

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145950	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/04/2020
NAME OF PROVIDER OF SUPPLIER GENERATIONS AT ROCK ISLAND		STREET ADDRESS, CITY, STATE, ZIP 2545 24TH STREET ROCK ISLAND, IL 61201	
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 0692 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to follow Registered Dietician recommendations, monitor monthly and weekly weights as ordered and provide new nutritional interventions after a significant weight loss for one three residents (R9) reviewed for nutrition in the sample of eleven. Findings include: The facility policy for Weight Maintenance revised 9/2008 documents, It is the policy of this facility to monitor the nutritional status of all residents, including all significant or trending pattern of weight change. The facility will complete the monthly weights by the 10th of the month. Re-weights will be completed by the 15th of the month. Prior to the 10th of the month the Dietician will focus on admissions, residents with annual assessments, tube feeders, pressure ulcers, [MEDICAL TREATMENT] recipients and kitchen rounds. All concerns will be presented to the Director of Nursing for follow-up. R9's Current physician's orders [REDACTED]. On 5/11/2020 an order was entered NPO (Nothing By Mouth) until video fluoroscopy study can be completed. On 7/24/2020 an order was entered for weekly weights. R9's current Care Plan documents, (R9) is at risk for weight loss related to protein malnutrition and tube feeding status. The Care Plan interventions include: Monitor weight as ordered. Notify MD and Family of weight change. Obtain Dietary consult and follow recommendations. This care plan does not document that R9 refuses cares. R9's 5/20/2020 Quarterly Minimum Data Set assessment Section E Behaviors does not document R9 as having any behaviors verbal or physical towards others, no behaviors that interfere with cares or rejection of cares. On 7/29/2020 R9 was lying in bed with an enteral feeding ([MEDICATION NAME] 1.2) being administered via a pump at 45 milliliters per hour (ml/hr). R9 was awake and stated, My feeding is always going. R9's Vital Signs Record (2/25/2020) document her height as five feet, six inches and her weight as 80.4 pounds (#). This record documents R9's Body Mass Index (BMI) was 12.9. R9's Vital Signs Record documents R9's weight was 76# on 3/30/2020 with a BMI of 12.3, and R9's weight was 72# with a BMI of 11.62 on 4/30/2020. R9's Medical Record documents that R9 had a 9% weight loss in two months. There were no other weights available in the resident record on 7/30/2020. R9's Medical Record does not document R9's weights for May 2020 or June 2020. R9's Medical Record documents R9's weight was 75.2# with a BMI of 12.4 on 7/31/2020. On 7/31/2020 at 11:00AM V6 Registered Dietician (RD) stated, I have been writing my Monthly recommendations for R9 using the 4/30/2020 weight of 72#. A BMI of 18.5 is considered the lowest value of a normal BMI range. Anything lower than that is considered underweight. (R9) does get continuous enteral feedings. R9's record documents on 6/24/2020 V6 RD recommended a Basic Metabolic Profile to be completed for a low sodium level on prior laboratory work. This recommendation was signed as agreed by V5, Advanced Nurse Practitioner (APN). The facility was not able to provide laboratory work completed for this recommendation. On 7/22/2020 V6 RD recommended a Complete Metabolic Profile and a Complete Blood Count be completed and to start weekly weights. V5 APN signed as agreed on the recommendation. The facility was not able to provide laboratory work completed for this recommendation.</p>		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation, and record review, the facility failed to follow isolation guidance for use of personal protective equipment (PPE) in a Droplet/Contact isolation room and failed to wash hands when completing care for one of eleven residents (R9) in the sample of eleven reviewed for infection control practices. Findings include: The facility Infection Control Policy dated 6/2020 documents, The facility's written program is for the implementation of systems that provide a safe, sanitary and comfortable environment and helps prevent the development and transmission of communicable diseases and infections, The facility's infection control program includes: 5) The facility provides personnel protective equipment (PPE) which refer to barriers used alone or in combination to protect mucous membranes, airways, skin, and clothing from contact with the resident and/or the likely mode of transmission. Types of PPE include: Gloves, gown, masks, eye protection: goggles and/or face shields. Hand hygiene is utilized to reduce the spread of germs to residents and the risk of the Health Care Provider's colonization of infection of germs acquired from a resident. The facility utilizes hand hygiene via handwashing and alcohol based hand sanitizers. The undated facility policy for Personal Protective Equipment documents, Personal protective equipment appropriate to the specific requirements of each task performed on our premises is available at all times. R9's 7/21/2020 Nursing Notes, document, (R9) returned from (the hospital) at 3:02 p.m. (R9) will be placed in precautionary 2 week isolation. R9's Current physician's orders [REDACTED]. V7 had on gloves, a face mask covering only her mouth and clear safety glasses. V7 was not wearing a personal protective gown. V7 came to the door and stepped into the hall with her gloves still covering her hands. V7 stated her name and then said her work title, I am a TNA 'Temporary Nurse Aide'. I am not certified. I watched a video to be a TNA and now I work part-time on the day shift. I do everything a CNA (Certified Nurse Aide) does. I have rooms 412-418 by myself. I just changed and repositioned (R9). As V7 was talking she removed her gloves and held them in her hands. There was a sign outside R9's door stating she was in Droplet and Contact isolation. There was an isolation supply cart outside R9's room. V7 stated, I don't know what that 'Droplet' stuff is. When asked, V7 stated she didn't realize her mask was only covering her mouth and not her nose, stating, I didn't feel it. She then pulled her mask over her nose with her unwashed hands, turned and proceeded to walk down the hall into a utility room. A few minutes later V7 entered R9's room again without applying a protective gown over her uniform and with gloved hands removed a bag of linens from the Isolation linen receptacle and left the room. V7 did not remove her gloves or change gloves and she proceeded down the hall. On 7/30/2020 at 8:50 AM, V2 Acting Director of Nursing stated, We train on the Temporary Nurse Aide guidance provided by the Department. (V7) has been trained on Infection Control practices and should know how to wash hands and use PPE and what the Isolation levels are. I have trained everyone almost weekly for months. I have trained Housekeepers and Dietary staff on the proper ways to enter a resident's room who may have COVID, etc. They do not have any proof of training other than the in-service. The TNA position should be no different. If they are appropriately trained, they should be able to work in those rooms.</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.