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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>145593</b>  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                                  | (X3) DATE SURVEY COMPLETED<br><b>03/12/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>MANORCARE OF LIBERTYVILLE</b>   |   | STREET ADDRESS, CITY, STATE, ZIP<br><b>1500 SOUTH MILWAUKEE AVENUE<br/>LIBERTYVILLE, IL 60048</b> |   |
| 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)  |   |   |
| F 0880<br><br><b>Level of harm - Minimal harm or potential for actual harm</b><br><br><b>Residents Affected - Few</b>              | <b>Provide and implement an infection prevention and control program.</b><br><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b><br>Based on observation, interview, and record review the facility failed to provide incontinence care to a resident in a manner that prevented cross-contamination for 1 of 3 residents (R1) reviewed for infection control in the sample of 3. The findings include: On (NAME)12, 2020 at 12:02 PM, V2 (Unit Manager) and V6 (Certified Nursing Assistant - CNA) entered R1's room to provide incontinence care. V6 applied gloves and gathered supplies R1 was lying on her back and V6 instructed R1 to open her legs. V6 pulled the incontinence brief down, folded it on itself, and tucked the brief under R1's vaginal area. R1 has some smeared stool noted on her right labia. V6 cleansed R1's vaginal area and labia. Then V2 assisted R1 with turning to her left side. R1's incontinence brief had a scant amount of yellow urine and a smear of stool on it. V6 handed V2 the soiled brief to throw in the garbage can. V6 cleansed R1's buttocks with wipes and stool was noted on the wipes. V6 applied barrier cream to R1's buttocks and placed a clean incontinence brief on R1. V6 then touched R1's top sheet & blanket, pulled the privacy curtain back; opened R1's top dresser drawer; placed R1's wipes and barrier cream in the top drawer; and closed the dresser drawer with soiled gloves. V6 did not remove the gloves until she walked away from the resident's dresser. V6 took the bag with the soiled incontinence brief and wipes to the bathroom, washed her hands, and took the bag with soiled supplies to the dirty utility room. R1's Facesheet printed (NAME)12, 2020 showed [DIAGNOSES REDACTED]. R1's facility assessment dated [DATE] showed R1 required extensive assistance of two or more staff with bed mobility, transfers, and toilet use; and was incontinent of urine and feces. R1's care plan (initiated 5/28/18) showed, Urinary incontinence related to impaired mobility, refuses to use bedpan/toilet. Interventions: Provide assistance with toileting. Provide incontinence care as needed. On (NAME)12, 2020 at 1:34 PM, V3 (Infection Preventionist) stated, Gloves should always be changed when going from dirty to clean. V3 said if soiled gloves are not changed after completing incontinence care, there is a risk of cross-contamination and the spread of infections. V3 said using proper hand washing techniques is also a key component of preventing cross-contamination. The facility's Incontinence Care Policy (revised 8/2014) showed, .5. Apply latex free non-sterile gloves. 6. Position on back with knees flexed and feet flat on bed. 7. If feces present, remove with toilet paper or disposable wipe wiping from front of perineum toward rectum. Discard soiled materials and gloves. 8. Perform hand hygiene. 9. Apply latex non-sterile gloves. 12. Apply skin protectant products, if needed. 13. Remove and discard gloves. 14. Perform hand hygiene. 15. Apply clean linen or brief or other incontinent products, as needed. 16. Reposition for comfort with call light in reach and provide additional care needs requested by the patient. |   |   |

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.