

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145431	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2020
NAME OF PROVIDER OF SUPPLIER LOFT REHABILITATION & NURSING		STREET ADDRESS, CITY, STATE, ZIP 700 NORTH MAIN STREET EUREKA, IL 61530	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to complete handwashing between glove changes for one of three residents (R2) observed for personal care in the sample of 7 residents. Findings include: The facility policy for Hand Hygiene documents, This facility considers hand hygiene the primary means to prevent the spread of infections. Use an alcohol-based hand rub containing at least 60% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: before and after direct contact with residents, before handling clean or soiled dressings, gauze pads, etc., before moving from a contaminated body site to a clean body site during resident care, after contact with a resident's intact skin, after handling used dressings, contaminated equipment, etc., after removing gloves, after personal use of the toilet or conducting your personal hygiene. The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections. On 8/13/2020 at 10:20 a.m. V6 License Practical Nurse (LPN) entered the room and applied gloves without washing her hands. V6 assisted R2 to roll over in bed onto her right side in preparation for wound care. V6 then removed R2's clothing to include an adult incontinent brief and pants. R2 had a small amount of stool present at her rectum (just below the wound). V6 removed her gloves and donned new gloves without washing her hands. V6 took the washcloth soaked with cleansing solution and wiped away the stool from R2's rectum. V6 removed her gloves and donned new gloves without washing her hands. V6 reached into her pocket for a pen, wrote the date on the wound dressing and placed the dressing over R2's wound. V6 removed her gloves and washed her hands before leaving R2's room. On 8/13/2020 at 10:25 a.m. V6 stated, I did not wash my hands after my glove changes.		

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.