

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>146157</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/12/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ROCK FALLS REHAB &amp; HLTH CARE C</b>		STREET ADDRESS, CITY, STATE, ZIP <b>430 MARTIN ROAD ROCK FALLS, IL 61071</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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview and record review the facility failed to put on PPE (Personal Protective Equipment) before entering two resident's rooms who are on contact isolation related to the COVID-19 pandemic. This applies to two of three residents (R1 and R2) reviewed for infection control. The findings include: R1 was readmitted to the facility on [DATE] after a stay at the hospital. R1 has [DIAGNOSES REDACTED]. R2 was readmitted to the facility on [DATE] after a stay at the hospital. R2 has [DIAGNOSES REDACTED]. Both R1 and R2 have signs on their doors warning staff and visitors that the resident is on contact isolation and a gown, gloves and a mask should be worn while in the room. On 6/11/2020 at 9:24 AM, V5 housekeeping supervisor walked into R2's room. V5 was wearing a mask, but no gown or gloves. V5 was heard talking to R2 and asked him if he would like to be covered up. R2 was heard saying yes he was cold. V5 left R2's room and proceeded to walk down the hall without sanitizing her hands. V5 said she didn't even think about putting on a gown or gloves since she was not providing care to the resident. Showed V5 the sign on R1's door and after reading it said she should be wearing a gown and gloves when going into a room with contact isolation. On 6/11/2020 at 9:39 AM, V7 housekeeper was observed in R1's room. V7 was in the room cleaning and was not wearing a gown or gloves. V7 was observed many times going in and out of R1's room. When V7 was asked why she was not wearing a gown or gloves, V7 said, she did not even think about putting one on. After showing V7 the sign on R1's door V7 said I should be wearing a gown and gloves. At 9:55 AM V7 was still observed in R1's room without a gown or gloves. On 6/11/2020 at 9:15 AM, V4 LPN (Licensed Practical Nurse) said she was not sure if staff needed to wear a gown and gloves in a residents room who is on contact isolation. V4 said she thought it was only if providing direct care such as toileting. On 6/11/2020 at 9:52 AM, V8 CNA (Certified Nursing Assistant) said a gown, gloves and a mask should be worn when giving direct care to a resident on contact isolation. V8 said the residents at the facility that are on isolation are only on it because they just came back from the hospital, where they were tested negative for COVID-19 and have to stay in isolation for 14 days. V8 said she wears the full PPE when giving direct care like cleaning up a bowel movement. On June 11, 2020 at 9:27 AM, V2 (Director of Nursing - DON) said the residents that return from the hospital are kept on Contact Isolation for 14 days. V2 said these residents are to remain in their rooms and staff entering their rooms should be wearing gowns, gloves, and masks. V2 said these precautions are important to protect all the residents 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.