DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUBBLIED/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		145239	B. WIN	IG _		08/0	5/2010
	NAME OF PROVIDER OR SUPPLIER SAINT CLARE HOME			5	REET ADDRESS, CITY, STATE, ZIP CODE 533 NORTH GALENA ROAD PEORIA HEIGHTS, IL 61614		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	a) The facility must and services to atta practicable physica well-being of the re each resident's complan of care. Adequation of care and peto each resident to personal care need b) General nursing minimum the follow a 24-hour, seven do 6) All necessary proassure that the resident nursing personnel state each resident nursing personn	General Requirements for nal Care provide the necessary care ain or maintain the highest I, mental, and psychological sident, in accordance with aprehensive assessment and late and properly supervised ersonal care shall be provided meet the total nursing and is of the resident. care shall include at a ring and shall be practiced on ay a week basis: ecautions shall be taken to dents' environment remains hazards as possible. All shall evaluate residents to see receives adequate supervision prevent accidents.	F99	199			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145239	B. WIN	IG _		08/0	5/2010
	NAME OF PROVIDER OR SUPPLIER SAINT CLARE HOME			5	REET ADDRESS, CITY, STATE, ZIP CODE 5333 NORTH GALENA ROAD PEORIA HEIGHTS, IL 61614		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	shall be monitored and procedures are and procedures are b) A group, i.e., an quality assurance of entity, shall periodic investigations and a These requirements by: Based on observation interview, the facility blood glucose monitors in reduction internal fiction internal fict	Ill. Adm. Code 693). Activities to ensure that these policies	F99	999			
	Information provide conference on 7/26 for Medicare and M Census and Condit resided in the facilit these 68 residents, glucose monitoring	d, at the time of the entrance /10 and on the CMS (Centers ledicaid)-672 Resident ion, indicate that 68 residents y at the time of the survey. Of 12 residents had blood done with three blood glucose he same manufacturer that					

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		145239	B. WIN	IG _		08/0	5/2010
	PROVIDER OR SUPPLIER			5	REET ADDRESS, CITY, STATE, ZIP CODE 5533 NORTH GALENA ROAD PEORIA HEIGHTS, IL 61614		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	identified as being Internal Fixation of treated for two presidentified as testing Difficile infection, rereceiving treatment. Centers for Disease RECOMMENDED SAFE INJECTIONS PATIENT-TO-PATIBLOODBORNE PATIENT-TO-PATIENT-TO-PATIBLOODBORNE PATIENT-TO-PATIENT-T	ple residents. R24 was post surgical Open Reduction the Left Hip and was being sure ulcers. R25 was positive for Clostridium eceiving antibiotic therapy, and for three open wounds. Control guidelines for NFECTION-CONTROL AND PRACTICES TO PREVENT ENT TRANSMISSION OF THOGENS, include: Infaces such as glucometers minated regularly and anytime blood or body fluids occurs or uld be assigned to individual meter that has been used for a reused for another patient, cleaned and disinfected.	F99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	URVEY ETED	
		145239	B. WIN	IG _		08/0	5/2010
NAME OF PROVIDER OR SUPPLIER SAINT CLARE HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 5533 NORTH GALENA ROAD PEORIA HEIGHTS, IL 61614			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	(X5) COMPLETION DATE	
F9999	of the medication of facility. E3 cleaned glucose monitor wit wipe (70% Isoproping gloves and then end the glucose monitor bedside table. E3 is strip into the glucose middle finger with a finger with a single blood to the glucose result, E3 took the medication cart, put strip in the sharps of cart, cleaned the medication cart, put strip in the sharps of cart, cleaned the medication of the removed her gloves resident's bathroom recently trained to observe that was located in of the medication of facility. E3 cleaned glucose monitor with wipe (70% Isoproping sanitizer and applied room and placed that towel on the bedsic monitor test strip in cleaned R27's right wipe, pricked R27's lancet, and touched	a plastic bag in the top drawer art for the West Wing of the the entire surface of the the a pre-packaged alcohol yl Alchohol). E3 applied tered R24's room. E3 placed ron a paper towel on the placed a glucose monitor test a alcohol wipe, pricked R24's left a alcohol wipe, pricked R24's use lancet, and touched the e monitor test strip. After the glucose monitor to the the glucose monitoring test container on the medication	F99	999			

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		145239	B. WIN	1G _		08/0	5/2010
NAME OF PROVIDER OR SUPPLIER SAINT CLARE HOME			•	5	REET ADDRESS, CITY, STATE, ZIP CODE 5533 NORTH GALENA ROAD PEORIA HEIGHTS, IL 61614		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	glucose monitor to glucose monitoring container on the monitor again with (70% Isopropyl Alch monitor on a paper cart to dry. E3 rem her hands in the resprepared insulin to 3. On 7/28/10 at 1: Nursing/Infectionist alcohol wipes (70% glucose monitors buse. On 8/02/10 at staff were recently the end of May 201 with alcohol wipes. updated policy, title (6/2010), at that tim 4. On 7/29/10 at 10 Nurse) stated that smonitors with alcohol used. E6 stated the necessarily cleaned are cleaned every s 5. E2 (Director of Nolicy and procedu Monitoring," dated under "Preparing the glucometer and cast germicidal wipe price Do not try and cleaned on to place the mobath." The facility public "Blood Glucose Mo	the medication cart, put the test strip in the sharps edication cart, cleaned the a pre-packaged alcohol wipe hohol) and set the glucose towel on top of the medication oved her gloves and washed sident's bathroom. E3 then be given to R27, as ordered. 10pm, E2 (Director of) stated that staff are using Isopropyl Alchohol) to clean efore and after each resident 2:22pm, E2 stated that all inserviced, at approximately 0, to clean the glucometers E2 stated they were given and "Blood Glucose Monitoring" inc. 0:25am, E6 (Registered staff clean the glucose ol before and after being e glucose monitors are not dibetween each person, but	F99	999			

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NAME OF PROVIDER OR SUPPLIER SAINT CLARE HOME				5	REET ADDRESS, CITY, STATE, ZIP CODE 533 NORTH GALENA ROAD PEORIA HEIGHTS, IL 61614	,	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPR DEFICIENCY)			ULD BE	(X5) COMPLETION DATE
F9999	6. The Quality Ass from the manufacture monitors used at the alcohol to clean the with alcohol WILL of Assurance/Quality that the glucose modern, lint-free cloth detergent/soap, 100 water, or OSHA (Or Administration) app Quality Assurance/defines an approve (Environmental Prodisinfectants or a sea should be used for disinfection on none such as glucometer effective against Bluch Hepatitis B, and He Assurance/Quality indicates "100% Isocleaner/disinfectants).	urance/Quality Control Manual arer for the type of glucose e facility, indicates "do not use Meter. Cleaning the Meter cause damage." The Quality Control Manual also indicates onitor is to be wiped "with a dampened with mild the household bleach and occupational Safety and Health proved disinfectant." The Quality Control Manual disinfectant as: "EPA attection Agency) registered and critical patient care equipment as as long as disinfectant is condorne Pathogens HIV, epatitis C." The Quality Control manual further appropyl Alcohol as a at is not recommended as it is not recommended as it is not Bloodborne Pathogens." (A)	F9:	999	DEFICIENCY)		