

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145846	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/30/2020
NAME OF PROVIDER OF SUPPLIER CARE CENTER AT CENTER GROVE		STREET ADDRESS, CITY, STATE, ZIP 6277 CENTER GROVE ROAD EDWARDSVILLE, IL 62025	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to to adhere to infection control practices related to staff failure to assist residents with donning face masks, staff adhering to proper placement of face masks, and staff failure to assist residents in maintaining social distancing. These practices have the potential to affect all 103 residents residing in the facility. Findings Include: 1. On 6/29/2020 at 10:15 AM, R1 sat next to R13, R14, and R15 in the alcove located near the 100/200 Hall Nurse's Station. All residents sat in their wheelchairs lined up to one another in close proximity, not maintaining social distancing of 6 feet. Neither R1, R13, R14, nor R15 were wearing a mask. No attempts by staff were noted to encourage residents to don a mask or assistance offered with donning a face mask. 2. On 6/29/2020 at 10:00 AM, V4, Activities employee, was calling out Bingo in the middle of 100 Hallway with her mask down below her mouth centered on her chin. At 10:05 AM, V1, Administrator, spoke with V4. V4 applied her face mask over her mouth and nose. As V1 left the hallway, V4 positioned her mask below her nose and continued to call Bingo to the residents. 3. On 6/29/2020 at 10:10 AM, R9 and R10 sat in their wheelchairs in the doorway of room [ROOM NUMBER], not maintaining 6 feet of social distancing. Neither R9 nor R10 had on a face mask. 4. On 6/29/2020 at 10:45 AM, R2 sat near the nurses' station outside of Halls 100/200 in a wheelchair without a face mask. When surveyor asked R2 if he wears a mask, he stated, Well, they (staff) said we don't have to wear one. R2 further stated he doesn't see any other residents wearing a mask and he has not been offered a face mask by staff. R2 stated he does see staff wear a mask, but not always over their nose and face and he has seen some staff have them around their chin. On 6/29/2020 at 9:15 AM, V1, Administrator, stated the facility has tested all of the residents and all of the staff, for COVID. V1 further stated he does not have back all the results from the residents and/or staff COVID results, but that 3 staff members have tested positive for COVID and are self-quarantining at home. On 6/29/2020 at 10:10 AM, V5, Certified Nursing Assistant (CNA), stated she has not received a testing for COVID from the facility. V5 stated she went to the conference room the first time (last week) the line was so long and she needed to get back to the residents. V5 said when she went back to the conference room, the door was closed with a sign on the door stating a meeting was in progress. V5 stated she did not get her test, she worked since then, and has not been offered a COVID test yet from the facility. On 6/29/2020 at 10:13 AM, V6, Licensed Practical Nurse (LPN), stated she got tested last Tuesday (6/23/2020) for COVID and residents don't wear masks because we are COVID free. 5. On 6/29/2020 at 10:20 AM, V8, Dietary Aide, walked toward the common area of Halls 100/200. V8's face mask was noted to be on his chin below his mouth. Surveyor asked V8 to pull up his mask. V8, Dietary Aide, stated, It just falls down sometimes. 6. On 6/29/2020 at 10:24 AM, V13, Floor tech/Maintenance, was walking in front of the nurse's station near the 100 Hallway. V13 had each hand on a large garbage barrel, and the garbage bags were clearly visible outside the rim of the barrel and the lid was positioned on top of the garbage. At 10:54 on 6/29/2020, V13 stated he gets all the garbage at once and he didn't have an explanation as to why the garbage was piled onto of the barrels other than I guess they didn't empty some of the garbage earlier. On 6/29/2020 at 10:35 AM, V11, Certified Occupational Therapist (COTA), stated the therapy room is small and staff don't generally have more than 1 resident at a time in there because of the need for social distancing. V11 said she wears a mask all the time, and when the residents are in the hallway in therapy such as being walked, they wear a mask. V11 said when she is in the resident's room with a resident doing therapy, the resident doesn't have to wear a mask, but she does. On 6/30/2020 at 12:05 PM, via email with regard to the Facility's Infection Control Log, V1, Administrator, stated the facility cannot find the infection control log for June (2020). On 6/30/2020 at 2:46 PM, when asked his expectation for face masks on residents, V1, Administrator, stated residents should be wearing them (masks).