

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145121	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2020
NAME OF PROVIDER OF SUPPLIER ALTON MEMORIAL REHAB & THERAPY		STREET ADDRESS, CITY, STATE, ZIP 1251 COLLEGE AVENUE ALTON, IL 62002	
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 - Many	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to prevent the spread of infections such as COVID-19 as evidenced by the failure to adhere to infection control practices related to: staff failure to observe isolation precautions by properly donning Personal Protective Equipment (PPE); staff failure on handling soiled linens and waste; staff failure on proper hand washing or sanitizing; failure to assess vital signs per protocol; and failure to have dedicated staff working on a designated red zone COVID-19 hall. This failure has the potential to affect all 41 residents in this facility. Findings include: 1. On 08/18/20 at 9:00 AM, V2, Director or Nursing (DON) and Infection Preventionist stated the facility had four residents that were positive of COVID-19 infection. She stated they were housed on a designated hall considered the red zone separated by a plastic barrier from the other halls. V2 stated there were no dedicated staff for that hall and that the nurse and Certified Nursing Assistant (CNA) share another hall considered yellow zone with no positive residents during working hours. V2 stated they do not have enough staff at this time to dedicate just to that hall. V2 stated all staff utilize the front east entrance to enter and exit the building. Therefore, staff that are entering and exiting the building and the red zone hall must walk through the yellow zone hall. The west side of the yellow zone hall houses no quarantined or positive residents and was designated as a green zone. There was no barrier to separate these two areas and was also connected to the red zone hall. V2 stated that staff working in the red zone must don a disposable gown, N95 mask, goggles/face shield, booties and gloves. V2 stated staff must don disposable gown, gloves, goggles/face shield to enter into rooms on the yellow and green zone hall. V2 denied having any shortage of PPE at this time. V2 stated the census was 41. On 08/18/20 at 9:25 AM, a tour of the green, yellow and red zone halls was conducted. There were multiple dispensers of alcohol based hand sanitizers throughout the halls and several PPE carts with alcohol based hand sanitizer, bleach wipes, gloves, gowns, booties and masks. There was a large PPE cart just outside of the red zone hall fully stocked. Multiple red signs on the plastic barrier stating to not enter the red zone area without mask, goggles, booties, gown and gloves. On 08/18/20 at 9:30 AM, V7, Housekeeping Aide was observed with a cloth hospital gown, gloves and goggles entering into R4's room on the yellow zone hall. The housekeeping cart was observed with three bags hanging off the front with cloth mop pads, towels and other soiled linens inside. The cart had a pile of hospital gowns on top. V7 was observed to come out a few minutes later and discard the mop pad in one of the plastic bags. V7 then pulled out 2-3 cloth towels and soaked them in cleaning solution to wipe down surfaces in that room. She then discarded those towels in the bag with the soiled pad. V7 stated one bag had clean mop pads and one had clean wash towels and the third was for the soiled ones. V7 stated when the bag of soiled items gets full she takes them to the soiled utility room located near the elevators which must pass through the green zone hall. V7 stated that she cleans every room once per shift and there was only one housekeeping shift per day. She stated extra cleaning was up to the nurse's and CNA's in the evenings and night shifts. V7 stated the facility had plenty of PPE and denied having a shortage of any supplies at this time. V7 stated she had been in-serviced multiple times regarding PPE donning and doffing procedures. V7 was observed to remove her gloves and gown after exiting the room and donned new gloves and gown for the next room without performing hand hygiene. This was observed in between three separate rooms on the yellow zone. On 08/18/20 at 10:00 AM, V8, Speech Therapist was observed to be the only staff member on the red zone hall. V8 was observed to be in R1's room until 10:15 AM. At 10:15 AM, V8 was observed to exit the hall with no other staff on the hall. V8 stated she had no issues with having enough PPE at this facility. On 08/18/20 at 10:20 AM, V5, CNA was observed to enter the red zone hall. V5 stated she was usually the only staff member on the hall during her shift unless the nurse is passing medications. V5 denied having any shortage of PPE supplies. V5 stated she had been in-serviced regarding what PPE to wear and how to remove it when working in the yellow and red zone halls. V5 stated they do not use the door that exits the south end of the red zone hall, but she was not sure why. V5 stated all equipment, soiled linens and waste, staff and meals come through and go out the plastic barrier and must then pass through the yellow zone hall. R1 and R2's doors were open on the red zone hall. V5 stated R1 was a high fall risk and would attempt to get up unassisted often, especially if the door was closed. V5 stated R2 was not doing well and her door was open to visualize her more often. On 08/18/20 at 10:32 AM, V9, Housekeeping Aide was observed standing outside the plastic barrier telling V11, Maintenance he must have on full PPE to enter into the red zone hall. V11 was observed to tell her he did not need to because he was not going to have any resident contact. V11 was observed to enter the red zone hall without donning a gown, booties, goggles or gloves. V11 was observed to go into a resident room and retrieve a ladder, don gloves and wipe the ladder