STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ILL6004626	A. BUILDING: _____ B. WING _____	08/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPEDALE NURSING HOME	122 NW GROVE STREET HOPEDALE, IL 61747

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S 000	Initial Comments Annual Licensure Survey.	S 000		
S9999	Final Observations Statement of Licensure Violations (1 of 3) 300.696a) 300.696b) 300.696d)14) Section 300.696 Infection Prevention and Control a) A facility shall have an infection prevention and control program for the surveillance, investigation, prevention, and control of healthcare-associated infections and other infectious diseases. The program shall be under the management of the facility's infection preventionist who is qualified through education, training, experience, or certification in infection prevention and control. 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.	S9999		

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d) Each facility shall adhere to the following guidelines and toolkits of the Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, Agency for Healthcare Research and Quality, and Occupational Safety and Health Administration (see Section 300.340):

14) Implementation of Personal Protective Equipment (PPE) in Nursing Homes to Prevent Spread of Novel or Targeted Multidrug-resistant Organisms (MDROs)

This requirement is not met as evidenced by:

Based on observation, interview, and record review the facility failed to implement Enhanced Barrier Precautions/EBP for four residents (R4, R6, R7, and R8) reviewed for indwelling urinary catheters; one resident (R4) with a Stage Two pressure ulcer and an indwelling urinary catheter; and failed to follow Enhanced Barrier Precautions during indwelling urinary catheter care and pressure ulcer wound care for one resident (R4) reviewed for wound care and indwelling urinary catheter care in a sample of nine. The facility also failed to have a certified Infection Preventionist.

Findings include:

The facility's Matrix, provided by V1 Administrator on 8/5/25, identified four residents with indwelling urinary catheters: R4, R6, R7 and R8; and one resident, R4, with a pressure ulcer requiring wound care as well as an indwelling urinary catheter.

R4's medical record includes a TAR/Treatment Administration Record documenting daily wound care for R4's pressure ulcer care stating nursing

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is to wash area, pat dry, and apply (medicated cream) to wound.

The facility was unable to provide an indwelling catheter care policy or a policy addressing EBP/Enhanced Barrier Precautions.

Upon touring the resident rooms and hallways on 8/5/25 at 9:30am, there were no Personal Protective Equipment/PPE stations or EBP signs indicating EBP was in place for R4, R6, R7 or R8, all of whom were observed currently have indwelling urinary catheters.

On 8/5/25 at 9:50am, V2 DON/Director of Nursing stated there were no residents on any type of isolation precautions, and no residents on EBP/Enhanced Barrier Precautions.

On 8/5/25 at 10:20am V2 DON entered R4's room with supplies for R4's Right gluteus/buttock Stage 2 pressure ulcer wound care. V2 did not don a protective gown prior to providing R4's wound care. V2 assisted R4 in turning onto his left side, and exposed a dime-sized Stage Two pressure ulcer on R4's left buttock, then V2 sprayed wound cleanser over R4's pressure ulcer, performed hand hygiene, and changed gloves. V2 then donned gloves and sprayed the pressure ulcer with wound cleanser and wiped the area with gauze. Without performing hand hygiene or changing gloves, V2 then expressed medicated cream from the tube onto V2's gloved finger, and applied the cream to R4's pressure ulcer.

On 8/5/25 at 10:35am, V2 DON performed urinary catheter care for R4. V2 placed two clean washcloths in a basin with warm soapy water and cleansed R4's meatus and catheter insertion site,

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placed the soiled washcloth back into the basin with the clean washcloth, and then removed the second washcloth from the basin and stated she was "rinsing" the area. V2 did not perform hand hygiene or change of gloves at any time during catheter care.

On 8/6/25 at approximately 2:10pm, V10 Director of Infectious Diseases stated she was the Infection Control Nurse for the entire Medical Complex including the nursing home facility and the hospital. V10 stated there was no Infection Control policy addressing EBP.

On 8/8/25 at 9:11am, V1 Administrator stated V10 Infection Control Nurse does not have an Infection Preventionist Certification, and has not completed any classes toward obtaining Infection Preventionist Certification.

On 8/8/25 at 11:01am, V18 Infection Control Nurse in training verified the facility has no policy for EBP and was unable to accurately verbalize the resident scenarios in which EBP should be implemented. V18 stated that EBP is implemented in Long Term Care settings only and not in an acute care setting. V18 added she is just starting the Infection Preventionist certification education process, and has not completed the course.

On 8/8/25 at approximately 2:08pm, V2 DON verified the break in infection control technique during R4's catheter and pressure ulcer cares.(B)

(2 of 3)

300.3220f)

Section 300.3220 Medical Care

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f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders. (Section 2-104(b) of the Act)

This requirement is not met as evidenced by:

Based on observation, interview and record review, the facility failed to establish written orders for insertion of indwelling urinary catheters specifying catheter size or type of catheter for two (R4 and R6) of four residents reviewed for indwelling urinary catheters in a sample of nine.

