

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145464	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/27/2024
NAME OF PROVIDER OR SUPPLIER Hammond-Henry District Hsp		STREET ADDRESS, CITY, STATE, ZIP CODE 600 North College Avenue Geneseo, IL 61254	

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>33970</p> <p>Based on observation, interview and record review the facility failed to perform hand hygiene before starting incontinence care and throughout incontinence care for one resident (R24) of three residents reviewed for urinary incontinence care in a total sample of 14.</p> <p>Findings Include:</p> <p>The Facility's undated Hand Hygiene policy and procedure documents that handwashing is to occur when a. hands are visibly soiled b. before eating c. after use of the bathroom d. when there is significant build-up of alcohol based hand rub e. caring for a patient on enteric isolation.</p> <p>The Facility's undated Hand Hygiene policy documents Gloves are to be discarded/changed after use on a contaminated body site before moving to a clean body site.</p> <p>On 9/25/24 at 2:40 PM V7 (Certified Nurse Aid) and V8 (Certified Nurse Aid) had gloves on and transferred R24 with a mechanical lift from the toilet to the bed. V7 and V8 both undressed and rolled R 24 while preparing her for incontinence care. V7 used warm wipes to wash R24's front perineal area and then assisted V8 to turn R24 to her side. V7 then changed gloves without washing hands or performing any sort of hand hygiene and washed R24 buttocks. V7 and V8 then rolled R24 back on her back, pulled up her pants, adjusted her shirt and pillow all without changing gloves, removing gloves or doing any sort of hand hygiene.</p> <p>On 9/25/24 at 3:30 PM V7 (Certified Nurse Aid) confirmed that she had not done any hand hygiene during incontinence care and that she should have every time she changed her gloves to prevent cross contamination of R24 clothes and bed.</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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