

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>146017</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/18/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ILLINI HERITAGE REHAB &amp; HC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1315B CURT DRIVE CHAMPAIGN, IL 61820</b>	
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 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on the unprecedented coronavirus global pandemic that resulted in the Presidential declaration of a State of National Emergency dated 3/13/20, The Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) Memo QSO-20-14-NH revised on 3/13/20, Nursing Home guidance from the Centers for Disease Control and Prevention (CDC), observation, interview and record review, the facility failed to ensure adherence to infection control practices to prevent the transmission of the Coronavirus (COVID-19) as evidenced by failure on: proper glove usage; proper hand hygiene; proper disinfection of shared medical equipment; proper storage of respiratory supplies; proper storage of clean linens, and proper monitoring of dishwashing sanitation. Findings include: 1. A. On 6/9/20 at 2:11pm, Laundry staff (E1) was observed pushing the laundry cart in the North Unit hallway. E1 collected dirty clothes from residents' rooms. E1 was wearing a pair of gloves when she entered R1 and R2's room. Still wearing the same gloves, E1 exited the room carrying a small plastic bag of dirty clothes. E1 failed to perform hand hygiene. E1 placed the plastic bag inside the laundry cart. Wearing the same gloves, E1 proceeded to push the cart and stopped in front of R3's room. When asked when she should remove her gloves, E1 stated it should be before leaving the resident's room. B. On 6/9/20 at 3:08pm, Certified Nursing Assistant1 (NA1) was observed coming out of R4's room. NA1 checked R4's temperature and exited the room. NA1 failed to perform hand hygiene. When asked, NA1 stated she was not sure what she missed. C. Review of R5's medical record revealed under June 2020 Physician order [REDACTED]. R5's [DIAGNOSES REDACTED]. On 6/9/20 at 4:06pm, Registered Nurse1 (RN1) was observed going into R5's room in the South Unit. At 4:08pm, RN1 placed the Assure Platinum glucometer (blood glucose meter that measures and displays the amount of sugar in the blood) on R5's table. RN1 inserted the glucose strip but the glucometer did not work. RN1 exited the room still wearing the same gloves and holding the glucometer. RN1 failed to perform hand hygiene. Still wearing the same gloves, RN1 touched the keys to the cart and opened several drawers of the medication cart and looked for another glucometer to use. When asked what she missed, RN1 stated she did not perform hand hygiene as she came out of the room and added, I should have. D. On 6/9/20 at 4:58pm, Activity Director (E2) was observed passing out a dinner tray to R6 in the South Unit. E2 placed the dinner tray on R6's table and went back to the food cart. E2 failed to perform hand hygiene. E2 picked up R7's dinner tray. While inside the room, E2 was observed adjusting R7's pillow under her head and to reposition. E2 exited the room and failed to perform hand hygiene. E2 proceeded to pick up R8's dinner tray from the food cart. E. On 6/9/20 at 5:06pm, NA1 was observed passing out a dinner tray to R9 in the North Unit. NA1 placed the dinner tray on R9's table and went back to the food cart. NA1 failed to perform hand hygiene after leaving R9's room. NA1 proceeded to pick up R3's dinner tray from the food cart. During an interview with the Director of Nursing (DON) on 6/9/20 at 5:24pm, when asked what her expectations from staff were when serving dinner trays in residents' rooms, the DON stated, Wash their hands or use a hand sanitizer. When asked where and when staff should remove their gloves, the DON stated, As they (staff) come out of the room. When asked if staff could wear gloves in the hallway, the DON further stated, They should not, all staff. When the DON was asked what she expected the staff to do after glove removal, the DON further stated, Wash hands or use a hand sanitizer. Review of facility's policy titled Removing Gloves dated 12/09 revealed, Disposable gloves act as a barrier between resident and you. To protect employee from pathogens in the resident's blood, body fluids, and body substances. Protection for the resident from microorganisms the employee may have on their hands. Under Procedure, it revealed, 7. Discard the gloves in appropriate container. 8. Wash your hands. **Do not wear gloves in the hallways. Review of facility's policy titled Hand Hygiene dated 12/7/18 revealed, All staff will wash hands, as washing hands as promptly and thoroughly as possible after resident contact and after contact with blood, body fluids, secretions, excretions, and equipment or articles contaminated by them is an important component of the infection control and isolation precautions. Review of facility's policy titled Standard Precautions dated 12/09 revealed under gloves, Change gloves between tasks and procedures on the same resident after contact with material that may contain a high concentration of microorganisms. Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces, and before going to another resident and wash hands immediately to avoid transfer of microorganisms to other residents or environments. In a CDC article titled Hand Hygiene Guidance dated 1/30/2020 revealed, The Core Infection Prevention and Control Practices for Safe Care Delivery in All Healthcare Settings recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC) include the following strong recommendations for hand hygiene in healthcare settings. Healthcare personnel should use an alcohol-based hand rub or wash with soap and water for the following clinical indications: immediately before touching a patient .after touching a patient or the patient's immediate environment .after contact with blood, body fluids, or contaminated surfaces .immediately after glove removal. <a href="https://www.cdc.gov/handhygiene/providers/guideline.html">https://www.cdc.gov/handhygiene/providers/guideline.html</a> In a CDC article titled Guidance for the Selection and Use of Personal Protective Equipment (PPE) in Healthcare Settings dated 6/29/04 under Where to Remove PPE, At doorway, before leaving patient room or in anteroom. <a href="https://www.cdc.gov/HAI/ppt/ppe/PPEslides6-29-04.ppt">https://www.cdc.gov/HAI/ppt/ppe/PPEslides6-29-04.ppt</a> 2. A. Review of R10's medical record revealed under the June 2020 Physician order [REDACTED]. R10's [DIAGNOSES REDACTED]. On 6/9/20 at 2:48pm, RN1 checked R10's blood glucose using an Assure Platinum glucometer. While inside R10's room and wearing the same gloves, RN1 opened an individual packet containing one PDI Sani-Cloth bleach germicidal disposable wipe (surface disinfectant wipes) and started wiping the surfaces of the glucometer. RN1 exited the room wearing the same gloves and placed the glucometer, covered with the same disinfecting wipe, on top of the medication cart. When asked if she missed any steps after checking R10's blood glucose level, RN1 stated, No. I take the clean bleach wipe and start wiping the machine (glucometer) while still inside the room. I always do it that way. Review of facility's Assure Glucometer manual revealed under Cleaning and Disinfecting Guidelines, Healthcare professionals should wear gloves when cleaning the Assure Platinum meter. Wash hands after taking off gloves. Contact with blood presents a potential infection risk. We suggest cleaning and disinfecting the meter between patient use. Cleaning and disinfecting can be completed by using a commercially available EPA-registered disinfectant detergent or germicide wipe. To use a wipe, remove from container and follow product label instructions to disinfect the meter. Take extreme care not to get liquid in the test strip and key code ports of the meter. Many wipes act as both a cleaner and disinfectant, though if blood is visibly present on the meter, two wipes must be used; use one wipe to clean and a second wipe to disinfect. Review of the Assure Platinum Blood Glucose Monitoring System Quality Assurance/Quality Control (QA/QC) Reference Manual revealed under Cleaning and Disinfecting Procedures, Two disposable wipes are needed for each cleaning and disinfecting procedure; one wipe for cleaning and a second wipe for disinfecting. Cleaning Step 1. Wear appropriate protective gear such as disposable gloves. Step 2. Open the cap of the disinfectant container and pull out 1 towelette and close the cap. Step 3. Wipe surface of the meter to clean blood and other body fluids .Step 4. Dispose of the used towelette in a trash bin. The meter should be cleaned prior to each disinfection step. Step 5. Pull out 1 new towelette and wipe the entire surface of the meter horizontally and vertically to remove bloodborne pathogens .Step 6. Treated surface must remain wet for recommended contact time. <a href="https://www.arkrayusa.com/diabetes-management/sites/arkrayusa.com.diabetes-managment/files/files/Assure/6368-05%20Assure%20">https://www.arkrayusa.com/diabetes-management/sites/arkrayusa.com.diabetes-managment/files/files/Assure/6368-05%20Assure%20</a></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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p>(continued... from page 1)</p> <p>Platinum%20QAQC%20Manual.pdf In a CDC article titled Frequently Asked Questions (FAQs) regarding Assisted Blood Glucose Monitoring and Insulin Administration dated March 2, 2011, under blood glucose meters, revealed, Infectious agents such as HBV (MEDICAL CONDITION) virus, [MEDICAL CONDITION] that attacks the liver and can cause serious liver infection) can be transmitted through indirect contact transmission, even in the absence of visible blood .Contamination of equipment and transmission of HBV can also occur if healthcare personnel fail to change their gloves and perform hand hygiene between patients. <a href="https://www.cdc.gov/injectionsafety/providers/blood-glucose-monitoring_faqs.html">https://www.cdc.gov/injectionsafety/providers/blood-glucose-monitoring_faqs.html</a> In a CDC article titled Infection Prevention