

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145733	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/01/2020
NAME OF PROVIDER OF SUPPLIER JERSEYVILLE MANOR		STREET ADDRESS, CITY, STATE, ZIP 1251 NORTH STATE STREET JERSEYVILLE, IL 62052	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview, and record review, the facility failed to operationalize their Policy regarding guidelines to reduce the risk and to prevent the spread of COVID-19 in the facility for 5 of 5 residents (R5, R6, R7, R9 and R10) reviewed for COVID-19 Infection Prevention and screening in a sample of 11. This has the potential to affect all 130 residents in the facility. 1. On 8/31/20 at 10:30 AM, V9, Certified Nurse Aide, (CNA), exited R9's and R10's room, removed dirty disposable isolation gown and dirty gloves, then V9 walked into R5's room and disposed of the dirty isolation gown and gloves, into R5's isolation receptacle, located inside the room. V9, then left R5's room and exited the 200 Hall, (COVID quarantine Hall), without washing, or use of sanitizer to hands. V9 then, returned back into the 200 Hall at 10:40 AM, applied on a clean isolation gown and clean gloves without washing or use of sanitizer to hands and re-entered R5's room. On 8/31/20 AM at 11:15 AM, V9, CNA stated, that she did not have hand sanitizer in her possession, she should wash hands or use hand sanitizer when applying clean gloves and when removing dirty gloves and stated, she did not do this. V9 stated, she should have washed/sanitizer her hands after removal of the dirty isolation gown and gloves before she left the 200 Hall and prior to re-entering 200 Hall. R5's Progress Note dated 8/26/20, documented that R5 is on contact isolation precautions related to [MEDICAL CONDITION], ([MEDICAL CONDITIONS], a transmission from person to person by spores). 2. On 8/31/20 at 10:50 AM, V13, Occupational Therapy, exited an unknown residents' room, removed dirty washable isolation gown and dirty gloves and placed into the soiled isolation receptacle located at the 200 Hall exit door, then exited the 200 Hall without washing or use of sanitizer to hands. 3. On 8/31/20 at 10:55 AM, V8, Certified Occupational Therapist Aide, (COTA), entered the 200 Hall, applied a clean isolation gown and gloves from the centrally located clean PPE, (Personal Protective Equipment), cart on 200 Hall, without washing or use of sanitizer to hands, then entered R6's and R7's room. Clean PPE cart did not have hand sanitizer available for use. 4. On 8/31/20 at 11:00 AM, V11, Speech Therapy, entered the 200 Hall, applied a clean disposable isolation gown and gloves from the centrally located PPE cart and entered R5's room without washing or use of hand sanitizer prior to applying clean gloves. 5. On 8/31/20 at 10:30 AM, a centrally located clean linen cart was uncovered in the 200 COVID quarantine Hall and at 12:30 PM, the 400 Hall, (active COVID), positive residents, a centrally located clean linen cart in the Hall was uncovered. On 9/01/20 at 2:58 PM, V1 stated, she would expect staff to report if there was no isolation receptacle available for disposal of PPE and to not use another isolation receptacle specifically utilized for a particular resident. Also, stated, that she would expect staff to have alcohol-based sanitizer with them at all times or wash their hands, between glove changes. V1 continues to state, that the Therapy Department are assigned to work with residents throughout the facility and would expect proper hand hygiene between residents' therapy treatments. The Facility's Policy dated 3/30/30, entitled Infection Control, documented, The purpose of isolation techniques is to protect the resident and personnel from infection and to halt the spread of the infectious agent. Hand washing: personnel must wash their hands when they are between residents and/or hand washing is specifically required, antimicrobial agents such as alcohol-based hand rubs are appropriate for cleaning hands. The Facility's Policy revised date of 1/03, entitled Laundry and Linens Department Policy documented, Linens are to be handled, stored and processed so as to control the spread of infection.</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.