

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145965	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2020
NAME OF PROVIDER OF SUPPLIER VILLA CLARA POST ACUTE		STREET ADDRESS, CITY, STATE, ZIP 500 WEST MCKINLEY AVENUE DECATUR, IL 62526	
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 - Few	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview, and record review, the facility failed to notify the physician of a fever and low oxygen saturation level pursuant to their COVID19 Facility Plan, in place to prevent the potential spread of infection, for one of three residents (R1) reviewed for infections on the sample list of three. Findings Include: On 5/27/20 at 8:45 am, V1 Administrator stated the facility has one COVID-19 resident in the building, which is R1. V1 stated R1 was sent to the hospital where R1 tested positive on 4/15/20 and then re-admitted to the facility on [DATE] and has been in droplet/contact isolation since R1's return. R1's undated Face Sheet documents R1 was admitted to the facility on [DATE]. R1's Physician Order's dated 4/10/20 documents droplet precautions due to R1 being Strep {[DIAGNOSES REDACTED]} positive, and to monitor all vital signs every 8 hour shift: temperature, blood pressure, heart rate, respirations, and SpO2 (Oxygen Saturation) level, with Special Instructions to notify the physician if temperature is 100.0 F (Fahrenheit) or greater and/or SpO2 is less than 92%. R1's Admission Assessment by V4 RN (Registered Nurse) dated 4/12/20 documents R1 was admitted to the facility from the hospital for an altered mental status and headache. R1 has a documented history of [MEDICAL CONDITION]. No pain was reported at this time. R1's skin was pale and warm. Vitals at 10:17 pm on 4/12/20 are documented as Temperature - 102.4 F, and SP02 - 91%. R1's Progress Notes dated 4/13/20 at 8:05 am by V14 LPN (Licensed Practical Nurse) documents, during the night, R1 developed a Temperature of 102.8 F. Tylenol was given twice and R1's temperature decreased to 98.5 F. R1 is a new admit, alert with confusion, positive for Strep. Will continue to monitor with call light in reach. There is no documentation that R1's physician (V15) was notified of R1's fever or low oxygen saturation level. R1's Progress Notes dated 4/14/20 at 12:37 pm documents R1 is alert with confusion; at 2230 (10:30 p.m.), resident (R1) is noted to have a temp {temperature} of 103.2 and red color to her (R1's) stool; MD (Medical Doctor) phoned, new order received to send (R1) to hospital for evaluation. On 5/28/20 at 9:10 am, V1 Administrator stated the guideline for notifying the physician of a fever use to be 100.4 F but it is now 100.0 F. A temperature of greater than 102 F should have definitely been reported. On 5/28/20 at 9:14 am, V4 RN confirmed V4 completed R1's admission assessment and stated, V4 remembers R1 running a fever on 4/12/20. V4 stated V14 was R1's Primary Nurse that day so V14 would have been the one responsible for notifying V15. On 5/28/20 at 9:54 am, V14 LPN stated R1 was running a fever and was given Tylenol twice and the fever came down. I remember that. (R1) wasn't Short of Breath, didn't have a cough, wasn't having any pain, nothing, not even a sore throat and that's why she (R1) was there. V14 stated R1 was already in isolation for Strep at the time. V14 stated V14 did not call V15. On 5/28/20 at 3:20 pm, V1 stated the facility does not have a copy of R1's positive COVID-19 test but that the Local Health Department had called her on 4/15/20 around 9:00 pm to alert V1 that R1 had tested positive. The COVID-19 Facility Plan dated 4/27/20 documents this plan is to Prevent the spread of and to promptly treat all residents for possible COVID-19 infection, the facility will increase it's resident monitoring protocols. The facility will monitor temperatures, heart rate, respirations and pulse oximetry for all residents every eight hours and will screen for symptoms including: fever, shortness of breath, cough, sore throat, chills or shaking with chills, muscle pain, headache, and new loss of taste or smell. If a resident is identified with a new-onset fever, shortness of breath, cough, sore throat or for any decrease in pulse oximetry from resident baseline level or any pulse oximetry reading <92%, the facility will notify their physician or physician extender immediately.</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.