

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 08/24/2020
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.			
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F 0677 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</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 provide grooming and hygiene for dependent resident for 4 of 11 residents (R2, R5, R6, R7, R8) reviewed for Activities of Daily Living (ADLs), in the sample of 11. Findings include: On 8/18/2020 at 11:34 AM, the 500 hall shower room was lined with wheelchairs upon the entrance to the shower room. The shower room floor was dry and no linens were observed in the room. 1. On 8/17/2020 at 11:16 AM, R5 stated she has been getting a bed bath, but no showers and she prefers showers. She said she doesn't always get a bed bath twice weekly. R5's Care Plan, revised on 5/13/2020, documents R5 having Stage 3 to 4 Kidney Disease, Diabetes Mellitus, muscle wasting, having a urinary catheter, and requiring assistance with ADLs. R5's most recent Minimum Data Set ((MDS) dated [DATE], document R5 having intact cognition, and requiring 1 person physical assistance with bathing. 2. On 8/18/2020 at 9:15 AM, R7 stated she does not always get a bed bath twice weekly, and sometimes she gets just one bath weekly. R7's Care Plan, revised on 7/28/2020, document R7 having a right [MEDICAL CONDITIONS], and heart failure. The Care Plan further documents R7 needing assistance with bathing. R7's most recent MDS dated [DATE], documents R7 having intact cognition, and requiring 2 person physical assistance for bathing. 3. On 8/18/2020 at 11:30 AM, R8 stated he is not getting showers and/or a bed bath twice weekly and he would love to have one like he should. R8's Care Plan, revised on 3/7/2020, documents R8 requiring assistance with bathing. R8's most recent MDS, dated [DATE], documents R8 having intact cognition, requiring one person physical assistance with bathing. 4. On 8/18/2020 at 11:30 AM, R6 stated, I would love to get showers, but I'm not getting them. When asked if he received bed baths twice weekly, he said, What? No. R6's Care Plan, dated 7/23/2020, documents R6 having an ADL deficit related to weakness, having Acute Kidney Failure, and skin impairment related to left leg [MEDICAL CONDITION]. R6's most recent MDS, dated [DATE], documents R6 requiring 1 person physical assistance for bathing, and having intact cognition. 5. On 8/18/2020 11:21 AM, V3, Assistant Director of Nursing (ADON), removed R2's sock and there was thick nail growth that appeared jagged and long on his right foot. At 11:25 AM, V3, ADON, said she would put R2 on the podiatry list in August to have his nails cut and that the expectation is for staff to cut nails, except those found to have medical reasons for not clipping nails, then exited R2's room. R2 stated he would like his toenails cut and a shower. Podiatry Report dated Next Date of Service 8/31/2020 at 1:00 PM, documents R2 was last seen by the podiatrist on 12/17/19. R2's Care Plan revised on 7/28/20, documents R2 requiring help with bathing, having Lewy Bodies and difficulty in walking. On 8/17/2020 at 12:18 PM, V12, Certified Nursing Assistant (CNA), denies residents getting showers because there isn't ample time to do them and she was told to do bed baths but denies residents have been getting bed baths twice weekly. On 8/17/2020 at 11:55 AM, V8, CNA, stated residents get a bed bath when she has time to give them, but hasn't had the time to do the bed baths, and it all depends on call ins and whether or not agency staff come to work. On 8/18/2020 at 11:05 AM, V23, Licensed Practical Nurse (LPN), stated residents haven't been getting showers but are supposed to twice weekly. On 8/18/2020 at 11:35 AM, V25, Registered Nurse (RN), stated showers are to be done twice weekly, but that all depends on staffing schedules and call ins. She said she can't say for certain residents are getting bathed twice weekly. On 8/18/2020 at 2:40 PM, V2, Director of Nursing (DON), stated during COVID the staff have been doing bed baths in lieu of showers, but couldn't provide an explanation as to why residents couldn't have showers. V2, DON, stated the expectation is for residents to be bathed at least twice weekly. Facility Complaint Form, dated 3/2/2020, documents a complaint for showers not consistently being done, on 100 Hall. Facility Complaint Form, dated 3/24/2020, documents R11 complained of not receiving her shower on her regularly scheduled day. The Facility's ADL (Activities of Daily Living) Care and Assistance policy and procedure, dated 12/2016, documents: Guidelines 2. Each ADL should be provided at the level of assistance that promotes the highest practicable level of function for the resident, while ensuring the needs and desired goals of the resident are met safely.</p>		
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>Based on observation, interview, and record review, the facility failed to adhere to infection control practices of donning and proper placement of face masks, donning and doffing PPE, and accurately report symptoms on screening questionnaire, subsequently working after being tested for COVID to prevent the spread of infections such as COVID-19. This failure has the potential to affect all 92 residents residing in the facility. Findings Include: On 8/18/2020 at 10:34 AM, V16, Certified Nursing Assistant (CNA), stated she doesn't recall having any symptoms, but just wasn't feeling too well and she got a cold and it was a hard time for her to keep warm. V16 stated she tested for COVID on Thursday, 7/30/2020 and she got the results on Saturday, August 1st (2020) from the ER (emergency room), and thought the ER was going to let the facility know. She said, I tried to contact (V1/Administrator) on Sunday (8/2/2020), but didn't have