

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Accolade Healthcare of Peoria		STREET ADDRESS, CITY, STATE, ZIP CODE 5600 Glen Elm Drive Peoria, IL 61614	

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>31285</p> <p>Based on record review and interview the facility failed to follow enhanced barrier precautions during wound care for one of eight residents reviewed for wound care (R3) in the sample of eight.</p> <p>Findings include:</p> <p>R3's medical record documents R3 is receiving daily wound care for an unstageable pressure ulcer of the left buttock.</p> <p>R3's physicians Order Sheet includes the following wound care order: WOUND: left buttock- Apply (medicated solution)-soaked gauze and pat dry, apply (medicated ointment) and pack with (medicated gauze) and island border dressing daily.</p> <p>On 1/15/24 at 7:30am sign on R3's door stated Enhanced Barrier Precautions were in place for R3, including donning a gown and gloves when providing close contact cares.</p> <p>On 1/15/25 at 7:30am V3 Wound Nurse entered R3's room to perform wound care for R3's left buttock pressure ulcer. V3 did not don a gown while performing R3's wound care. V3 completed R3's wound care without wearing a protective gown.</p> <p>On 1/15/25 at 1:50pm, V2 DON/Director of Nursing stated Nurses should wear gowns when providing wound care. V2 stated V3 had informed her she had not followed EBP protocol for R3's wound care.</p> <p>The facility's Enhanced Barrier Precautions policy, dated 10/21/22, documents: EBP (Enhanced Barrier Precautions) requires the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs (Multi-Drug Resistant Organisms) to staff hands and clothing. High-contact resident care activities requiring gown and glove use among residents that trigger EBP use include Wound care: 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
---	-------	-----------