</p> <p>7. On 6/29/20 at 9:02 AM, V15, CNA, was assisting R14 with breakfast in the dining room. V15's mask was down by her neck, not covering her nose or mouth. When asked if she knew the mask was to cover her nose and mouth, V15 stated, Yes, I know. I'm agency, I'm hot and sweating. 8. On 6/29 at 9:06 AM, V16, CNA, was in the small dining room assisting residents, taking them back to their room after breakfast, her mask was not covering her nose and mouth, when asked if she knew that it should be, V16 stated, It doesn't stay where it should. This is the 2nd one I've had on today and it keeps falling down. When asked if she has told the DON or anyone that it doesn't fit, V16 stated, They know. 9. On 6/29/20 at 9:08 AM, V17, Dietary Aide, came into the 500 hall dining room and her mask was not covering her nose and mouth. V17 was less than 6 feet away from residents. When asked why her mask was not on properly, V17 only stated, I know it should be. 10. On 6/29/20 at 9:35 AM, V19, LPN was at the medication cart preparing a med pass, her mask was not covering her nose and mouth. When asked if she knew it should cover the nose and mouth, V19 stated, It slips down. V19 also stated, I do not feel like I have been trained on COVID-19. On 6/29/20 at 9:40 AM, V13, Maintenance, was by the 500-600 hall nurses station, his face mask was around his neck, not covering his nose and mouth. V13 was talking to residents (less than 6 feet away from them) while eating a red licorice stick. When asked if he knew the mask should be covering his nose and mouth, V13 stated, Yes, I know I'm supposed to have a mask on, I didn't have it on because I was eating my licorice. On 6/29/20 at 10:00 AM, when asked about several staff in the facility not covering their nose and mouth with their mask. V2 stated, I have not noticed any staff with their mask not covering their nose and mouth. When asked what is the plan if they should have a COVID-19 positive resident, V2 stated, We don't have any COVID positive residents in the building. We have not discussed what we would do if we have a COVID positive resident. On 6/30/20 at 10:17 AM, V22, LPN, stated, There is nothing on (R3) or (R4's) Care Plan about COVID-19, even though both residents are in isolation due to being a readmission and new admission. The facility Policy and Procedure, COVID-19 Testing and Response Plan 6/11/20, documents in part, II. D. Appropriate Personal Protective Equipment (PPE) is a critical component of the Facility's Infection Control Program. PPE is necessary to both protect staff and reduce transmission within the Facility. The facility will follow existing Standard and Guideline referenced in SG Exposure Control Plan 21.12.001 as it relates to existing P&P (policy and procedure) on PPE usage, training, unit designation, and conservation strategies. D. #4. Social distancing-The Facility implements social distancing maintaining 6 feet between individuals except during direct care activities. D. #7. Facility design- The facility designates space for cohorting and managing care for residents with COVID-19 and for cohorting and managing new/readmissions with unknown COVID-19 status. It may transfer recovered COVID-19 residents to a transitional or observational area for 14 days before admitting directly back to the regular unit or may transfer back to the regular unit if unable to designate a transitional or observational area. The Facility Policy does not address the need for residents to don masks. The Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings from the CDC (Center for Disease Control), updated 5/18/2020, documents, Patients and visitors should, ideally, be wearing their own cloth face covering upon arrival to the facility. If not, they should be offered a facemask or cloth face covering as supplies allow, which should be worn while they are in the facility. Patients may remove their cloth face covering when in their rooms but should put them back on when leaving their room or when others (e.g., HCP (Health Care Providers), visitors) enter the room.</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145846	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/30/2020
NAME OF PROVIDER OF SUPPLIER CARE CENTER AT CENTER GROVE		STREET ADDRESS, CITY, STATE, ZIP 6277 CENTER GROVE ROAD EDWARDSVILLE, IL 62025	
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)		
<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	(continued... from page 1)		