

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145924</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/08/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CHAMPAIGN REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1915 SOUTH MATTIS STREET CHAMPAIGN, IL 61821</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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Few</p>	<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 interview and record review the facility failed to notify the physician of a potential symptom of COVID-19 (Coronavirus Disease 2019) and implement transmission based precautions for three of four residents (R2, R3 and R4) reviewed for infection control in the sample of four residents. Findings include: R3 and R4's Undated Census Reports document they shared a semiprivate room from 4/24/20 through 5/21/20. The Temperature Log dated 6/1/20 through 4/24/20 documents R3's temperatures as 100.2 degrees Fahrenheit on 5/19/20, 100.3 degrees Fahrenheit on 5/15/20, 100.9 degrees Fahrenheit on 5/9/20, and 100 degrees Fahrenheit on 4/25/20. R3's Progress Notes do not document R3's physician (V16) was notified of R3's elevated temperatures on 5/19/20, 5/15/20, 5/9/20 or 4/25/20. R3's Progress Notes document R3 was not placed on transmission based precautions until 5/21/20. R3 and R2's undated Census Reports document R3 and R2 were moved to the isolation hall and placed in a semi private room together on 5/22/20. R2's Medical Record dated 4/24/20 through 5/22/20 does not document R2 has an elevated temperature. On 6/8/20 at 9:45 AM V2 Director of Nursing stated the physician should be notified if a resident has a fever of greater than 100 degrees Fahrenheit. V2 confirmed that V16 was not notified of R3's elevated temperatures on 5/19, 5/15, and 5/9/20. On 6/8/20 at 12:10 PM V2 stated R3 was placed on contact and droplet transmission based precautions on 5/21/20 and confirmed R3 shared a room with R4. V2 stated R3 was placed on transmission based precautions due to having fevers and being at risk of exposure to COVID-19 during [MEDICAL TREATMENT] treatment. V2 stated R2 and R3 were transferred into the same shared room on 5/22/20. V2 stated the facility decided to have R2 and R3 share a room since R2 and R3 both leave the facility for [MEDICAL TREATMENT] treatments. V2 stated residents are to be placed on transmission based precautions when they develop a fever. V2 confirmed R3 should have been placed on transmission based precautions on 5/9/20 when R3 developed a fever greater than 100 degrees Fahrenheit. The COVID-19 Policy and Procedure dated 3/16/20 documents that COVID-19 is a [MEDICAL CONDITION] respiratory infection that can spread from person to person via droplets. Symptoms of COVID-19 include fever, cough, shortness of breath, respiratory infection/distress, sore throat, diarrhea, and nausea. This policy states Prompt detection and triage of potentially infectious residents are essential to prevent unnecessary exposures among residents, healthcare personnel and visitors and Procedure for detection: Residents will be monitored for development of clinical presentation of signs and symptoms daily to include but not limited to temperature, oxygen saturation and respiratory symptoms such as cough. This policy documents a resident with COVID-19 symptoms will be placed on droplet precautions. The policy also states The facility will contact the resident's primary physician or designee of symptoms and follow orders.</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.