

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145769	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2020
NAME OF PROVIDER OF SUPPLIER HALLMARK HC OF CARLINVILLE		STREET ADDRESS, CITY, STATE, ZIP 826 NORTH HIGH CARLINVILLE, IL 62626	
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 operationalize their Policy regarding waste disposal and closure of doors to prevent the potential spread of COVID-19. This has the potential to affect all 29 residents living in the facility. Finding include: 1. R2's Physician order [REDACTED], R2's Care Plan, dated 6/5/2020, documents This resident is on droplet/contact isolation as a precautionary measure related to potential exposure to COVID-19 as entering from the community. On 6/15/20 at 9:10 AM, R2 resides in a private room with isolation notice outside the entry door to room, and two gray colored tall containers with lids and clear plastic waste bags that were not identified to reflect its containments located in the back of the room near the window. R2's door remained opened during this survey, monitored from 8:30 AM through 10:15 AM, during a 15- minute interval observation. On 6/15/20 at 9:50 AM, V8, Certified Nurse's Aide (CNA), stated that R2 should have the linen and waste isolation receptacles near entry of doorway and should be clearly labeled to identify which is the waste and/or soiled linen, and the requirement to use a red biohazard waste bag. 2. On 6/15/20 at 8:15 AM, R3 was in a private room with an isolation notice/signage posted outside his door. The signage documented R3 was on contact/droplet isolation precautions. Outside of R3's room was a cart filled with clean personal protective equipment (PPE) which included gowns, gloves and masks. R3 had a 12- inch tall by 5-inch wide waste container with a clear waste bag located at the entry of door. There were no isolation waste containers within the room or within the bathroom areas to dispose of potentially infectious waste/materials including staff's PPE. R3's room door remained opened from 8:15 AM through 10:15 AM based on 15-minute observations. R3's POS, dated 6/09/20, documented Droplet/Contact isolation as precaution related to admission from hospital and COVID 19 prevention X14 days. R3's Care Plan, dated 5/13/20, 5/26/20 and 6/9/20, documented R3 was on droplet isolation as a precautionary measure related to potential exposure to COVID-19 from readmitting from an outlying hospital. R3's Care Plan documented he required limited assistance of one staff for bed baths and two staff assistance for toileting. The Care Plan intervention documented Discontinue isolation when able or medically cleared to do so, Encourage/assist me with individualized activities to keep me engaged, Follow facility protocols regarding isolation precautions. On 6/15/20 at 10:48 AM, V2, Administrator, stated R3 is a very large man, using a large motorized wheelchair for locomotion, active smoker and has limited room space and did not want isolation waste containers in his room. On 6/15/20 at 10:00 AM, V8, CNA, stated, If you were here last week, you would have seen R3's PPE (personal protective equipment) waste receptacles were outside his door near the cart of PPE, so he can get in and out of his room with his motorized wheelchair. The Facility's Policy revision dated 5/11, 5/13, 5/21 and 6/11, entitled Strategies to Prevent Coronavirus, documented, new and readmissions with signs or symptoms of COVID 19 will be placed on droplet isolation precautions. The Policy documented This includes keeping the resident's room door closed at all times unless it is documented, and care planned that this will put the resident at additional risk of injury. The Facility's Policy revision dated 4/1/20, entitled Handling Infectious Waste documented, Communication of hazards to employees: Warning labels shall be affixed to containers of regulated waste. The facility's Resident Roster list for 6/15/20 documented there were 29 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.