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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>146131</b>   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                           | (X3) DATE SURVEY COMPLETED<br><b>06/19/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>CISNE REHABILITATION &amp; HEALTH CENTER</b>  |  | STREET ADDRESS, CITY, STATE, ZIP<br><b>WATKINS STREET, P O BOX 370<br/>CISNE, IL 62823</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<br><br><b>Level of harm - Minimal harm or potential for actual harm</b><br><br><b>Residents Affected - Many</b>             | <p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, interview, and record review, the facility failed to 1.) follow recommended procedures for staff screening, 2.) utilize recommended practice regarding use of homemade masks, and 3.) properly store and dispose of personal protective equipment (PPE). This failure has the potential to affect all 29 residents who reside in the facility. Findings include: 1.) A policy titled COVID-19 Control Measures, with a revision date of 5/2/20, states, Monitoring and Surveillance- Employees: 1) Screen all employees prior to the beginning of shift and every four hours. If any are identified as being ill, apply facemask and ask them to return home and contact their primary physician. The same policy also goes on to state, Restrictions for Health Care Personnel 2) Initiate screening at entryway of facility for symptoms of COVID-19 and/or fever. On 6/18/20 at 8:15 AM, V6 (Dietary) states at the start of their shift, COVID-19 screenings are done independently by staff. V6 states staff take their temperature, fill out a questionnaire, apply hand sanitizer, and don a mask if they did not bring in their own. On 6/18/20 at 8:35 AM, V8 (Certified Nurse Assistant, CNA) states all staff complete their own temperature check, questionnaire, and application of hand sanitizer prior to beginning their shift. V8 states their independent COVID-19 screening form is placed in a binder on the screening table. On 6/18/20 at 8:45 AM, V10 (Therapy) states all staff enter through the same entrance and complete a COVID-19 screening independently before beginning their shift. V10 states nobody must witness the screening, staff just complete their temperature and questionnaire, then leave the completed form in the binder on the screening table. On 6/18/20 at 9:05 AM, V7 (Laundry) states when she arrives to work, all employees enter through the same door and complete a screening independently before beginning their shift. V7 states the screening form is completed by that employee and left in a binder on the screening table. V7 states the screenings can be completed alone. 2.) On 6/18/20, review of the article titled COVID-19 Control Measures for Long-Term Care Interim Guidance found at <a href="http://www.dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus/long-term-care-guidance">http://www.dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus/long-term-care-guidance</a> states, Employees may utilize extended use or re-use techniques with masks and eye protection when PPE supply is low. Masks must be changed when visibly soiled. Employees must wear a mask (universal masking) during their shift to protect residents. On 6/18/20 review of the article titled Strategies for Optimizing the Supply of Facemasks found at <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html</a> states, In settings where facemasks are not available, HCP (health care personnel) might use homemade masks (e.g., bandana, scarf) for care of patients with COVID-19 as a last resort. However, homemade masks are not considered PPE, since their capability to protect HCP is unknown. Caution should be exercised when considering this option. Homemade masks should ideally be used in combination with a face shield that covers the entire front (that extends to the chin or below) and sides of the face. On 6/18/20 at 8:00 AM, a basket of several wrinkled, not labeled cloth masks with various designs were observed sitting on the employee health screening table. On 6/18/20 during the facility observation times 8:00 AM - 9:20 AM, V1 (Administrator), V2 (Director of Nursing), V6, V7, V8, V9 (Registered Nurse, RN), V10, V11 (CNA), and V12 (Social Service Director) were all observed wearing a cloth material homemade mask without the use of a face shield. On 6/18/20 at 8:10 AM, V2 states the facility is utilizing masks donated to the facility which were made by a group of women who live in the community. V2 states the facility has experienced no shortage of PPE. V2 states that all staff and residents in the facility were tested for COVID-19 on 6/16/20, in which 2 staff members V5 (Maintenance) and V13 (Dietary) tested positive and are now quarantining at home. V2 states V5 and V13 were both asymptomatic and acknowledged they had been working in the facility up until receiving their positive test results. V2 also states R1 is currently under a 14-day quarantine due to a medical stay outside of the facility. V2 states R1 previously tested positive for COVID-19 while on an inpatient medical stay outside of the facility. On 6/18/20 at 8:15 AM, V6 states there has been no shortage of PPE at the facility. V6 states the facility has disposable and homemade cloth masks available for use. V6 states her preference is to use is the cloth mask. V6 states she leaves the cloth mask in the facility to be washed. On 6/18/20 at 8:40 AM, V9 states the facility has not experienced any PPE shortage. V9 states the facility has homemade cloth and disposable masks available. V9 states he chooses to use a cloth mask per his preference. V9 states the cloth mask is left in laundry before he leaves the facility. On 6/18/20 at 8:45 AM, V10 states the facility has not experienced any PPE shortage. V10 states he brings in his own cloth mask to wear and takes it back home to wash. V10 states disposable masks are available, he just chooses to wear a cloth one. On 6/18/20 at 8:55 AM, V12 states the facility has not experienced a PPE shortage. V12 states donated homemade cloth or disposable masks are available for staff and resident use. V12 states staff also have the option to bring in their own cloth masks for use. On 6/18/20 at 9:05 AM, V7 acknowledges she washes homemade cloth masks for facility use. V7 states these masks are not assigned to an individual employee. V7 states staff can bring in their own cloth mask for use, use a homemade cloth mask, or disposable mask the facility provides. V7 states she chooses to bring her own cloth mask in and then takes it home to wash it and re-use. V7 states the facility has had no shortage of PPE or cleaning solutions. 3.) A not dated CDC (Center for Disease Control) handout provided by the facility on 6/18/20 titled How to safely remove Personal Protective Equipment (PPE) states: 2. Goggles or Face Shield Outside of goggles or face shield are contaminated. If the item is reusable, place in designated receptacle for reprocessing. Otherwise discard in a waste container. 3. Gown Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties. Pull gown away from neck and shoulders, touching inside of gown only. Turn gown inside out. Fold or roll into a bundle and discard in a waste container. On 6/18/20 at 9:05 AM, a not labeled, cloth isolation gown and face shield were observed hanging off the PPE donning station on R1's door with signage noted stating to see the nurse before entering. Additional PPE including cloth isolation gowns, gloves, and trash bags were observed in the compartments of the PPE donning station. On 6/18/20 at 9:08 AM, V2 states she assumes the cloth isolation gown and face shield hanging on the isolation donning station of R1's door is from the nurse. V2 acknowledges the hanging gown and face shield from the uncertain staff are not labeled and are in direct contact with unused isolation PPE. V2 acknowledges the facility is not experiencing a PPE shortage and would expect staff to don and doff a new isolation gown every time entering R1's room. V2 states the facility will dispose of the hanging PPE materials due to their uncertain contamination status. V2 states R1 is under quarantine precautions due to a readmission to the facility. The facility census report provided on 6/18/20 documents 29 residents reside at 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.