STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145376	A. Building B. Wing	04/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakview Nursing & Rehab	1320 West 9th Street Mount Carmel, IL 62863

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to follow the enhanced barrier precautions of wearing a gown and maintaining aseptic technique while performing indwelling catheter care for 1 (R5) of 4 residents reviewed for indwelling catheter care in a sample of 31. Findings included:R5's admission Record documented an admission date of 6/1/2018, with diagnoses including type chronic kidney disease, type 2 diabetes mellites without complications, uninhibited neuropathic bladder, not elsewhere classified, and neuromuscular dysfunction of bladder, unspecified.R5's Minimum Data Set (MDS), dated [DATE], documented a Brief Interview Mental Status (BIMS) score of 06, showing R5 had severe cognitive impairment. This same document had documented under Section H-H:0100. Appliances: Indwelling catheter (including suprapubic catheter and nephrostomy tube) with yes.R5's Physician Order Sheet (POS) documented on 7/1/2024 an order, (R5) placed on enhanced barrier precautions related to suprapubic catheter and cleanse around suprapubic catheter insertion site with soap and water nightly and as needed and replace split sponge. Secure tape.On 4/1/2026 at 1:54 PM, an Enhanced Barrier Precaution sign was hanging on the outside of R5's door to the left side at eye level with instructions for wearing gloves and a gown for high-contact resident care activities including device care or use: urinary catheter.On 04/01/2026 at 1:55 PM, supra-pubic catheter care was completed on R5 completed by V3 (Certified Nurse Assistant/CNA) and V4 (CNA). V3 and V4 observed donning gloves. V3 and V4 did not don gowns. V3 moved R5's blanket for catheter care and did not doff gloves or complete hand hygiene. V3 observed taking a washcloth from V4 and used the cloth to clean R5's supra-pubic area then discarded wash cloth. V3 did not doff gloves or complete hand hygiene. V3 took a second washcloth from V4 and cleaned the supra-pubic catheter then discarded the washcloth. V3 did not doff gloves or complete hand hygiene. V3 took a third washcloth from V4 and cleaned the catheter then discarded the washcloth. V3 did not doff gloves or complete hand hygiene. V4 used clean towel to clean catheter. On 04/01/2026 at 2:00 PM, V3 stated she should have worn a gown during R5's catheter care and should have changed gloves and completed hand hygiene per policy.On 04/01/2026 at 2:02 PM, V2 (Director of Nursing/DON) stated V3 should have worn a gown and completed hand hygiene during R5's supra-pubic catheter care. The facility's Enhanced Barrier Precautions Policy (revised 3/28/2024) documented, Policy Statement: Enhanced Barrier Precautions (EBP) expand the use of personal protective equipment and refer to an infection control interventions designed to reduce transmission of multidrug-resistant organisms (MDRO) that employs targeted gown and glove use during high contact resident care. This same document had documented, Policy Interpretation and Implementation: Indwelling medical device example include central lines, urinary catheters, feeding tubes, and tracheostomies.The facility's Catheter Care, Urinary policy (undated) documented, Purpose: The purpose of this procedure is to prevent catheter-associated urinary tract infections. This same document had documented, Infection Control: 1. Use standard precautions when handling or manipulating the drainage system. 2. Maintain clean technique when handling or manipulating the catheter, tubing, or draining bag is in place. Routine hygiene (e.g. cleansing, of the meatal surface during daily bathing or showering) is appropriate.

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