during Blood Glucose Monitoring and Insulin Administration dated March 2, 2011, under Recommended Practices for Preventing Bloodborne Pathogen Transmission during Blood Glucose Monitoring and Insulin Administration in Healthcare Settings, it revealed, If blood glucose meters must be shared, the device should be cleaned and disinfected after every use, per manufacturer's instructions, to prevent carry-over of blood and infectious agents .Change gloves between patient contacts. Change gloves that have touched potentially blood contaminated objects or fingerstick wounds before touching clean surfaces. Discard gloves in appropriate receptacles. <a href="https://www.cdc.gov/injectionsafety/blood-glucose-monitoring.html">https://www.cdc.gov/injectionsafety/blood-glucose-monitoring.html</a> B. On 6/9/20 at 3:07pm, E2 was observed coming out of R4's room. E2 checked R4's blood pressure using the Omron digital blood pressure machine. When E2 was asked how long she wiped the blood pressure machine using the PDI Sani-cloth bleach disinfectant wipe, E2 stated, 10 seconds. She further stated that since she was holding the pressure meter (main unit) while inside the resident's room, she only disinfected the blood pressure cuff. During interview with the DON on 6/9/20 at 5:24pm, when asked about her expectation from staff after checking the blood sugar and before disinfecting the glucometer, the DON stated, I expect them (staff) to take the strip out, take off their gloves and put on new gloves to sanitize the machine. When asked how long should be the contact or wet time for the PDI Sani-cloth disinfecting wipe, the DON stated, I thought it was five minutes and that's what I would go with. Review of facility's policy titled Standard Precautions dated 12/09 revealed under #7. Resident Care Equipment, Ensure that reusable equipment is not used for the care of another resident until it has been cleaned and reprocessed appropriately. Review of PDI Sani-Cloth Bleach Germicidal Disposable Wipe product description revealed the product contained sodium hypochlorite. It stated, Effective against 50 microorganisms in 4 (four) minutes. <a href="https://pdihc.com/products/environment-of-care/sani-cloth-bleach-germicidal-disposable-wipe/">https://pdihc.com/products/environment-of-care/sani-cloth-bleach-germicidal-disposable-wipe/</a> 3. Review of R11's medical record revealed under June 2020 Physician order [REDACTED]. R11's [DIAGNOSES REDACTED]. On 6/9/20 at 2:13pm, R11's oxygen nasal cannula (device that consists of a plastic tube used to deliver supplemental oxygen to a patient) was observed on top of the rollator seat, exposed and without a barrier. The rollator was outside of R11's room in the North Unit. Registered Nurse2 (RN2) was present during the observation. When asked if oxygen tubing could be left on top of the rollator seat when not in use, RN2 stated, It should be in a bag. During an interview with the DON on 6/9/20 at 5:24pm, when asked where should oxygen tubing and cannula be stored when not in use, the DON stated, It should be in a bag next to the oxygen or nebulizer (machine that makes people breathe better) or [MEDICAL CONDITION] (machine that uses mild air pressure to keep your breathing airways open), labeled with name and date on there and it should be changed periodically. Review of undated facility policies titled Oxygen Storage and Assemblage and Oxygen Therapy revealed the policies did not include documentation on how to store oxygen tubing and cannula when not in use. In a CDC article titled Guidelines for Environmental Infection Control in Health-Care Facilities dated June 6, 2003, under Recommendations - Environmental Services revealed, The incidence of healthcare-associated infections and pseudo-outbreaks can be minimized by .2) appropriate maintenance of medical equipment .Part II (this report) contains recommendations for environmental infection control in health-care facilities, describing control measures for preventing infections associated with air, water, or other elements of the environment. Under VI. Special Pathogens, it revealed, K. Use disposable barrier coverings as appropriate to minimize surface contamination. <a href="https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm">https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm</a> 4. A. On 6/9/20 at 2:10pm, a tall three-shelf clean linen cart was observed in the hallway. An open box of gloves was on the top shelf next to the folded clean linen and a bag of disposable undergarments was on the bottom shelf next to the clean linen. B. On 6/9/20 at 5:10pm, a clean linen cart was observed in the hallway of the North Unit. Inside the cart, a can of air freshener spray, gait belt, an open box of gloves and a plastic basin containing a can of shaving cream, a half-filled tube of Aloe-Vesta barrier cream, one deodorant, one monitor for pressure ulcer, were next to the clean sheets. The DON and E1 were present during observation. During interview with the DON on 6/9/20 at 5:24pm, when asked about her expectation from staff on what could be placed in the linen cart, the DON