left an opening into the dumpster of approximately twenty-four inches across. V4 then walked to the laundry building and proceeded to enter. Inside the soiled laundry area was a double sink with a broken soap dispenser. There was crumbling masonry from the walls which was piled along the perimeter of the wall behind the two washers. There was a bathroom located next to the soiled laundry area which also had a broken soap dispenser. Inside the clean laundry storage area was a locked metal door with a clothing rack located in front of it. On the floor in front of the

door was a heavily soiled blanket. V4 stated the blanket is used to plug a large gap in the bottom of the door so pests cannot get into the laundry. There was also a large gap in the side of the door

with daylight visible through this gap. V4 proceeded to pull the blanket away from the

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: __ B. WING IL6004287 09/27/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 435 CAMDEN RD MOUNT STERLING HEALTH AND REHAB CENT **MOUNT STERLING, IL 62353** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 6 S9999 bottom of this door to reveal an approximate two-inch gap from the bottom of the door to the floor which encompassed the entire width of the door. Again, daylight was visible through this gap. On 9/26/23 at 1:00p.m. V5 (Laundry Aide) was standing in the laundry in front of the washers. V5 stated that the two hand soap dispensers in the laundry had been broken for a long time so she decided to bring a bar of soap so she could wash her hands. A Minimum Data Set (MDS) Resident Census form dated 9/25/23 provided and verified by V3 (Director of Nurses) documents that at the time of the survey 48 residents resided in the facility. On 9/26/23 at 9:20a.m. V4 (Maintenance/ Laundry/ Housekeeping Supervisor) entered the facility's laundry and walked into the clean laundry storage and folding area. Along the back wall, on the floor and underneath some shelving there were boxes lining the length of the wall. Under the folding table there were boxes on the floor along the wall. V4 proceeded to enter the room next to the soiled laundry area and behind the furnace where there were boxes stacked on the floor. V4 stated that he has reminded staff that boxes are not supposed to be stored on the floor, but that staff continue to do it. A Minimum Data Set (MDS) Resident Census form dated 9/25/23 provided and verified by V3 (Director of Nurses) documents that at the time of the survey 48 residents resided in the facility. (C) Statement of Licensure Violations 2 of 2: 300.696a)

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: _ B. WING IL6004287 09/27/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 435 CAMDEN RD MOUNT STERLING HEALTH AND REHAB CEN' **MOUNT STERLING, IL 62353** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 7 S9999 Section 300.696 Infection Prevention and Control a) A facility shall have an infection prevention and control program for the surveillance, investigation, prevention, and control of healthcare-associated infections and other infectious diseases. The program shall be under the management of the facility 's infection preventionist who is qualified through education, training, experience, or certification in infection prevention and control. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure hand hygiene was performed between tasks during incontinence care and before leaving a resident's room for one of five residents (R4) reviewed for infection control practices in a sample of five. Findings include: An Incontinent Care policy dated 07/01/23 instructs staff to perform hand hygiene then apply gloves prior to performing incontinence care, then following incontinence care, " Changing gloves and performing hand hygiene as required to prevent cross-contamination." In addition, this policy instructs staff upon completion of incontinence care, "Perform hand hygiene prior to exiting the room." A Hand Washing policy dated 07/01/23 states, " This facility considers hand hygiene the primary means to prevent the spread of infections, all staff will properly wash hands after direct contact with any contaminated substance, after direct care, and as instructed." This policy states.

7FTD11

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6004287	B. WING		09/2	27/2023
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 435 CAMDEN RD MOUNT STERLING HEALTH AND REHAB CEN' MOUNT STERLING, IL 62353						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE	
S9999	(15) or twenty (20) sonon-antimicrobial sofollowing conditions contact with resider dirty or soiled with be after contact with be mucous membrane. On 9/26/23 at 8:58a Aide/CNA) and V7 (provide incontinence and had been incontant applied gloves, ther incontinence brief the R4's front perineal asoiled gloves or per proceeded to assist facing V7. V6 proce from R4's buttocks asoiled gloves or per proceeded to apply touch R4 on the shock sheets and blanket reposition R4 in the finished providing R R4's room without rand while carrying R and washcloths dow V7 were in a soiled hallway from R4's roremove her soiled ghygiene after cleans turning R4 to the rig material from R4's clinens. Both V6 and	vash their hands for fifteen seconds using antimicrobial or pap and water under the and an after direct and an after direct and after direct and an after direct and after an after a	S9999			

PRINTED: 11/30/2023 **FORM APPROVED** 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: _ IL6004287 B. WING 09/27/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 435 CAMDEN RD MOUNT STERLING HEALTH AND REHAB CEN' MOUNT STERLING, IL 62353 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE **PREFIX** TAG DEFICIENCY) S9999 Continued From page 9 S9999 (C)

Illinois Department of Public Health