

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145464</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/29/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HAMMOND-HENRY DISTRICT HSP</b>		STREET ADDRESS, CITY, STATE, ZIP <b>600 NORTH COLLEGE AVENUE GENESEO, IL 61254</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</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 observation, interview, and record review, the facility failed to develop a cleaning protocol/procedure and train staff for the COVID-19 Unit for two (R1 and R2) of four residents reviewed for infection control in a sample of four. Findings include: Facility Policy/COVID-19 (undated) documents: Staff will ensure cleaning and disinfection policies and procedures are being followed consistently and correctly. In the case of a positive COVID-19 resident remaining on HHH (Hammond(NAME)Hospital) LTC (Long Term Care) COVID-19 unit, staff assigned to the unit will be responsible for cleaning of COVID-19 positive resident rooms to limit the number of HCP (Health Care Professionals) exposed to positive patients. Facility Policy/Pandemic Isolation Policy and Procedure related to COVID-19 Positive Person on Long Term care Unit (undated) documents: The specified CNA (Certified Nurse Assistant) and/or nurse(s) assigned will complete other duties often performed by housekeeping, activities, therapy. On 7/28/20 at 9:40am, R1 and R2's room were located at the end of a hallway and separated from other residents by a zippered plastic sheet suspended from the ceiling and a Contact/Droplet Sign was on the residents' door frames outside the door. On 7/28/20 at 9:45am, V7 Housekeeper stated We have a separate COVID-19 unit for long term care that I do not clean because the CNA's (Certified Nurse Aides) are responsible for cleaning and mopping the rooms on the COVID unit. There are two residents with COVID-19 behind the plastic. On 7/28/20 at 9:55am, V8 CNA stated There are designated staff for the COVID unit that you can only get to from the outside doors, and we have two residents positive for COVID-19. At that same time, V8 verified R1 and R2 were the residents diagnosed with [REDACTED]. R1's [DIAGNOSES REDACTED] CoV-2 (Severe Acute Respiratory Syndrome Coronavirus 2) lab result, dated 7/18/20, documents positive result. R1's current careplan documents contact/droplet precautions initiated 7/18/20. R2's [DIAGNOSES REDACTED] CoV-2 lab result, dated 7/14/20, documents positive result. R2's current careplan documents contact/droplet precautions initiated 7/14/20. On 7/28/20 at 10:20am, the entrance to the COVID-19 designated unit had carpeting that had dirt and leaves on the carpeting from the outside door opening and closing from the outside door access. R1 and R2's rooms both had dirt, dust, debris, and paper wrappers scattered on the floor throughout their rooms. At that same time, V9 LPN (Licensed Practical Nurse) verified that the carpeting, and R1 and R2's rooms needed cleaned. V9 LPN also verified that the COVID-19 unit had residents on it for the past two weeks with the same designated staff. On 7/28/20 at 10:25am, V9 LPN (the only staff member on the COVID-19 unit with R1 and R2) stated I am the only staff member over here (COVID unit) working with (R1 and R2) and I have been working with them since this unit opened. We are responsible for cleaning the resident rooms but we do not have any mops or brooms, vacuums, or cleaning solution to clean the floors and stuff in (R1 and R2's) rooms. The rooms need swept for sure and the front entrance needs vacuumed. If there is a spill, I just take a disposable cleaning wipe and spray some cleanser on it and either scrub on my hands and knees or use my foot with the cleaning wipe underneath. We were not given any direction on what needs to be cleaned, how often, and with what cleaner. We have not had any in-services or any formal training on housekeeping cleaning protocol. I need to get some clarification on that because things need cleaned over here. There has never been a vacuum, broom, or any mop on this unit (COVID-19) since I have been working over here. On 7/28/20 at 11:40am, V7 Housekeeper stated We have not gotten any formal training on what to do for cleaning on the COVID unit, and there is no protocol or guidelines to follow. We have not had any in-services done, or any extra training on how to clean. On 7/28/20 at 11:10am V2, Unit Coordinator stated that V3, Unit Manager provided training to a nurse on cleaning the COVID unit and that nurse was supposed to pass on the information to other nursing staff working the unit. V2 stated There is no written documentation of training or checklist for nursing staff to follow. V2 stated that V3 was unavailable for interview due to being on leave status. On 7/28/20 at 12:00pm, V5 Plant Services Manager stated I am responsible for overseeing housekeeping. I am aware that the nursing staff is doing all the cleaning on the COVID unit. I have not conducted any in-services or provided any extra training to my housekeeping staff, or to the nursing staff that work on the COVID unit. We do not have a cleaning protocol or any procedures that were provided to staff. I need to work on that. V5 also stated that he did not know if cleaning supplies were set up on the unit and did not know how nursing staff was receiving training on how to properly clean. V5 stated he did not provide any training to V3, Unit Manager. The facility was unable to provide documentation of procedures/protocols or training of nursing staff to provide housekeeping/sanitizing on the COVID-19 unit.</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.