

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145571	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/17/2020
NAME OF PROVIDER OF SUPPLIER CEDAR RIDGE HEALTH & REHAB CTR		STREET ADDRESS, CITY, STATE, ZIP ONE PERRYMAN STREET LEBANON, IL 62254	
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 - Some	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to perform hand hygiene and follow isolation precautions to prevent the spread of infection for 4 of 9 residents (R1, R2, R3, R5) reviewed for infection control in the sample of 9. Findings Include: 1. R1's physician's orders [REDACTED]. R1's Care Plan, dated 7/15/2020, documents, This resident is in droplet isolation as a precautionary measure related to potential exposure to COVID-19 + On 7/15/2020, at 8:30AM, R1 was in his room in a chair. R1's breakfast tray was on the bedside table. R1's tray had re-usable dining utensils. On 7/15/2020, from 8:30 AM until approximately 10:00 AM, the meal cart was on the hall. None of the 9 trays were paper products/disposable. On 7/16/2020, at 8:00 AM, V15, Dietary, stated, Isolation trays are not reusable, they should be paper products. What happened yesterday is that we were informed everyone was negative and that is why it the meal was not served on paper products, but prior to that, they were getting paper products. Today, everyone is back to paper products. On 7/16/2020, at 9:00 AM, V16, Dietary Supervisor, stated, I was here yesterday. We do not have a policy saying that precautionary residents must use paper products for meals. Our Executive Director suggested we switch the new admits to paper products. 2. R2's physician's orders [REDACTED]. R2's Care Plan, dated 7/13/2020, documents, This resident is in droplet isolation as a precautionary measure related to potential exposure to COVID-19 + On 7/15/2020 between 9:30 am and 10:00 AM, V7, Certified Nursing Assistant (CNA), was in R2's room providing care. V7 removed her gloves as she left the room, walked down to R1's room, and threw the gloves away in R1's trash can. On 7/16/2020 at 2:04 PM, V2, Director of Nursing (DON), stated, Did she cross contaminate? It wasn't good practice, but yes, I would expect her to change her gloves in-between patients. They get nervous when you (IDPH) are here. If it wasn't (V8, Certified Nurse Assistant, CNA) it was someone who got pulled to that hall. The Facility's Policy, Infection Control: Isolation, dated 9/15/19, documents, C. Gloves and Handwashing (3) Remove gloves before leaving the room and wash hands immediately with an antimicrobial or a waterless antiseptic agent.</p> <p>3. On 07/15/202 at 10:00 am, V11, housekeeper, exited R5's room carrying a small trash can while wearing full personal protective equipment (PPE). V11 took the trash out of can, placed the trash in the housekeeping cart receptacle, placed new liners in the trash can, and returned it to R5's room. V11 exited R5's room with the same full PPE as before, got dry wash rags, and cleaner bottle. With gloved hand, V11 sprayed cleaner on wash rag, re-entered R5's room, and continued to clean. V11 exited R5's room, still wearing full PPE and no hand hygiene, got the mop out of the mop bucket, went back into R5's room, and began mopping R5's room. V11 stepped out into the hallway, doffed gown, gloves and face shield and again entered R5's room to throw away doffed PPE. V11 brought out another trash bag and placed it in his cart's trash receptacle. V11 removed shoe covers and left the unit with the cart. R5's medical record documents an admission date of [DATE]. 4. On 07/15/2020 at 10:00 am, V5, Housekeeper, was in R3's room wearing full PPE. V5 brought a small trash can out of R3's room, removed the trash and placed it in housekeeping cart trash receptacle, placed new liners in the trash can, and put it back into R3's room V5 came back out to the hallway, still wearing full PPE and without benefit of hand hygiene, got the mop out of bucket on the housekeeping cart in the hallway, returned to R3's room, and mopped the room. Once finished, V5 exited the room wearing full PPE and without benefit of hand hygiene, returned the mop to the bucket on the cart in the hallway, went back into R3's room, brought out a large trash bag, and placed it in the housekeeping cart's trash receptacle. V5 removed shoe covers and left the unit with the cart. R3's medical record documents an admission date of [DATE]. On 07/15/2020, at 8:30 am, V3, Infection Control Nurse, stated that when a resident is admitted or is readmitted to the facility, they are placed on 14-day isolation, respiratory and contact isolation. Vital sign and respiratory assessments are done every 4 hours on the residents. On 07/16/2020 at 9:50 am, V17, Housekeeping Supervisor, stated that she would expect her staff not to come out of the isolation rooms in full PPE, and to try and limit the times they are in and out of rooms to get cleaning supplies off of their carts. V17 continued to state that the housekeepers should try and keep their carts close to the door so they won't have to come out of the isolation rooms and that the trash cans should not have been brought out to the hallway to be emptied. Infection control policy, dated 09/15/2019, documents, under C. Gloves and Handwashing, (3) Remove gloves before leaving the room and wash hands immediately with an antimicrobial agent or a waterless antiseptic agent. (4) After removing gloves and washing hands, do not touch potentially contaminated environmental surfaces or items in the resident's room. It continues, D. Gown. (1) In addition to wearing a gown as outlined under Standard Precautions, wear a gown (clean, non-sterile) for all interaction that may involve contact with the resident or potentially contaminated items in the resident's environment. Remove the gown and perform hand hygiene before leaving the resident's environment. (2) After removing the gown, do not allow clothing to contact potentially contaminated environmental surfaces.</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.