

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145697	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2025
NAME OF PROVIDER OR SUPPLIER Knox County Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 800 North Market Street Knoxville, IL 61448	

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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to monitor nephrostomy output for one of one resident (R18) reviewed for nephrostomy tubes, failed to wear appropriate Personal Protective Equipment and cleanse the urinary catheter during urinary catheter cares for one of six residents (R40), reviewed for urinary catheter care in a sample of 96. Findings include:</p> <p>1. The facility policy, Care of Nephrostomy Tube, dated October 2010 directs staff, The purpose of this procedure is to provide guidelines for the care of the resident with a percutaneous nephrostomy tube. Empty drainage bag once per shift and as needed. Measure output as follows: every 8 hours. Measure output from the right and left kidneys separately. Record urinary and nephrostomy output separately. The following information should be recorded in the resident's medical record: Color, quantity and amount of drainage.</p> <p>R18's facility admission Record documents that R18 was admitted to the facility on [DATE] with the following diagnoses: Chronic Kidney Disease, Crossing Vessel and Stricture of Ureter, Acute Kidney Failure, HX: Urinary Tract Infection, Retention of Urine, History of Malignant Neoplasm of Bladder, Artificial Openings of Urinary Tract (Nephrostomy).</p> <p>R18's July 2025 Physician Order Sheet includes the following physician orders: Left Nephrostomy Tube Output Every Shift and Right Nephrostomy Tube Output Every Shift.</p> <p>R18's Care Plan, dated 5/13/25 includes the following Focus areas: (R18) has bilateral nephrostomy tubes related to obstructive and reflux uropathy due to crossing vessel and stricture of ureter. Also included are the following Interventions: Monitor and Document Output.</p> <p>R18's Medication Administration Records, dated September 2024 through January 2025, where facility nursing staff document nephrostomy tube output every 8 hours, contain numerous gaps in documentation to ensure staff were monitoring and recording output.</p> <p>On 7/30/25 at 9:30 A.M., V2/Director of Nurses (DON) confirmed the missing nurse documentation to verify staff were monitoring R18's nephrostomy output. At that time, V2/DON stated it was her expectation that facility staff monitor, and document nephrostomy output every 8 hours.</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
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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2.The facilities policy titled Enhanced Barrier Precautions, dated December 2024, documents, Enhanced barrier precautions (EBPs) are utilized to prevent the spread of multi-drug-resistant organisms (MDROs) to residents. 1. Enhanced barrier precautions (EBPs) refer to infection prevention and control interventions designed to reduce the transmission of multi-drug-resistant organisms (MDROs) during high contact resident care activities. 2. Enhanced barrier precautions apply when: a. A resident is infected or colonized with a CDC-targeted MDRO, but does not have a wound or indwelling medical device, and does not have secretions or excretions that cannot be covered or contained, b. A resident is NOT known to be infected or colonized with any MDRO, has a wound or indwelling medical devices, and does not have secretions or excretions that are unable to be covered or contained, and c. Contact precautions do not otherwise apply. 3. Contact precautions apply when: a. A resident is infected or colonized with any MDRO and has secretions or excretions that cannot be covered or contained, and b. A resident is NOT known to be infected or colonized with any MDRO, has a wound or indwelling medical device, and has secretions or excretions that cannot be covered or contained, or c. A resident is infected or colonized with any MDRO and there is a current investigation of a suspected or confirmed MDRO outbreak. 4. Standard precautions apply to the care of all residents regardless of suspected or confirmed infection or colonization status. 5. Indwelling medical devices include central lines, urinary catheters, feeding tubes, and tracheotomies. Peripheral IV catheters are not considered an indwelling medical device for purposes of EBPs. 6. Examples of secretions or excretions include wound drainage, fecal incontinence or diarrhea, or other discharges from the body that cannot be contained and pose an increased potential for extensive environmental contamination and risk of transmission of a pathogen. 7. EBPs employ targeted gown and glove use in addition to standard precautions during high contact resident care activities when contact precautions do not otherwise apply. a. Gloves and gown are applied prior to performing the high contact resident care activity (as opposed to before entering the room). b. Personal protective equipment (PPE) is changed before caring for another resident. c. Face protection may be used if there is also a risk of splash or spray. 8. Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include dressing; b. bathing/showering; c. providing hygiene or grooming; d. changing briefs or assisting with toileting; e. transferring; f. providing bed mobility; g. changing linens; h. prolonged, high-contact with items in the resident's room, with resident's equipment, or with resident's clothing or skin (e.g., in the shower room, therapy gym, or during restorative care); i. device care or use (central line, urinary catheter, feeding tube, tracheostomy/ventilator, etc.); and j. wound care (any skin opening requiring a dressing).</p> <p>The facilities Performance Skill #5.2 Providing Catheter Care, not dated, documents, Cleans tubing of catheter nearest meatus. Moves in only one direction, away from meatus. Uses a clean area of cloth for each stroke.</p> <p>R40's admission Record documents R40's date of admission to the facility was 4/4/11 and his diagnoses include Hemiplegia and Hemiparesis following unspecified Cerebrovascular Disease affecting right non-dominant side, Vascular Dementia Moderate with other Behavioral Disturbance, Urinary Tract Infection, Retention of Urine.</p> <p>R40's Minimum Data Set (MDS) assessment dated [DATE], documents that R40 has an indwelling urinary catheter.</p> <p>R40's Physician orders dated 6/14/24, documents that R40 has an order for 18 FR (French) with 10 cc (cubic centimeter) indwelling urinary catheter for Neuromuscular Dysfunction of Bladder related to Hemiplegia and Hemiparesis following Cerebrovascular Disease.</p> <p>(continued on next page)</p>		

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