

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145547	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/03/2020
NAME OF PROVIDER OF SUPPLIER DEKALB COUNTY REHAB & NURSING		STREET ADDRESS, CITY, STATE, ZIP 2600 NORTH ANNIE GLIDDEN ROAD DEKALB, IL 60115	
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 screen visitors at the facility entrance for symptoms of COVID-19. This has the potential to affect all residents in the facility. The findings include: The facility provided census sheet, dated 6/2/20, showed 136 residents in the facility. On 6/2/20 at 9:05 AM, two Illinois Department of Public Health (IDPH) surveyors entered the facility through the front door and were seated in the conference room. An entrance conference was conducted with V1 (Administrator) and V2 (Director of Nurses). At 9:25 AM, both surveyors left the conference room and entered resident units. Surveyor one went to the 200 wing, and surveyor two went to the 400 wing. The surveyors did not have their temperatures taken or asked to complete a Covid-19 screening questionnaire. The surveyors remained in the building until 12:35 PM. On 6/2/20 at 10:35 AM, V5 (Infection Control Coordinator) stated anyone that enters the facility is screened at the door. V5 said, Everyone gets screened. V5 stated screening includes a temperature check and the completion of a questionnaire to rule out Covid-19 exposure and any symptoms. V5 said the screening process is important to mitigate the spread of Covid-19. V5 stated if a sick person enters the facility, everyone could potentially be exposed. Screening protects all the residents. The goal is to reduce exposure and spread of [MEDICAL CONDITION]. On 6/2/20 at 12:35 PM, V3 (Business Office Manager/Screening) said everyone gets screened. V3 said, I hope you got screened when you came in. V3 said she was not in the front office when the survey team came in because she was somewhere else in the building for a meeting. While she was at the meeting V4 (Medical Billing) was in charge of screening anyone who came through the front entrance. V3 said it is important for infection control to make sure that everyone is screened to make sure they do not have a temperature, are contagious, or have been exposed to Covid-19, to prevent spreading Covid-19 to the facility's residents and staff. On 6/2/20 at 12:35 PM, V1 (Administrator) stated everybody who comes through the front door is screened. It is important to screen people before they enter the facility to understand the health status of all visitors. We use the screening tools ensure no one is sick upon entry. It is important to our residents to know that all who enter the facility are healthy. V1 said, Yes, IDPH surveyors should be screened too. We missed you both. Sorry about that. It was our mistake. The facility's Infection Control COVID-19 policy, last revision dated 5/12/2020, states under the Preventing the Introduction of COVID-19 into our Campus section: 1. The primary goal of DCRNC (DeKalb County Rehab and Nursing Center) is to prevent COVID-19 from being introduced within our campus. Prevention efforts include: .All visitors will be screened upon entering the building.</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.