

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145728</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/04/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MANOR COURT OF MARYVILLE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>6955 STATE ROUTE 162 MARYVILLE, IL 62062</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> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to ensure all staff are screened prior to entry into the facility for possible COVID-19 symptoms/risk factors, all staff use appropriate hand hygiene, and residents are encouraged to don masks while outside their rooms to prevent the spread of infection. This failure had the potential to affect all 89 residents living in the facility. Findings include: 1. On 8/3/2020 at 9:15 AM, there was a table with health screening/questionnaire forms regarding COVID-19 beside the door to the hall where employees enter and exit during their shift. There was a questionnaire completed for V4, Certified Nurse's Aide (CNA) but it was undated. There was not one for V5, CNA. Both these CNAs were working in the facility on 8/3/20. On 8/3/2020, at 9:20 AM, V5, stated, No, I didn't fill out a questionnaire today. There was not a thermometer at the table. On 8/4/2020, at 8:30 AM, V2, Director of Nurse's stated, Yes, everyone should be screened. I have replaced a lot of thermometers. There is always a way to take your temperature. The facility's COVID 19 policy, dated 7/20/2020, documents, All people entering the facility will be actively screened for risk factors of COVID-19 based on most current recommendations of CMS (Central Management Services), CDC (Centers for Disease Control) and the State Department of Public Health, including evaluation of temperature. 2. On 8/3/2020, at 9:00 AM, R5 was in the hallway in her wheelchair. R5 did not have a mask on. R5's mask was hanging on the handle of her wheelchair. V4 and V5, CNAs, were in the hall and R5 was visible. R5 was then moved to the table in the common area by unknown staff. R5 was not prompted or assisted to don her mask. R5's Minimum Data Set (MDS), dated [DATE], documents that R5 is totally dependent on staff for locomotion. On 8/3/2020, at 9:20 AM, V5 stated, (R5) has to be watched closely, that's why she is in the hall. On 8/3/2020, at 9:25 AM, R5 remained at the table, without her mask. At this time, V6, Licensed Practical Nurse (LPN) stated, Yes, residents should be wearing a mask while in the hall. It is hard to keep a mask on her (R5). V6 then proceeded to apply a mask on R5. On 8/3/2020 observations were made of R5 periodically from 9:25 AM until 10:30 AM, R5 kept her mask on without trying to remove it or showing any signs of distress. On 8/4/2020, V2 stated, Yes we do try to enforce it (residents wearing a mask) and try to keep them in their room. We keep re-approaching them about it, but some of the dementia residents are hard to get them to do it. The CDC website article, updated 6/25/2020, titled, Preparing for COVID-19 in Nursing Homes documents, Residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room.</p> <p>3. On 8/3/20, R6's room was located on the 500-hall. This hall has been designated as an isolation unit with all staff following contact/droplet transmission based precautions related to COVID-19. On 8/3/20 at 9:20 AM V7 CNA went into R6's room, wearing a cloth gown and face shield. V7 did not don gloves prior to entering R6's room. V7 went in the bathroom inside R6's room and put on gloves. V7 did not wash or sanitize hands prior to donning gloves. V7 then removed dishes off R6's bedside table came out of the room and placed dishes on a metal cart. V7 then went back in R6's room, entered the bathroom, removed gloves and washed hands. 4. On 8/3/20, R4's room was located on the 500-hall. This hall has been designated as an isolation unit with all staff following contact/droplet transmission based precautions. On 8/3/20 at 9:45 AM V10, Speech Pathologist, applied hand sanitizer in the hallway. V10 entered R4's room wearing mask, gown and goggles on. V10 did not don gloves prior to entering R4's room. V10 entered R4's room touching bedside table, put a piece of paper on table and handed R4 a pen and provided instructions to R4. V10 then came out of room did not sanitize hands then went down hallway and into therapy room. V10 came back into R4's room and put a mask on R4. V10 did not sanitize hands or don gloves prior to entering R4's room. On 8/3/20 at 10:02AM V9, Physical Therapist entered R4's room with a mask and gown on. V9 did not don gloves prior to entering R4's room. V9 went in R4's bathroom and without sanitizing or washing her hands, donned gloves. On 8/3/20 at 10:15 AM V1, Administrator, stated that he expects staff to wear gowns, gloves, face shield or goggles and wash their hands all the time. V1 stated the 500 hall is considered an isolation unit and would follow transmission based precautions. V1 stated that he would expect staff to sanitize their hand prior to and after glove usage. The Facility Policy COVID 19 Screening Prevention and Care dated 3/24/20 documents that PPE equipment is to be worn including gloves. The policy documents the staff are to use hand hygiene. 5. The Facility's Name/Room Roster, dated 8/3/20, documented the facility had 89 residents residing in the facility.</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.