

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/15/2024
NAME OF PROVIDER OR SUPPLIER Allure of Pinecrest		STREET ADDRESS, CITY, STATE, ZIP CODE 414 South Wesley Avenue Mount Morris, IL 61054	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>37232</p> <p>Based on observation, interview, and record review the facility failed to ensure staff wore the required personal protective equipment for a resident on enhanced barrier precautions for 2 of 3 residents (R2 and R3) reviewed for infection control in the sample of 3.</p> <p>The findings include:</p> <ol style="list-style-type: none"> R2's Face Sheet printed on 10/15/24 showed R2 had a diagnosis of skin cancer to his left ear. <p>On 10/15/24 at 10:58 AM, V6 (Wound Care Nurse) provided wound care to R2's left ear. R2's left ear had a reddened opened area smaller than a pea. R2 stated the wound on his left ear was from skin cancer. While providing wound care, V6 had on gloves but no gown. V6 cleansed the wound, applied the ordered cream, and covered the wound with a dressing.</p> <ol style="list-style-type: none"> R3's Order Summary Report printed on 10/15/24 showed R3 had an order for a cream to be applied to her right great toe and covered with a band aid. <p>On 10/15/24 at 11:14 AM, V6 provided wound care to R3's right great toe. The bottom of R3's right great toe had a wound that was dark and smaller than 0.5 centimeters. While providing wound care, V6 had on gloves but no gown. V6 cleansed the wound, applied the ordered cream, and covered the wound with a band aid.</p> <p>On 10/15/24 at 12:47 PM, V9 (Infection Control Preventionist) stated residents with wounds, not including unopen surgical wounds, are on enhanced barrier precautions. V9 stated staff should wear gloves and gowns when providing wound care.</p> <p>The facility's Enhanced Barrier Precautions with an implemented date of 5/1/24 showed enhanced barrier precautions refer to infection control intervention designed to reduce transmission of organisms that employs targeted gown and gloves use during high contact resident care activities. The same policy showed high contact activities included wound care to any skin opening requiring a dressing.</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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