

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146010	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2024
NAME OF PROVIDER OR SUPPLIER Accolade Healthcare of Pontiac		STREET ADDRESS, CITY, STATE, ZIP CODE 300 West Lowell Pontiac, IL 61764	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>34201</p> <p>Based on observation, interview and record review, the facility failed to ensure a call light was within reach for one of five residents (R1) reviewed for call lights on the sample list of seven.</p> <p>Findings Include:</p> <p>R1's ongoing and undated Medical Diagnosis Listing documents the following diagnoses: Quadriplegia, Multiple Sclerosis, Anxiety Disorder, and Neuromuscular Dysfunction of the Bladder.</p> <p>On 4/15/24 at 9:15 am, R1 was sitting up in a motorized wheelchair in R1's room and stated, R1 was needing R1's incontinence brief changed but that R1 can't even call them to tell them because R1's call light is hanging on the wall {behind the bed} and R1 can't reach it. At this time, R1's call light was secured to the wall, behind the head of R1's bed, out of reach and next to R1's bed was an end table, which prevented R1 from getting close enough to the wall to reach the call light.</p> <p>On 4/15/24 at 9:35 am, V4 CNA (Certified Nursing Assistant) and V7 RN (Registered Nurse) were in R1's room, changing R1. At this time, V4 and V7 confirmed R1's call light was secured on the wall, out of R1's reach. V4 explained that V5 CNA had made R1's bed earlier that morning and must have forgot to place the call light back on the bed, where it should be.</p> <p>The facility's Call Lights: Answering Policy dated July 2023 documents when a resident is in bed or confined to a chair, ensure that the call light is within easy reach of the resident.</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>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>34201</p> <p>Based on observation and record review, the facility failed to prevent possible cross contamination during incontinence care for one of four residents (R1) reviewed for toileting on the sample list of seven.</p> <p>Findings Include:</p> <p>On 4/15/24 at 9:35 am, V4 CNA (Certified Nursing Assistant) and V7 RN (Registered Nurse) were changing R1's incontinence brief. R1 had been incontinent of urine and stool and R1's brief was saturated. V4 donned gloves and provided incontinence cares using disposable wipes, then proceeded to grab a clean incontinence brief and placed it under R1 without removing the potentially contaminated gloves or performing hand hygiene. R1 then urinated again, onto the new incontinence brief. V4 changed gloves at this time but did not perform hand hygiene. V4 provided incontinence care again and upon rolling R1 to R1's side, it was noted that R1 had also had another small bowel movement. V4 continued to provide incontinence care, cleaning the bowel movement, then obtained another clean brief from the bed side table and placed it under R1 without changing gloves or performing hand hygiene.</p> <p>The facility's Hand Washing Policy dated March 2024 documents hand hygiene is the primary means to prevent the spread of infections. All staff will properly wash hands after direct contact with any contaminated substances, after direct resident care, and as instructed. Employees must wash their hands for 15 to 20 seconds using antimicrobial or non-antimicrobial soap and water under the following conditions: after contact with blood, body fluids, secretions, mucous membranes, or non-intact skin, after removing gloves and after handling items potentially contaminated with blood, body fluids, or secretions.</p>