his number. V16, CNA, further stated she didn't know she was supposed to stay home when having COVID symptoms and she worked on 7/31/2020 and I passed the screening. I only worked on 600 hall. Facility Time Report for V16, CNA, documents V16 worked on Thursday, 7/30/2020 from 6:00 AM until 12:22 PM, and Friday, 7/31/2020 from 6:15 AM until 2:28 PM. Facility Counseling Form dated 8/12/2020 at 10:00 AM, documents reason for counseling for V16, CNA as follows: Violation of Company Rules. Written Warning. The Form further documents Description of Incident: (V16) tested for Coronavirus on 7/30 w (with) symptoms and did not report test and result until 8/2/2020 @ (at) 9:00 pm. Employee also did not report symptoms on Employee Screening tool. The Form further documents, Corrective Action To Be Taken: Re-education on proper use of screening tool and symptom reporting. On 8/17/2020 at 11:00 AM, V5, Receptionist, sat behind the desk and was noted talking on the facility phone with a mask below her nose. At 11:09 AM, V5, answered the phone as her mask remained below her chin, then proceeded to remove the mask from her left ear and the mask dangled beside her cheek as she continued to talk on the phone. On 8/17/2020 at 11:07 AM, V4, Business Office Manager (BOM), walked out of her office behind the reception desk without the benefit of a mask and after speaking to a visitor with a mask on, walked back into her office. At 11:10, V4, BOM, walked out of her office without a mask on. On 8/17/2020 at 11:55 AM, V8, CNA, stated she double gowns, wears masks, glasses, and she re-does it every time by taking off the top gown, but leaving on the initial gown on and goes from room to room caring for residents as she works with both COVID and non-COVID residents. V8 could not explain what the policy is for donning and doffing of PPE (personal protective equipment) and the reason behind having 2 gowns on simultaneously. V8, CNA, stated she thought R4 was still the only positive one (resident) we have right now. On 8/18/2020 at 9:15 AM, R7 stated staff don't always wear a mask. On 8/18/2020 at 11:30 AM, R8 stated staff sometimes are not wearing masks and has seen the mask around their chin. On 8/18/2020 at 11:16 AM, R5 stated she has seen staff not have a mask on at times while providing care. On 8/18/2020 at 10:12 AM, V21, Traveling Nursing Director, stated she wasn't aware staff wore 2 gowns and remove one and continue to wear the one underneath. She said the facility should follow the latest guidance from their local county health</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.

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>(continued... from page 1)</p> <p>department with regard to testing guidance. On 8/17/2020 at 1:05 PM, V11, Housekeeper, was next to the nurses station with a face mask applied below her nose. V11 stated there were dissolvable bags for linens and she has no idea who puts the red barrels in the halls, but they have been in the halls and not in residents' rooms. On 8/17/2020 at 12:38 PM, V13, dietary worker, walked through the dining area near the hydration room with no mask on. At 12:44 PM, V14, Dietary Manager, stated there are plenty of masks and gloves and Personal Protective Equipment (PPE) in the facility, and she has corrected V13 to include that he does not walk through the facility without a mask. On 8/17/20 at 12:40 PM, V15, CNA, stated she works 600 Hall and sometimes staff walk around without a mask on. On 8/17/20 at 12:52 PM, V17, CNA stated he wears a paper gown over another gown and just throws away the top gown. He has no idea why the isolation barrels on 100 hall are on the outside of the room. He admits to doffing his soiled gown in the hallway and not prior to exiting a resident's room. On 8/17/20 at 12:40 PM, V15, CNA., stated she works 600 Hall and sometimes staff walk around without a mask on. On 8/17/2020 at 12:03 PM, V2, Director of Nursing (DON), stated the facility is currently utilizing the same staff to care for staff on 100 hall as all staff had worked on back half of 100 hall where we had COVID positive residents (R1, R3, and R4), and yes they would come through the barrier to take care of the other residents on the front half of the hallway referring to non-COVID residents. When asked the expectation of staff and/or vendors/visitors wearing masks, V2, stated, I would expect everyone to wear a mask before entry, and that anything is better than nothing (referring to homemade mask). On 8/17/2020 at 11:39 AM, V1, Administrator, stated the facility had tested all employees during the last testing date of July 31, 2020, and with 5 total cases of COVID positive at the time of testing, and no residents had presented with symptoms. V1 also stated R1, R3, and R4 were past the 10 day period since receiving positive testing results. V1 further stated one staff, V16, CNA, also tested positive, but the facility was unaware that she had tested at the emergency room (ER) and didn't become aware until after she had worked after testing positive. V1 further stated if any employee was missed, during the last testing date, the employee was not allowed to work until they tested. The Facility's Standards and Guidelines: COVID-19 Exposure Control Plan policy and procedure, dated 3/17/2020, documents COVID-19 symptoms to include fever, cough, shortness of breath, and symptoms may appear 2 to 14 days after exposure. The Guidelines further document that if ill, one should stay home, and avoid close contact with people, follow Center for Disease Control (CDC) guidelines for using a facemask. The Guidelines further documents that the facility must do screening and monitor for respiratory signs and symptoms and educate staff, visitors and residents. On 8/17/20 at 11:39 AM, V1, Administrator, reported the census as 92.</p>		