

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146088	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER Helia Healthcare of Benton		STREET ADDRESS, CITY, STATE, ZIP CODE 1310 Mark Franklin Louis Street Benton, IL 62812	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48356</p> <p>Based on observation, interview, and record review the facility failed to follow proper infection control techniques during wound care for 1 of 5 residents (R30) reviewed for infection control in the sample of 30.</p> <p>The findings include:</p> <p>R30's face sheet documents an admitted [DATE] with diagnoses including: Sepsis, unspecified, Unspecified open wound, left foot, Laceration without foreign body of left lesser toe(s) without damage to nail, Other iron deficiency anemias, Type 2 diabetes mellitus with unspecified complications, Venous insufficiency (chronic) (peripheral), Muscle wasting and atrophy, not elsewhere classified, multiple sites, Unspecified open wound of unspecified toe(s) without damage to nail, sequela, Pain, unspecified, Other hypoglycemia, Unspecified atrial fibrillation, Muscle weakness (generalized), Other abnormalities of gait and mobility, and Other lack of coordination.</p> <p>R30's Minimum Data Set (MDS) dated [DATE] documents under Section C a Brief Interview for Mental Status (BIMS) score of 15, which indicates that R30 is cognitively intact. Section GG documents R30 is dependent with toileting, showering, and dressing.</p> <p>R30's Current Care Plan documents under problems: R30 has a diabetic ulcer to left heel with intervention of: enhanced barrier precautions per facility protocol and treat ulcer as ordered. R30's Care Plan documents that R30 is at risk for skin breakdown or pressure ulcers related to decreased mobility with interventions of: keep skin clean and dry as possible and observe skin condition with daily care. R30's Care Plan documents that R30 is at risk for complications due to diabetes diagnosis with intervention of: notify V13 (Medical Doctor) as needed.</p> <p>R30's Physician orders documents an order dated 03/06/24 for Betadine 10% solution to open wound, to left foot, cleanse wound with normal saline (NS) apply betadine and calcium alginate and gauze wrap every day.</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>On 04/24/24 at 1:38 PM, V4 (Registered Nurse) was observed donning a gown and gloves and entering R30's room, which had a sign on the door that stated enhanced barrier precautions. V4 placed a clean towel on a bedside table and placed treatment supplies with several pairs of gloves on the towel. V4 removed a pair of scissors from her pocket. V4 cut the soiled dressing off R30's foot with the scissors, the contaminated scissors were placed on the clean towel next to the clean dressing supplies without cleansing the scissors. V4 doffed her soiled gloves and donned clean gloves without performing hand hygiene between. V4 used the soiled scissors and cut a clean piece of gauze from a roll. V4 took the piece of gauze and some normal saline and cleansed R30's foot. V4 doffed her gloves and donned a new pair of gloves without performing hand hygiene. V4 applied betadine to R30's left heel along with calcium alginate. V4 then wrapped R30's left foot with the gauze she had cut with the soiled scissors. V4 doffed her gloves, placed the dirty scissors in her pants pocket and then performed hand hygiene.</p> <p>On 04/24/24 at 2:00 PM, V4 stated she did not clean the scissors after she removed the old dressing from R30's left foot. V4 stated, she did have an alcohol wipe she was going to use to wipe off the scissors after she removed the old dressing, however she lost or misplaced the alcohol wipe when she entered R30's room. V4 stated, she did cleanse the scissors before entering the room and placed them in her pocket. V4 said, she did place the dirty scissor in her pocket when she was exiting the room. V4 stated, she did not perform hand hygiene in between gloves changes when she removed the old dressing and applied the new dressing.</p> <p>On 04/24/2024 at 03:00 pm, V3 (Infection Preventionist/IP) stated that after you remove a dirty dressing with scissors you should clean the scissor and then wash your hands. V3 stated that you should always wash your hands or sanitize them in between glove changes. V3 stated that should be common practice. V3 stated that all dressing changes are expected to be done according to Professional Standards of Practice. V3 stated that a resident who is on enhanced barrier precautions is at a higher risk of infection. V3 stated that it is very important to maintain proper infection control practices for all residents.</p> <p>The facility policy titled Isolation Precautions/ Enhanced Barrier Precautions (EBP) dated 4/1/24 documents the following under Guidance: EBP is used in conjunction with standard precautions and expand the use of PPE (Personal Protective Equipment) to donning of gown and gloves during high-contact resident care activities that provide the opportunities for transfer of MDRO's (multi drug resistant organisms) to staff hand and clothing . EBP ae indicated for residents with any of the following: .Wounds and/ or indwelling medical devices even if the resident is not known to be infected or colonized with MDRO .Facilities should ensure PPE and alcohol based hand rub are readily accessible to staff.</p> <p>The facility policy titled Dressing, Dry/Clean dated January 2018, documents in part under procedures 2. Place the clean equipment on the bedside stand. Arrange the supplies so they can be easily reached. 8. Put on clean gloves, loosen tape and remove soiled dressing 9. Pull glove over dressing and discard into plastic or biohazard bag. 10. Wash and dry your hands thoroughly. 11. Open dry, clean dressing(s) by pulling corners of the exterior wrapping outward, touching only the exterior surface. 14. Put on clean gloves.</p>		