stated, Well, we try to keep a gait belt just in case somebody forgets it. Some nursing assistants will keep a can of deodorant or toothpaste. There should not be a whole lot of paraphernalia in there. Review of the undated facility policy titled Laundry Policy and Procedures revealed, It is the policy of Petersen Health Care that clean linens and clothing are available at all times to provide a clean sanitary environment for residents. Under Procedure, it revealed, Clean linens will be stored in clean linen rooms, and available for nursing use. Transportation of clean linens to hallways where it will be used must be on a covered linen cart. Linens must be covered at all times when in the hallways. All linen is handled, processed, stored and transported so as to prevent the spread of infection. In a CDC article titled Appendix D - Linen and laundry management dated March 27, 2020 under Best practices for management of clean linen revealed, Sort, package, transport, and store linens in a manner that prevent the risks of contamination by dust, debris, soiled linens or other soiled items. <a href="https://www.cdc.gov/hai/prevent/resource-limited/laundry.html">https://www.cdc.gov/hai/prevent/resource-limited/laundry.html</a> 5. Review of the dishmachine temperature/sanitation log on 6/9/20 at 2:31pm revealed missing entries for supper on 6/6/20 and 6/7/20. There were missing entries for breakfast and lunch on 6/8/20 and 6/9/20. RN2 was present and confirmed the missing information. RN2 asked the Dietary Manager (E3) and E3 confirmed that it was not done. During interview with E3 on 6/16/20 at 10:48am, when asked about the facility's policy on dishwasher sanitation, the DM stated, We use the low temperature dishwashing machine. We check the sanitizer gauge level. The policy is to check the chemical levels. He stated that the dietary aides check it and added, It is checked every day. I checked the form every couple of days. Level should be around 150. When asked if it was important that staff check it three times a day, the DM stated Yes. When asked what could be the effect on residents if dishes are not properly washed and sanitized, the DM stated, Well, if they are not washed or sanitized properly, there could be chemical residue on the dishes, and if they are not cleaned properly, germs and bacteria could be passed. Cross contamination. During interview with the DON on 6/9/20 at 5:24pm, when asked if it was important to check the dishwasher, the DON stated, Yes, I thought they were supposed to. When asked why it was important, the DON stated, We need to know that the pots, plates and utensils are clean. Bacteria and fungus can grow on it and make somebody sick. Review of facility's policy titled Ware-washing - Dishmachine dated 10/09 revealed, It is the policy of Petersen Health Care that utensils and dishes washed by mechanical dishwasher will be clean and sanitized. Under Procedure, it revealed, For High Temperature Dishmachines - before washing anything, check the temperature of the wash and rinse cycles, verifying that both meet the temperature guidelines. Record either the temperatures or sanitizer level on the Dishmachine Temperature/Sanitizer Log. In an undated CDC article titled 13.7 Warewashing Evaluation under 13.7.3.2 Temperature Evaluation revealed, Temperatures of the wash water and pumped rinse shall be taken directly from the tanks of the machines and compared against the machine mounted temperature-measuring devices. The evaluation temperature-measuring device probe shall be placed in the tank near the machine mounted temperature-measuring device probe, if possible. Effective sanitation shall be evaluated by noting one of the following: In a mechanical operation, the temperature of the fresh hot water sanitizing rinse as it enters the manifold may not be more than 90C (194F), or less than: (A) For a stationary rack, single temperature machine, 74C (165F); or (B) For all other machines, 82C (180F). <a href="https://www.cdc.gov/ncsh/vsp/manual/VSP-13.07%20Warewashing%20Evaluation.pdf">https://www.cdc.gov/ncsh/vsp/manual/VSP-13.07%20Warewashing%20Evaluation.pdf</a> 6. Review of undated facility's policy titled COVID-19 revealed For COVID-19 we have implemented several measures for the protection of the residents .Standard Precautions .Droplet Precautions. There was no documentation of Contact Precautions. Review of facility's policy titled COVID-19 Control Measures dated 5/8/20 revealed, Contact Precautions .Droplet Precautions .Airborne Precautions. In a CDC article titled Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings dated May 18, 2020 revealed under Mode of Transmission, Current data suggest person-to-person transmission most commonly happens during close exposure to a person infected with [MEDICAL CONDITION] that causes COVID-19, primarily via respiratory droplets produced when the infected person speaks, coughs, or sneezes .Transmission might also occur through contact with contaminated surfaces followed by self-delivery to the eyes, nose, or mouth. <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html</a></p>		