down with bleach wipes. He then removed the gloves and unzipped the plastic barrier exiting the red zone hall with the ladder. V11 did not perform hand hygiene upon exiting. V11 was observed to use the same mask after he exited the red zone. On 08/18/20 at 10:45 AM, V9, Housekeeping Aide denied having a shortage of any PPE required to go into the red zone area. V9 stated she had been in-serviced multiple times regarding what PPE to wear for the red and yellow zone halls. V9 stated there was no housekeeping staff in the facility after 4:00 PM and that there were only day shift housekeepers to clean rooms. V9 was observed wiping down rails in the yellow zone hall. On 08/18/20 at 11:00 AM, V7, Housekeeping Aide was observed to enter the red zone hall with a housekeeping cart. The same three bags of linens, dirty and clean were still hanging off the front of the cart. V7 was observed with a disposable gown on at this time, stating she was told to wear disposable gowns from now on. V7 stated no one had told her to wear disposable gowns before today. After cleaning rooms and collecting waste, V7 was observed to wipe down the cart with bleach wipes. At 11:45 AM, V7 was observed to place two full bags that were collected from positive resident rooms, one of waste and one of soiled linens, on the floor next to the plastic exit divider on the red zone. After doffing her gown, gloves and booties, V7 was observed to place the two bags through the exit door onto the floor on the yellow zone hall then pushed the housekeeping cart through the exit with the same three bags dangling off the front. There was no sanitizing of the three bags or the space surrounding them on the cart. 2. The medical records for R1 was reviewed. On 08/10/20, a nurse's note documented R1 was tested for COVID-19 per nasopharyngeal swab. On 08/13/20, a laboratory report documented R1 was positive for COVID-19 infection. A nurse's note documented R1 was placed on droplet precautions on 08/13/20 and was on the red zone hall. Nurse's notes documented R1 was tested for COVID-19 on 07/31/20 and 08/04/20 with negative lab reports. On 08/06/20, the Minimum Data Set (MDS) documented R1 was moderately cognitively impaired and required extensive assist of two staff with all Activities of Daily Living (ADL's). Also, the MDS documented R1 required an assist of one for eating and was always incontinent of bowel and had a urinary catheter. A nursing flow sheet documented on 08/17/20 and 08/18/20, R1 had a cough with oxygen levels 96% on room air. The vital signs, including temperature and respiratory status were only done once per shift, and often not done on night shift at all. 3. The medical record for R2 was reviewed. On 08/14/20, a nurse's note documented R2 was tested for COVID-19 per nasopharyngeal swab. On 08/15/20, a laboratory report documented R2 was positive for COVID-19 infection. On 08/16/20, a nurse's note documented the physician and family were notified of the positive result. A nurse's note documented R2 was placed on droplet isolation precautions on 08/15/20 and was on the red zone hall. Nurse's notes documented R2 was tested for COVID-19 on 07/31/20, 08/04/20 and 08/10/20 with negative lab</p>		
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 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>(continued... from page 1)</p> <p>reports. The MDS, dated [DATE], documented R2 was moderately cognitively impaired and required extensive assist of two staff for all ADL's. Also, the MDS documented R2 required assist of one staff for eating and was incontinent of bowel and bladder. Nurse's notes documented daily that R2 was symptomatic with cough, diminished lung sounds and wheezing. Vital signs, including temperature and respiratory status are only documented once per shift, often not at all on the night shift. 4. The medical record for R3 was reviewed. R3 was observed in a room on the green zone hall with a PPE cart outside her room. On 08/18/20 at 9:45 AM, V6, CNA stated R3 was on isolation for symptoms of diarrhea and cough. Nurse's notes documented on 08/04/20, 08/10/20 and 08/14/20 was tested for COVID-19 with negative results. On 08/14/20, a Advanced Practice Registered Nurse (APRN) note documented R3 was exposed to COVID-19 and to monitor for signs and symptoms and to test for COVID-19. A nurse's note documented R3 was tested on [DATE] and the facility was awaiting results. R3 was observed in a shared room at this time. R3's roommate was also having signs of lethargy and cough. Vital signs, including temperature and respiratory status were only documented once per shift. 5. On 08/18/20 at 12:15 PM, V2 stated that all trash and soiled linens are taken through the yellow zone hall to the soiled utility room. V2 confirmed that every staff member, regardless of position, was required to don full PPE including mask, gown, booties, gloves and goggles/face shield when entering the red zone. V2 confirmed that all staff in the yellow zone must wear disposable gowns not cloth. V2 confirmed that proper hand washing or sanitizing should be performed after removing gloves. V2 stated vital signs, including temperature and respiratory status should be done every shift and every four hours for those residents who are symptomatic. The policy and procedure titled, Infection Control Novel Coronavirus Prevention and Response was reviewed. It documented under, Environmental Control: Assess all resident vital signs and respirations daily. Monitor temperature twice daily. If any resident develops respiratory or COVID-19 symptoms, temperature monitoring will be performed every four hours. Educate staff on proper use of personal protective equipment and application of standard, contact, droplet and airborne, including eye protection. There were no policy's presented by the facility addressing proper handling of waste management.</p>		