STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146105	A. BUILDING _____ B. WING _____	09/28/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK CREST	2944 GREENWOOD ACRES DRIVE DEKALB, IL 60115

(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) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
F 441 SS=D	Annual Licensure and Certification Survey 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of	F 441		11/1/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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.

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F 441	Continued From page 1 infection. This REQUIREMENT is not met as evidenced by: Based on observation and record review the facility failed to ensure that a CNA removed her gloves to prevent cross contamination while providing resident care. This applies to 1 of 1(R2) residents reviewed for incontinence care in a sample of 5. The findings include: On 9/27/11 at 9:15 AM, E10 (CNA) was observed as she provided care to R2. E10 washed, dried and applied barrier cream to R2 ' s buttocks. Without removing her gloves, E10 continued to provide care to R2 ' s upper body which included applying lotion to her arms and trunk. According to the Centers for Disease Control and Prevention Protocol for Hand Hygiene and Glove Use Observations, September 1, 2011: " Gloves should always be changed between patients and between clean and contaminated sites on the same patient. "	F 441		
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS: 300.615f) Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information	F9999		

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F9999	Continued From page 2 f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender. This requirement was not met as evidenced by: Based on interview and record review the facility failed to do a search of the Illinois Department of Corrections website for newly admiited residents to ensure no residents were listed as registered sex offenders. This applies to 3 residents (R1, R2, R4) in the sample of 5 and 6 residents (R6, R7, R8, R9, R11, R12) in the supplemental sample. The findings include: The facility submitted background check documentation for the last 10 resident admissions to the health center. There was no documentation to show that all of the residents had been checked on the Illinois Department of Corrections (IDOC) website. On 9/27/11 at 2:20pm, E4 (Human Resouces) said that E3 (Resident Services) is responsible for doing the resident background checks. The facility verified that the IDOC website had not been checked for the new admissions by submitting documentation showing the wesite had been checked on 9/28/11. (B)	F9999		

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