

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145721	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2020
NAME OF PROVIDER OF SUPPLIER VILLA HEALTH CARE EAST		STREET ADDRESS, CITY, STATE, ZIP 100 MARIAN PARKWAY PO BOX 109 SHERMAN, IL 62684	
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 - Many	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the failed to wear appropriate PPE and implement effective infection control procedures to prevent the potential spread of COVID-19. This had the potential to affect the 44 residents living in the facility. Findings include: 1. On 5/20/20 at 9:30 AM, R4's Electronic Health Record (E.H.R.), undated, documents R4 contracting COVID-19 while at the facility, having a [DIAGNOSES REDACTED]. Covid-19 Focused Daily Assessment for R4 documented 5/20/2020 and 5/21/2020, documents R4 is in isolation for Contact and Droplet Precautions. On 5/20/2020 at 12:01 PM, V2, Director of Nursing (DON), walked into R4's room and served R4 his meal tray. R4 resides on the COVID-19 positive unit. V2 did not don gloves prior to entering R4's room. On 5/20/2020 at 12:17PM, V2 stated she didn't don gloves prior to entering R4's room because she wasn't doing patient care. The Facility's Protocol for Contact Precautions, revised 12/2019, documented for Personal Protective Equipment Gloves should be applied before room entry and discarded before room exit. It continued, after glove removal and hand hygiene, hands should not touch contaminated environmental surfaces or items. Responding to Coronavirus (COVID-19) in Nursing Homes, reviewed 4/30/20, from the CDC website documented under section Considerations for Establishing a Designated COVID-19 Care Unit for Residents with Confirmed COVID-19 documented Place signage at the entrance to the COVID-19 care unit that instructs HCP (Health Care Personnel) they must wear eye protection and an N95 or higher-level respirator (or facemasks if a respirator is not available) at all times while on the unit. Gowns and gloves should be added when entering residents' rooms.</p> <p>2. R1's Care Plan, dated 5/11/2020 documents Am at risk for psychosocial well-being concern r/t (related to) IDPH (Illinois Department of Public Health) imposed restriction r/t COVID-19 social precautions. I am at risk for infection, potential for contracting COVID-19. R1's Care Plan Interventions documented Follow facility protocol for COVID-19 screening/precautions. R1's Nurse's Note dated 4/23/2020 Documents: Health Status Note: (R1) continues on droplet isolation for COVID-19. On 5/20/2020 at 09:53 AM V4 Certified Nurse's Assistant (CNA) was wearing a white protective suit and mask exiting R1's room carrying a box of surgical masks in hands with no gloves on. V4 failed to wash or sanitize ungloved hands before exiting R1's room. 4. On 5/20/2020 at 9:54 AM V4 entered R3's room. R3 resides on the COVID-19 positive unit. V4 failed to wash hands or apply hand sanitizer to ungloved hands before exiting R3's room. On 5/20/2020 at 09:55 AM V4 was exiting R2's room. R2 resides on the COVID-19 positive unit. V4 failed to wash hands or apply hand sanitizer to ungloved hands. On 5/20/2020 at 09:55AM V4 stated, I'm just handing out masks to residents. V4 stated, Some residents need help. V4 stated, I should have washed my hands before leaving the resident's room. V4 stated The policy and procedure is that I wash my hands before leaving a resident's room. On 5/21/2020 at 3:45 PM V2 Director of Nursing (DON) stated, (V4) should have washed his hands before leaving the rooms, it's a COVID unit. Facility's Protocol for Airborne Precaution dated 12/2019 documents Hand hygiene practices must be followed. Gloves should be applied before entry and discarded before room exit. Facility's Contact Precautions Protocol, revised 12/2019 documents Gloves should be applied before room entry and discarded before room exit. 5. On 5/21/2020, at 9:30 AM, V1 stated there were 44 residents residing in the facility.</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.