

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000392</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>08/19/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HIGHLAND OAKS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2750 WEST HIGHLAND AVENUE ELGIN, IL 60123</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p><b>Final Observations</b></p> <p>Statement of Licensure Violations</p> <p>300.696b)</p> <p>Section 300.696 Infection Prevention and Control</p> <p>b) Written policies and procedures for surveillance, investigation, prevention, and control of infectious agents and healthcare-associated infections in the facility shall be established and followed, including for the appropriate use of personal protective equipment as provided in the Centers for Disease Control and Prevention 's Guideline for Isolation Precautions, Hospital Respiratory Protection Program Toolkit, and the Occupational Safety and Health Administration 's Respiratory Protection Guidance. The policies and procedures must be consistent with and include the requirements of the Control of Communicable Diseases Code, and the Control of Sexually Transmissible Infections Code.</p> <p>This requirement was NOT met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to don PPE (Personal Protective Equipment) during incontinence care and sanitize mechanical lift equipment after resident use. This applies to 1 of 1 resident (R201) reviewed for infection control in sample of 5.</p> <p>The findings include:</p> <p>On 8/18/22 at 1:39 PM, R201 was sitting in the wheelchair in her room. V4 (Certified Nurse Aide) informed R201 that she will be taking her to the bathroom using the lift. V4 began to assist R201 to the toilet by using sit-to-stand lift. Using the</p>	S9999	<p><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>sit-to-stand lift, V4 transferred R201 to the toilet in the room. When V4 positioned R201 right above the toilet, removed R201's pants and incontinence brief, threw the soiled brief in the trash. V4 touched the bars of the sit-to stand and the remote control to lower R201 to the toilet. V4 did not perform hand hygiene and did not have any gloves on. V4 then waited 2-3 minutes for R201 to use the toilet. V4 then called for staff to assist her with transferring R201 from the toilet. V5 CNA came in to assist; performed hand hygiene, did not wear gloves. V5 touched the bars of the sit-to-stand and the remote to lift R201 from toilet; V4 put on clean gloves, used wet wipes and performed incontinence care. V4 removed her gloves and applied clean incontinence brief and pulled up R201's pants up. Both V4 and V5 then transferred R201 from the toilet to the reclining chair by her bed. V5 left the room, while V4 gathered the garbage and removed the sit-to-stand lift from R201's room and placed lift in the room where they store mechanical lifts. V4 did not clean or sanitize the sit-to-stand lift after use.</p> <p>On 8/16/22 at 1:51 PM, V4 CNA said they sit-to-stand lift is not assigned to one resident, it is used for different residents.</p> <p>On 8/17/22 at 2:23 PM V3 (Acting Director of Nursing) said staff is supposed to clean the lifts after use, in between resident use and the CNA should have worn gloves when removing and putting on new incontinence brief for infection control reasons.</p> <p>The facility's Incontinence Care policy (2015) states under Procedure: "3. Perform hand hygiene 4c. Don glove." The facility's Mechanical Lifts policy (2016) under Policy states "4. Sanitize</p>	S9999		

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S9999	Continued From page 2 machines in between residents."  (C)	S9999		