

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>146188</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/19/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>INTEGRITY HC OF SMITHTON</b>		STREET ADDRESS, CITY, STATE, ZIP <b>107 SOUTH LINCOLN SMITHTON, IL 62285</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b>  <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b>  Based on observation, interview and record review, the facility failed to develop a policy regarding a plan for new admissions/readmission related to COVID19 and failed to implement procedures for donning PPE/face masks and social distancing to prevent the potential spread of COVID-19. This has the potential to affect all 60 residents living in the facility. Findings include: 1. On 6/18/20 throughout the survey, two residents, R1 and R2, resided on the 300-hall and were on droplet contact isolation precautions. On 6/18/2020 at 8:25 AM V11, Regional Nurse stated, The only residents on precautions are R1 and R2 because they are new admissions. On 6/18/2020 at 8:46 AM V13, Certified Nurse's Aide, CNA, stated, I was here yesterday (6/17/2020) when (R1) and (R2) came in. We did not know they were supposed to be on precautions until about 6:00 PM. R1's Baseline Care Plan dated 6/17/2020 documents Isolation or quarantine for active infection disease- Droplet isolation Type. R2's Admission Record documents the admission date of [DATE]. R2's Physician order [REDACTED]. On 6/18/2020 at 8:28 AM, there was Personal Protective Equipment (PPE) set up including masks, gowns, gloves, goggles, and hand sanitizer on R1's and R2's door. A graphic sign was on the PPE bag had instructions on how to put on and take off PPE. There was no signage on the door explaining what isolation precautions staff should follow when caring for R1 and R2. On 6/18/2020 at 8:55 AM, V7, Certified Nurse's Aide (CNA) was on the 300-hall wearing a mask that was not covering her nose. On 6/18/2020 at 8:55 AM V7 stated, I haven't been working until recently, so I have not had any recent infection Control training. On 6/18/2020 at 9:03 AM, V7 was working on the 300-hall unit. V7 was wearing a mask; however, her nose was not being fully covered with the mask. On 6/18/2020 at 10:01 AM, V7 entered R1's room which has PPE on the outside door without adjusting her mask and was exposing her nose. V7 donned a disposable gown. The tip of V7's nose was exposed as she entered R1's room and exited R1's room. At 10:02 AM, V7 stated, Yes, (R1) is on droplet contact isolation, she was admitted from the hospital. 2. On 6/18/2020 at 8:50 AM, R14 was in the 300-hall in front of R1's room. R14 did not have on a mask. Staff did not encourage R14 to wear a mask while ambulating in the hall. 3. On 6/18/2020 at 8:36 AM to 8:50 AM, R13 was walking in the 300-hall past R1's room not wearing a mask. R13 complained of being thirsty and leg pain. Staff were alerted to R13's complaints and 2 staff came from the nurse's station to assist him. Staff did not encourage R13 to wear a mask while he was out in the hall. 4. On 6/18/2020 at 9:00 AM V8, Housekeeper, was cleaning a room with her mask hanging off her face and under her chin. Not until the surveyor walked up to V8 to speak to her, V8 put her mask on. 5. On 6/18/2020 from 7:30 AM to 7:55 AM, upon entering the facility, R3 and R4 were sitting next to each other at the table in the dining room. R3 and R4 were not wearing any mask and they were not six feet apart. No staff member was encouraging them to put on a mask and/or social distance with each other. R3 and R4 remained seating with each other for over 15 minutes. 6. On 6/18/2020 at 7:34 AM, R5, R6, R7, R8, R9, R10, R11, R12 and R13 were all located in the dining area walking by each other, sitting at tables and not wearing any masks. No breakfast was being served at this time. No staff member was encouraging any resident to go and put on a face mask and/or ensure residents were social distancing while they were in the dining room. These residents were less than six feet apart while in the dining room. 7. On 6/18/2020 at 7:35 AM, V15, Certified Nursing Assistant (CNA) was filling small 6 once cups with liquids. V15 did not have any gloves on and V15 was pulling plastic wrap out and covering each glass and then stroking the sides of each glass to ensure the plastic wrap was adhering to the glass without wearing any gloves. V15 was disinfecting between each cup and her hands touched the sides of every cup she filled with milk, and water. On 6/18/2020 at 7:36 AM, V15 stated, I did not realize I should have had gloves on we do not have anyone in the building with COVID-19. Yes, I am making up everyone's drink for breakfast. Yes, these will be for the all the residents' halls, trays and dining room. On 6/18/2020 at 11:45 AM, V16, Dietary Manager stated, Yes, with the COVID-19 precautions I would expect staff to be wearing gloves while touching glasses, serving food and preparing drinks.</p> <p>8. The Infection Control Policy dated 3/9/2020 documents, Post signs on the door or wall outside of the resident's room that clearly describes the type of precautions needed and required PPE. PPE optimization will be used as recommended by the CDC. The CDC (cdc.gov/coronavirus) guideline dated 5/26/2020 documents, The mouth and nose are to be fully covered. Practice social distancing remaining at least 6 feet apart. Facility Policy entitled, Infection Control Policy, (Updated to address the [MEDICAL CONDITION] Disease 2019), documents on Page 2, g. Employees are education and reminded to clean their hands according to CDC guidelines .and Page 3, section k. Post signs on the door or wall outside of the resident room that clearly describes the type of precautions needed and required. There is not a plan documented in the policy regarding handling new admissions, or patients under investigation for COVID-19. IDPH Document entitled, COVID-19 Control Measures for Long Term Care documents, Ensure all residents wear a cloth face covering for source control whenever they leave their room or are around others, including whenever they leave the facility for essential medical appointments. Whenever a resident is outside their room, they should wear a cloth face covering or facemask, perform hand hygiene, limit their movement in the facility, and perform social distancing (stay at least 6 feet away from others). CDC reference: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html</a> Responding to Coronavirus (COVID-19) in Nursing Homes Considerations for the Public Health Response to COVID-19 in Nursing Homes under Considerations for new admissions or readmissions to the facility documents, Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE. 9. The Residents Facility Roster provided by the facility and dated 6/18/2020 document there was 60 residents living 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.