

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145891	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/22/2020
NAME OF PROVIDER OF SUPPLIER CARRIAGE REHAB & HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 1660 SOUTH MULFORD ROCKFORD, IL 61108	
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.</p> <p>Based on observation, interview, and record review the facility failed to screen visitors for COVID 19 upon entrance to the facility. This applies to all 88 residents in the facility. The findings include: The Facility Data Sheet dated July 21, 2020 shows 88 residents. On July 21, 2020 at 8:30 AM, two Illinois Department of Public Health surveyors entered the facility and announced to V7(Receptionist) who was at the reception desk; they were here for complaint investigations. The reception desk had a bottle of hand sanitizer, thermometer, and screening sheets visible. Next to the desk was a cart with disposable gloves and gowns. V7 escorted the surveyors to the conference room. No screening of the surveyors was done. At 8:30 AM, V2 (Director of Nursing) entered the conference room and the entrance conference was conducted. V2 left the conference room; no screening of the surveyors was done. At 8:47 AM, a surveyor went to the reception desk and asked V7 to page the director of nursing to the conference room. At 8:48 AM, V2 entered the conference room. V2 was asked how the facility screens for COVID 19 in visitors. She stated the only visitors allowed were families of end of life and health care workers such as hospice, physicians, and nurse practitioners. The visitors are screened at the front desk (reception desk) by answering screening questions, temperature and pulse oximetry are taken. V2 was asked if surveyors were to be screened. She stated surveyors are to be screened upon entry to the building. It is important to screen because the facility has vulnerable population and they are trying to protect the residents from the COVID organism. She asked if we were screened upon entry into the building. The surveyors answered they had not been screened. V2 stated You were screened the last time you were here. On July 21, 2020, V6 (Corporate Nurse) stated It is not our policy not to screen visitors. I don't know why she didn't screen you. The facility's Receptionist Question and Answer for Visitors/Vendors/Practitioners, shows the surveyors were screened for COVID 19 on July 21, 2020 at 8:55 AM. (Twenty five minutes after entering the facility.) The facility's Standards and Guidelines for COVID 19 Exposure Plan, Outbreak Management Section with a revision date of June 1, 2020, shows the facility will implement guidelines and preventative measures to prevent the spread of COVID 19 by screening staff/visitors/vendors/practitioners/consultant prior to entering patient care areas. Representatives of the federal or state government seeking entry as part of their official duties will be allowed pending a negative screening has been completed, negative temperature (less than 99.6 degrees Fahrenheit) and have demonstrated appropriate hand hygiene and are wearing appropriate PPE (Personal Protective Equipment) when in patient areas.</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.