

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145247	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/27/2025
NAME OF PROVIDER OR SUPPLIER Doctors Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 Hawthorn Road Salem, IL 62881	

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 - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51792</p> <p>Based on observation, interview, and record review the facility failed to implement Enhanced Barrier Precautions (EBP) and Standard Precautions for 5 (R35, R319, R33, R15, and R31) of 9 residents reviewed for Infection Control in a sample of 43.</p> <p>Findings include:</p> <p>The facility policy titled Isolation Precautions/ Enhanced Barrier Precautions (EBP) dated 4/1/2024 states Policy: It is the policy of Helia Healthcare to make every effort to prevent the spread of infection in the facility. Standard Precautions require the health care worker (HCW) to estimate the degree of risk associated with a given task and plan for appropriate personal protective equipment. Enhanced Barrier Precautions (EBP) is used in combination with Standard Precautions and expand the use of Personal Protective Equipment (PPE) to donning 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. EBP will be used for any resident who meets the following criteria: infection or colonization with a CDC-targeted MDRO when Contact Precautions do not otherwise apply; chronic wounds, such as, central lines, urinary catheters, feeding tubes, and tracheostomies; or indwelling medical devices, such as, central lines, urinary catheters, feeding tubes, and tracheostomies. Residents who meet the above criteria, EBP are recommended when performing the following high-contact resident care activities: dressing, providing hygiene, bathing/showering, transferring, changing linens, changing briefs or assisting with toileting, indwelling medical devices care or chronic wound care. Place EBP sign at entrance to the room of the resident who meet criteria.</p> <p>1. R35's Active Orders does not contain an order for indwelling urinary catheter prior to 2/27/25. On 2/27/25 Active Orders documents, Indwelling catheter - change catheter and drainage bag monthly and PRN (as needed).</p> <p>R35's Nurses Note dated 2/3/25 at 1:58 AM documents, foley cath (catheter) draining yellow.</p> <p>On 02/24/25 at 10:25 AM, R35 was sitting in his room in a wheelchair with a urinary catheter collection bag hanging on the underside of wheelchair. No EBP sign was present on R35's door, and there was no personal protective equipment (PPE) readily available outside of room.</p> <p>On 2/25/25 at 8:54 AM, there was no EBP signage on the door of R35's room. There was no personal protective equipment outside of R35's door or any nearby in the hallway within easy access for staff performing care.</p> <p>(continued on next page)</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 145247	If continuation sheet Page 1 of 4

