

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145651	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/12/2020
NAME OF PROVIDER OF SUPPLIER RIVERSIDE REHAB & HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 3490 HUMBERT ROAD ALTON, IL 62002	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation and interview the facility failed to perform hand hygiene to prevent the spread of infections for 20 of 20 residents (R1-R20) reviewed for infection control in the sample of 20. Findings Include: 1. On 6/11/20 at 10:30 AM, V1, Administrator, gave a quick explanation of the halls and Personal Protective Equipment (PPE) required for those halls. V1 stated the 400 hall is the Red Zone/COVID-19 unit, wear gown, gloves, mask, face shield and booties at all times. V1 stated the 100-200 halls are the Yellow Zones/ residents previously positive for COVID-19, now negative; new admissions. V1 stated wear gown, gloves, mask, face shields when entering droplet precaution resident rooms. V1 stated the 300 hall is the Green Zone with no positive residents, but have recently come off 14-day quarantine. V1 stated the 600 & 900 halls are Green Zone where residents were never exposed to COVID-19 and are negative. On 6/11/20 at 10:45 AM, V4, Licensed Practical Nurse (LPN), stated the facility has 15 positive cases of COVID-19 on the unit, all asymptomatic. V4 stated all are on droplet precautions and gowns, gloves, and masks should be used. V4 stated hands should be washed after leaving the room. The facility Census sheet, dated 6/10/20, documents R1, R2 and R17-R20 reside on the 200 Hall which is a Yellow Zone; R3-R16 reside on the 400 Hall which is the Red Zone. 2. On 6/11/20 from 12:05 PM to 12:28 PM, V5, Certified Nurses Assistant (CNA), passed ice to the residents residing on the COVID-19 unit. V5 donned clean gloves and then entered R3's - R16's rooms. When entering each room, V5 retrieved the water pitcher, brought it out to the ice cooler, on a wheeled cart, touched the scoop for the ice with same gloved hands, placed the ice into the pitcher and then took the pitcher back into the room. V5 then went to the next room and so on with no glove changes or hand hygiene between rooms. At 12:28 PM, V5 then removed her gloves and washed her hands. 3. On 6/11/20 at 12:30 PM the lunch trays were delivered to the COVID unit. V5, CNA, wore gloves as she passed lunch trays to R3-R6, and R8-R14. V5 entered each resident's room wearing the same gloves, placed the lunch tray in the room and then left the room without changing gloves or performing hand hygiene between residents. At that time, V5 stated, All the residents are on droplet precautions for COVID-19, so there would be no need to change gloves since resident care was not provided. On 6/11/20 at 12:45 PM, V1, Administrator, stated if a resident is on droplet precautions, he assumes they would need to change gloves between rooms.</p> <p>4. On 06/11/20 at 12:05 PM, V13, Dietary Aide, passed ice and drinks on the Yellow Zone hall that housed COVID-19 quarantined residents on contact/droplet precautions. V13 entered R2's room wearing gown, gloves, mask and face shield and came out of the room with one glove off holding a plastic cup. V13 then set the cup on the drink cart and put ice and tea into it and deliver it back into the room. V13 came out of the room and removed the other glove and put new gloves on without using hand sanitizer or washing her hands. V13 continued to pass ice and drinks to other residents, including R1, R17-R20, without removing gloves and sanitizing between residents. 5. On 06/11/20 at 12:45 PM, V9, CNA, donned only a gown and mask while she passed lunch meal trays in the Yellow Zone hall to R17's-R20's rooms. V9 placed the meals via foam disposable containers on the bedside tables, lifted the lids off and cut up the food as necessary for each resident. V9 did not use hand sanitizer or wash hands between each resident. All of these residents are on contact droplet precautions for COVID-19 and were not wearing masks. The signage for the contact/droplet precautions on the doors documented every person to enter into the resident's room must wear gown, gloves, mask and face shield. On 06/11/20 at 1:15 PM, V1, Administrator, stated that on the Yellow Zone halls, all staff entering into a contact/droplet precautions resident room must wear gown, gloves, mask and face shield. The policy and procedure titled, Standards and Guidelines: Transmission Based Precautions dated 03/2018, documented, Gloves: 2. Wear gloves whenever touching resident's intact skin or surfaces and articles near the resident. Don gloves upon entry into the room .3. Gloves should be worn when handling items potentially contaminated by Multi Drug Resistant Organisms (MDRO's). This may include items such as bedside tables, over-bed tables . It continues, 5. Gloves will be removed and discarded before leaving the resident's room, hands will immediately be washed with soap and water or a waterless and antiseptic will be used. Under, Masks, Eye Protection, Face Shields: 2. Masks and eye protection, under standard precautions, should be worn during resident care activities that are likely to generate splashes or sprays of blood, body fluids, secretions and excretions .</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.