

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  06/23/2025
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to implement Enhanced Barrier Precautions (EBP) for two (R1, R2) of three residents reviewed for infection control in the sample list of three.</p> <p>Findings include:</p> <p>The facility's Enhanced Barrier Precautions policy dated 1/20/24 documents EBP is an intervention designed to reduce the transmission of multidrug-resistant organisms by using gowns and gloves during high contact resident care activities for residents with indwelling medical devices or chronic wounds.</p> <p>The Centers for Disease Control and Prevention Consideration for Use of Enhanced Barrier Precautions in Skilled Nursing Facilities dated June 2021 documents Facilities should develop a method to identify residents with wounds or indwelling medical devices, and post clear signage outside of resident rooms indicating the type of PPE (Personal Protective Equipment) required and defining high risk resident care activities. Gowns and gloves should be available outside of each resident room, and alcohol-based hand rub should be available for every resident room (ideally both inside and outside of the room).</p> <p>On 6/23/25 at 8:15AM there was an EBP sign posted on R1's room door that indicated to wear gown and gloves for high contact resident care activities that included toileting, dressing, and transfers.</p> <p>On 6/23/25 at 8:30AM there was no EBP sign posted on R2's room door that indicated the facility is to wear gown and gloves for high contact resident care activities that included toileting, dressing and transfers due to R2's indwelling catheter.</p> <p>On 6/23/25 at 10:00AM V5 Certified Nursing Assistant (CNA) entered 's room and emptied R1's catheter. R1 was on Contact Isolation for E-Coli Infection and V5 drained the urine out of the catheter bag and emptied the urine into the shared toilet with R1's roommate.</p> <p>On 6/23/25 at 10:30AM, V5 was asked about EBP and V5 stated nobody ever wears them and when asked if V5 cleaned the toilet after pouring the urine into the toilet, V5 stated no, but I should have.</p> <p>On 6/23/25 at 12:30PM, V7 Registered Nurse and V6 CNA provided R2's urinary catheter cleaning/care.</p> <p>R1 and R2's Physician Orders documents EBP due to urinary catheter, UTI and R2's wounds.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's Electronic Medical Record (EMR) section titled Diagnosis documents R1 on 6/18/25 has the diagnosis of Urinary Tract Infection (UTI) with E-Coli and has a catheter which is why she is on EBP precautions.</p> <p>R2's EMR documents R2 receives hospice services and was readmitted on [DATE] from the hospital and has an indwelling catheter with also skin breakdown, reason for his EBP status.</p> <p>On 6/23/25 at 11:13 AM, V7 stated The reason we did not have the equipment carts outside the rooms is because she was admitted over the weekend and no EBP was put out.</p> <p>On 6/23/25 at 2:30PM, V1 stated the admitting nurse should have known the resident needed to be on EBP when admitted due to her chronic wounds and catheter.</p>		