

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146033	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/27/2025
NAME OF PROVIDER OR SUPPLIER  Elms, The		STREET ADDRESS, CITY, STATE, ZIP CODE  1212 Madelyn Avenue Macomb, IL 61455	

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 - Some</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 ensure contact precautions were maintained for one resident (R7) with a known MDRO (Multidrug-resistant organism). This failure had the potential to affect all 14 residents (R1, R6, R7, R8, R12, R14, R18, R32, R35, R48, R54, R60, R65 and R66) with assistance being provided by the same CNAs (Certified Nursing Assistants), and failed to perform hand hygiene/don gloves according to standards of practice while administering medications for two residents (R64 and R66) of seven residents reviewed for infection control in a total sample of 40.</p> <p>Findings Include:</p> <p>The Facility's undated Isolation-Categories of Transmission-Based Precautions Policy documents, Transmission-based precautions are initiated when a resident develops signs and symptoms of a transmissible infection; arrives for admission with symptoms of an infection; or has a laboratory confirmed infection; and is at risk of transmitting the infection to other residents.</p> <p>The Facility's Isolation-Categories of Transmission-Base Precautions policy documents, Contact precautions are implemented for residents known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident-care items in the resident's environment. Contact precautions are also used in situations when a resident is experiencing wound drainage, fecal incontinence or diarrhea, or other discharges from the body that cannot be contained and suggest an increased potential for extensive environmental contamination and risk of transmission of a pathogen, even before a specific organism has been identified. Staff and visitors wear gloves (clean, non-sterile) when entering the room. While caring for the resident, staff will change gloves after having contact with infective material; gloves are removed, and hand hygiene performed before leaving the room; Staff and visitors wear a disposable gown upon entering the room and remove before leaving the room and avoid touching potentially contaminated surfaces with clothing after gown is removed.</p> <p>1. On 3/25/25 at 9:30 AM, R6 and R7 were roommates. R6 and R7 were sitting side by side in their wheelchairs in the middle of the room speaking to each other. On the door outside of the room there was a sign that said, Enhanced Barrier Precautions.</p> <p>R6's Physician Order Sheet, dated March 2025, documents, Enhanced Barrier Precautions related to 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 - Some</p>	<p>R7's Physician Order Sheet, dated March 2025, documents, Contact Precautions related to ESBL (Extended Spectrum Beta-Lactamase) in the urine.</p> <p>R7's Urinalysis with Culture and Sensitivity, dated 3/17/25, documents ESBL: Positive.</p> <p>R7's Physician Order Sheet, dated March 2025, documents an order dated 3/17/25 for an antibiotic Nitrofurantoin 100 mg (milligrams) twice daily for ten days for ESBL in the urine.</p> <p>R7's MDS (Minimum Data Set), dated 1/23/25, documents R7 is frequently incontinent of urine.</p> <p>Throughout the day on 3/25/25, CNAs (Certified Nurse Aids) were noted to be walking in and out of R6 and R7's room for various different reasons with no PPE (Personal Protective Equipment) on.</p> <p>On 3/25/25 at 11:30 AM, V5 (Registered Nurse) stated she thought R6 was in Enhanced Barrier Precautions for wounds and, I don't believe (R7) has any (precautions in place.)</p> <p>On 3/25/25 at 1:30 PM, V6 (Certified Nurse Aid) stated both R6 and R7 were in Enhanced Barrier Precautions. V6 reported she wears a gown and gloves when giving cares for R6 and R7, but does not wear any PPE upon entering the room. V6 confirmed both R6 and R7 are incontinent of urine.</p> <p>On 3/26/25 at 10:00 AM, V4 (Registered Nurse/Infection Preventionist) stated, It got missed somehow that (R7) had an active infection of ESBL. (R6) and (R7) should not have been put in the same room. Contact Precautions would require (R7) to have her own room.</p> <p>On 3/25/25 at 1:30 PM, V6, CNA, stated the CNAs that are responsible for providing assistance to the room that R6 and R7 occupy would also be responsible for providing assistance throughout the day to the rooms that are occupied by R1, R6, R7, R8, R12, R14, R18, R32, R35, R48, R54, R60, R65 and R66.</p> <p>34542</p> <p>2. On 03/26/25, at 8:20 AM, V5/Registered Nurse, without hand sanitizing/donning gloves, reached into R66's medicine cup, removed a pill capsule-Fluoxetine 10 mg/milligrams capsule x's 3 capsules for a total dose of 30 mg, twisted the capsules apart, and emptied the capsule contents in a cup of applesauce; then administered the medication to R66.</p> <p>On 3/26/25, at 8:30 AM, V5 confirmed, I should have worn gloves and probably should have hand sanitized prior to removing/pulling apart the capsules and dumping them into the applesauce.</p> <p>On 3/26/25, at 8:35 AM, V2/Director of Nursing confirmed V5 should have hand sanitized and worn gloves when touching R66's medication capsules and pulling them apart.</p> <p>On 03/27/25, at 8:05 AM, V7/Licensed Practical Nurse-LPN, without hand sanitation/donning gloves, opened an acetaminophen 325 mg bottle, poured 4 tablets into the cap, held two tablets down with her fingers, dumped the other two tablets in R64's medicine cup, and then dumped the two tablets V7 held with her fingers back into the container.</p> <p>(continued on next page)</p>		

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