

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145647</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/15/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>UNIVERSITY REHAB AT NORTHMOOR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1500 WEST NORTHMOOR ROAD PEORIA, IL 61614</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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review, the facility failed to screen visitors and residents, perform hand hygiene, put on personal protective equipment (PPE), and educate all staff on transmission based precautions. These failures have the potential to affect all 69 residents. Findings include: Facility Hand Hygiene policy, revised 3/2018, documents, Use an alcohol-based hand rub containing at least 62 percent 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 handling used dressing, contaminated equipment, etc; after contact with objects in the immediate vicinity of the resident; after removing gloves; and before and after entering isolation precaution settings. Facility COVID-19 Exposure Control Plan, revised 6/1/20, documents, The facility will identify, address, and communicate to residents, visitors, and staff, signs and symptoms of COVID-19 and preventative measures to prevent the spread of this respiratory disease. Screening: Complete staff/visitor/vendor/practitioner/consultant questionnaire prior to entering resident care areas. Educate: Symptoms/Prevention/ Surveillance, cough etiquette, hand hygiene cleaning of shared equipment and personal protective equipment. Housekeeping: housekeeping staff shall adhere to transmission-based precautions. The Centers for Disease Control and Prevention's Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic (7/15/2020) documents the following: Implement Universal Source Control Measures: Source control refers to use of cloth face coverings or facemasks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing. Because of the potential for asymptomatic and pre-symptomatic transmission, source control measures are recommended for everyone in a healthcare facility, even if they do not have symptoms of COVID-19. HCP (Healthcare personnel) should wear a facemask at all times while they are in the healthcare facility, including in breakrooms or other spaces where they might encounter co-workers. When available, facemasks are preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. Personal Protective Equipment: HCP who enter the room of a patient with suspected or confirmed [DIAGNOSES REDACTED] (Severe Acute Respiratory Syndrome)-CoV-2 (COVID-19) infection should adhere to Standard Precautions and use a NIOSH (National Institute for Occupational Safety and Health)-approved N95 or equivalent or higher-level respirator (or facemask if a respirator is not available), gown, gloves, and eye protection. The Centers for Disease Control and Prevention's How to select, wear and clean your mask (8/27/2020) documents the following: Wear masks with two or more layers to stop the spread of COVID-19; Wear the mask over your nose and mouth and secure it under your chin. How not to wear a mask: Around your neck; Under your nose; Under your chin; Dangling from one ear. On 10/13/20 at 8:48 am, V4, Certified Nursing Assistant (CNA), and V5, CNA, were in the facility's dining room passing breakfast trays to residents. V4, CNA, and V5, CNA, were wearing surgical masks with the top of the mask below their nose exposing entire nose. On 10/13/20 at 8:50 am, V6, Licensed Practical Nurse (LPN), was standing in the entry way of an isolation room with a medication cart. V6, LPN, was wearing V6's N95 mask down below her chin exposing V6's mouth and nose. V6, LPN, stated, The stop sign on door means the room is an isolation room. 400 hall is the PUI (person under investigation) hall and it's where all the residents who are under COVID-19 precautionary isolation are. On 10/13/20 at 9:12 am, during medication administration, V6, LPN, used her ungloved bare fingers to retrieve a residents medication out of the bubble pack and using the same two fingers, put the pill in a medication administration cup. On 10/13/20 at 9:23 am, V7, CNA, entered an isolation room, did not sanitize hands or put on a gown and gloves, exited the room, did not sanitize hands, walked to the kitchen, was handed packets from the kitchen by kitchen staff, walked back to isolation room, entered the room, did not sanitize hands, put on gloves, but no gown. V7, CNA, stated, The stop signs are to let anyone entering the room know they resident is on isolation precautions. V7, CNA, also stated, The PPE (Personal Protective Equipment) we're required to wear for isolation is a mask, face shield, gown and gloves. V7, CNA, also stated that hand hygiene must be completed when entering and exiting the resident room. On 10/13/20 at 9:26 am, V8, Housekeeping, entered an isolation room only wearing face mask and gloves, exited the isolation room and then entered another isolation room only wearing mask and gloves. V8 did not perform hand hygiene upon entry or exiting isolation rooms. Upon exiting the isolation room, V8, Housekeeping, stated, I have no clue what the stop sign means. They never told me before starting my shift and I figured if they wanted me to know, they would have told me. On 10/14/2020 at 8:10 am, an unidentified staff member was walking from the dining room towards the PUI (Person's Under Investigation) unit with the bottom strap of the mask hanging and not secured around the neck or head. On 10/14/20 at 10:45 am, V3, ADON (Assistant Director of Nursing), was asked what the requirements for properly wearing a face mask were. V3, ADON, stated, All employees and visitors are required to wear the N95 mask just like I am now anytime they go past the double doors into the resident area. (V3, ADON, had a N95 mask on covering mouth and nose with both straps secured) V3, ADON, was asked to explain proper fit due to observations. V3 stated, The N95 should cover the nose and mouth with both straps secured, the employees should not have a strap or mask hanging down. On 10/13/20 at 9:32 am, V9, Dietary, was preparing a cool whip topping for resident desserts wearing V9's N95 mask down past her chin exposing V9's mouth and nose. On 10/13/20 at 9:32 am, V10, Dietary, was putting boxes of food in the cooler while wearing her N95 mask down past her chin exposing V10's mouth and nose. On 10/13/20 at 9:33 am, V11, Dietary Manager, stated, It's required for dietary staff to wear face masks while handling and preparing food. On 10/14/20 at 8:07 am, V13, Registered Nurse (RN), with holding assistance from V3, ADON, performed four dressing change treatments for R3, V13, RN, did not perform hand hygiene in between glove changes for all four dressing changes. On 10/14/20 at 8:30 am, V3, ADON, stated, (V13, RN) should have performed hand hygiene in between each glove change. R6's medical record documentation for vitals, dated 10/1/2020 through 10/13/2020, does not document R6's pulse oximetry, oxygen saturations and temperature was assessed three times a day as ordered. R1's medical record documentation for vitals, dated 10/1/2020 through 10/13/2020, does not document R1's pulse oximetry, oxygen saturations and temperature were completed each shift of the following days as ordered: 10/2/2020, 10/3/2020, 10/5/2020, 10/7/2020, 10/9/2020, 10/11/2020, and 10/12/2020. R2's medical record documentation for vitals, dated 10/1/2020 through 10/13/2020, does not document R1's pulse oximetry, oxygen saturations and temperature were completed each shift on the following dates as ordered: 10/1/2020, 10/3/2020-10/6/2020, and 10/19/2020 -10/12/2020. On 10/14/2020 at 9:50 a.m. V3, ADON, stated: COVID vital signs, including temperature and pulse oximetry should be taken and recorded on every resident every shift, three times a day. On 10/14/2020 at 7:20 a.m., V12, Social Services, answered the door to allow State agency in the building. V12, Social Services, opened the door, turned around and walked down the hall. V12, Social Services did not direct the State agency to be screened for COVID-19. No other staff members were present at this time.</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.