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 2/26/25 at 1:28 PM, V10 (Registered Nurse/RN) entered R35's room to perform catheter care and did not don a gown. There was no EBP signage on the door of resident's room or PPE easily accessible outside of R35's room. V10 performed hand hygiene before providing care and then donned gloves. There was a clean barrier placed on R35's bedside table, and then a bath basin of plain water was placed on the clean barrier. There was a spray bottle of perineal wash placed on clean barrier. Wash cloths were placed in the water and a dry towel placed down. V10 picked up the washcloth, sprayed peri wash on the washcloth and instructed R35 what care she was about to perform. V10 then performed peri care on the surrounding skin of the perineal area. The washcloth was then placed in a plastic bag. V10 then cleaned the indwelling catheter tubing from closest to R35 to furthest from R35's body. V10 removed her gloves and performed hand hygiene. After care was performed V10 stated, EBP should be used for catheter care on any resident with an indwelling catheter.</p> <p>2. R319's Active Orders dated 2/20/25 documents, Indwelling catheter- change catheter and drainage bag PRN as needed.</p> <p>On 2/24/25 at 10:31 AM, R319 was lying in bed with a urinary catheter drainage bag attached to the frame of bed with amber colored urine. There was not any EBP signage present on R319's door. There was no personal protective equipment outside of R319's door or easily accessible in the hallway.</p> <p>On 2/26/25 at 10:32 AM, there was no EBP signage present on R319's door and there was no personal protective equipment near R319's door or easily accessible within hallway. V2, (Director of Nurses/DON) performed hand hygiene and donned gloves prior to providing care. V2 did not don a gown before performing wound care on R319's multiple wounds. V2 followed proper hand hygiene and donning of gloves throughout dressing changes but did not don a gown at any time during the wound care provided.</p> <p>48356</p> <p>3. R33's face sheet, dated 02/27/25 documents an admitted [DATE] with diagnoses of Morbid (severe) obesity, Type 2 diabetes mellitus, chronic kidney disease, local infection of the skin and subcutaneous tissue, neuromuscular dysfunction of bladder, and acute cystitis with hematuria.</p> <p>R33's MDS (Minimum Data Set) dated 02/04/25 documents a BIMS (Brief Interview for Mental Status) score of 12 which indicates that R33 has moderately impaired cognition. Section GG documents dependent with toileting. Section H documents indwelling catheter. Section M documents unhealed pressure ulcers/injuries as 1 Stage 4.</p> <p>R33's Care Plan dated 12/20/24 documents a problem area of: R33 (resident) has indwelling urinary catheter, neuromuscular dysfunction of bladder. Another focus area of: R33 (resident) is at risk for skin breakdown or pressure ulcers related to decreased mobility, requires assist with mobility, hx (history) ulcers, obesity, hx masd (moisture associated skin damage) below breast, hx neoplasm breast, ulcer left butt, skin tear rt (right) butt.</p> <p>On 02/26/25 at 1:10PM, R33's room was observed to have no enhanced barrier precaution signage on the door and no PPE (Personal Protective Equipment) accessible around the room.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 02/26/25 at 1:15PM, V6 (Licensed Practical Nurse/LPN) went into R33's room to perform indwelling catheter care. V6 washed her hands and applied gloves before performing care. V6 cleansed area around indwelling catheter insertion site with a warm washcloth and peri wash. V6 then got a new washcloth with peri wash and then held the indwelling catheter to secure it while V6 started wiping from insertion site down tube. V6 then removed her gloves and washed hands she then applied a new pair of gloves and cleansed areas with plain water and then patted the areas dry. V6 then cleaned up her work area she then removed gloves and performed hand hygiene. V6 then pulled R33's covers back up. V6 did not wear a gown while providing care to R33.</p> <p>On 02/26/25 at 1:30PM, V6 stated R33 is not on enhanced barrier precautions. V6 said R33 should be on enhanced barrier precautions, because R33 has a indwelling catheter and has a pressure ulcer. V6 stated any resident who has a indwelling catheter, wound, gastrostomy tube or trach should be on enhanced barrier precautions. V6 stated if R33 was on enhanced barrier precautions she would have donned a gown as well before providing indwelling catheter care.</p> <p>49907</p> <p>4. R15's face sheet documents an admitted [DATE], with diagnoses in part, aphasia following cerebral infarction, Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, Contracture, right wrist, Pulmonary fibrosis, flaccid hemiplegia affecting right dominant side, Contracture, right foot, Contracture of muscle, multiple sites, and Polyosteoarthritis.</p> <p>R15's MDS dated [DATE], documents a BIMS score of 11, indicating R15 is moderately cognitively impaired. Section GG documents R15 is dependent with most Activities of Daily Living (ADL) functions. Section H Bladder and Bowel documents R15 is always incontinent of Bowel and Bladder.</p> <p>On 02/24/25 at 10:45am, R15's family member stated that she has had a Urinary Tract Infection a while back, but she seems to be doing better.</p> <p>On 02/26/25 at 10:38am, incontinence care was performed by V8 (Certified Nursing Assistant/CNA) on R15, assisted by V9 (CNA). Hand hygiene was performed by V8 and V9, the curtain was pulled to allow privacy, and applied gloves. V8 began providing peri care, changing to a clean cloth each time she moved to a new area, no glove changes or hand hygiene was observed. V8 grabbed the top of R15's sheet with dirty gloves and pulled it up to R15's chest. V8 then pulled the sheet back down and V8 and V9 turned R15 on her side. V8 washed R15's buttocks wearing the same gloves, turned her back over and pulled the sheet back up to R15's chest. V8 then gathered her supplies and took them to the resident's bathroom. No glove changes or hand hygiene was performed throughout the course of this observation.</p> <p>On 2/26/25 at 10:58am, V8 (CNA) stated she wasn't sure about glove changes, she asked if she could double glove.</p> <p>5. R31's face sheet documents an admitted [DATE], with diagnoses in part, Lymphedema, not elsewhere classified, non-pressure chronic ulcer of unspecified part of left lower leg with fat layer exposed, non-pressure chronic ulcer of unspecified part of right lower leg with fat layer exposed.</p> <p>R31's MDS dated [DATE], documents a BIMS score of 15, indicating R15 is cognitively intact.</p> <p>(continued on next page)</p>		

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