Findings include:

The Roster Matrix provided by V1 Administrator on 8/5/25 documented R4 and R6 currently have indwelling urinary catheters.

The facility's Verbal and Written Orders - General policy, dated 7/14/2019 documents the following: "Orders for patient/resident treatment, diagnostic testing and medications will be carried out only when given by a qualified physician, surgeon, dentist, podiatrist or other person duly licensed or authorized to prescribe by the State of Illinois and who has been approved as a member of the medical staff of this hospital." "All orders of medication and treatment shall be written into the medical chart of the patient." "All orders for treatment should include the type of treatment, specific requirements of the treatment...and the frequency of the treatment."

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S9999	Continued From page 5 On 8/5/25 at approximately 10:00am R4 and R6 were noted with indwelling urinary catheters. Physicians Order Sheets for R4 and R6 did not document physician's orders for insertion of an indwelling urinary catheter, with specific orders for size and type of catheter. On 8/8/25 at 12:30pm V20 LPN/Licensed Practical Nurse stated Nurses insert indwelling urinary catheters without written physicians orders. V20 stated there are often no specific orders written in the Physicians Order Sheet for insertion of an indwelling urinary catheters. V20 stated she took the order from R4's physician for R4's catheter insertion and did not write it in R4's Physicians Orders. On 8/8/25 at approximately 2:21pm, V1 Administrator verified there were no physicians orders for R4 and R6's insertion of an indwelling urinary catheter, specifying size or type of catheter to be inserted. (C) (3 of 3) Section 300.2030 Hygiene of Dietary Staff Food service personnel shall be in good health, shall practice hygienic food handling techniques, and good personal grooming. These REQUIREMENTS are not met as evidenced by: Based on observation, record review, and interview, the facility failed to follow its policy to ensure kitchen staff restrained hair in a sanitary manner while preparing food. This failure has the potential to affect all 26 residents residing at the facility.	S9999		

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Findings include:

The facility's Employee Health and Sanitation Food Services Department Policy, Date Reviewed 1/17/23, documents: "Policy Statement: To ensure that all food handlers do not compromise food safety based on personal health and sanitation status. Clothing: b) Employees shall use effective hair restraints (such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair) that are designed and worn to effectively keep their hair from contacting exposed food; clean equipment, utensils and linens; and unwrapped single-service and single-use articles."

On 8/5/25 at 11:50am, V12 Dietary Baker was in the kitchen with a (baseball styled) cap on her head and hair was not completely covered.

On 8/5/25 at 11:52am, V4 Food and Nutrition Services Director was noted in the kitchen with a cap on her head and hair was not fully covered. V4's hair had two pigtails showing at the back of her head, one section on the right and one on the left. V4 stated that the (County Health Department) inspects the Kitchen two times per year and they had no issues with hair and had never said anything about having all the hair covered. V4 stated: "Dietary staff can use a cap or hairnet but all the hair does not have to be covered."

On 8/6/25 at 9:25am, V4 stated that if hair is past the shoulders, to tie it back.

(Internet Definition of Pigtail, dated 8/8/25, documents: "In the context of hairstyles, the usage of the term pigtail shows considerable

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variation. The term may refer to a single braid, but is more frequently used in the plural ("pigtails") to refer to twin braids on opposite sides of the head. Sometimes, the term "pigtails" applies regardless of whether the hair is braided.")

On 8/5/25 at 11:50am, V7 Dishwasher was doing dishes in the kitchen. V7 had a cap on; V7's hair was visible at the back and sides of his head with approximately two inches of hair showing. V7 also had a small beard of facial hair which was not covered with a beard guard.

On 8/6/25 at 9:35am, V7 was in the kitchen. V7 stated that no one said he had to wear a beard covering and no one said all his hair had to be covered. V7 said he was told to wear a cap and keep hair at a reasonable length.

On 8/6/25 at 9:37am, V8 Dietary Lead, sat at a desk in the Kitchen; she wore a cap that covered the top of her head. Several inches of long wavy hair extended down the back of her head to below her shoulders. V8 stated, "The (County Health Department) never said anything about it."

On 8/6/25 at 9:38am, V9 Dietary Cook was in the Kitchen. He had beard facial hair around the front and sides of his face; there was no beard guard in place. V9 stated that he keeps the beard short; stated that he has worn the beard covering before when his beard was longer but now keeps the beard short.

At this same time, V4 stated that if beards are short, their (Dietary staff) beards did not have to be covered.

On 8/6/25 at 8:55am, V1 Administrator stated that

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S9999	Continued From page 8 Dietary staff can wear a cap or hairnet, and if the staff had long hair, this does not have to be covered. The facility's Resident Roster List, Dated 8/8/25, documents 26 residents reside in the facility. (C)	S9999		