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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 146059 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/11/2020 |
| NAME OF PROVIDER OF SUPPLIER HERITAGE HEALTH-JACKSONVILLE | | STREET ADDRESS, CITY, STATE, ZIP 873 GROVE STREET JACKSONVILLE, IL 62650 | |
| 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 - Many | <p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to operationalize their COVID-19 Policy regarding screening and placement of residents after transfer from an acute care facility and failed to screen visitors and essential personnel based on the Center for Disease Control and Prevention Guidelines to prevent the spread of COVID-19. This has the potential to affect all 95 residents in the facility. Findings include: 1. The Facility's Policy COVID-19 Protocol, dated May 15, 2020, documents Any resident who is suspected or a PUI (patient under investigation) for covid-19 will be moved to the yellow zone, rooms 257, 260 and 262, as well as rooms 248, 246, 245, 244, 243, 242 and 241 and visitation should be restricted to essential individuals. Visitors will be screened. R3's Care Plan, dated 6/10/2020, documents Resident is on 72-hour room quarantine due to returning from the hospital. Resident has a negative COVID 19 test. The Care Plan documents Resident at risk for psychosocial well-being concern related to medical and visitation restrictions secondary to COVID19. On 6/10/2020 at 8:40 AM V1, Administrator stated, Currently no positive patients. Currently have zones. Red which would be our positive patients. Yellow suspected patients for new and readmits. R3's Health Status Note, dated 6/1/2020, documents R3 had shortness of breath and gasping for air. The facility contacted ambulance and R3 was transferred to local area hospital. The Facility's Resident COVID-19 Monitoring for R3 documents COVID-19 test date 5/21/2020 was negative and 6/1/2020 was negative. R3's Admission Nursing Assessment and Care Plan, dated 6/9/2020, documents wheezing to all lung lobes, cough, cyanosis, oxygen via nasal cannula. R3's Social Services Note, dated 6/10/2020, documents R3 was readmitted to facility and placed in a room that was not in the Red or Yellow Zone. On 6/10/2020 at 9:00 AM V14, Licensed Practical Nurse (LPN), Currently have no positive patients. Have zones. Red and yellow. Red is for patients that have tested positive. Yellow for patients showing signs and symptoms and test pending. No patients have been admitted to either unit. If new admit or readmit, they are admitted to their room and placed on Droplet Isolation. If not tested isolation for 14 days. If tested at the hospital 72 hour. CDC's website https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html 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. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19. All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. Testing residents upon admission could identify those who are infected but otherwise without symptoms and might help direct placement of asymptomatic [DIAGNOSES REDACTED]-CoV-2-infected residents into the COVID-19 care unit. However, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. 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. Testing should not be required prior to transfer of a resident from an acute-care facility to a nursing home. New residents could be transferred out of the observation area or from a single to a multi-resident room if they remain afebrile and without symptoms for 14 days after their last exposure (e.g., date of admission). Testing at the end of this period could be considered to increase certainty. The COVID-19 IDPH Interim Guidance: Accepting Transfers from Acute Care Settings to LTCF, dated 5/11/2020, documents New admissions or returning residents where the COVID19 STATUS IS UNKNOWN (this could be someone new to the facility, a returning resident that went to hospital or transferred from somewhere and was not tested or the test result is pending. Patient placement single room on transition area. If asymptomatic after 14 days, can go to regular floor. 3. The facility's Roster dated 6/10/20 documented the facility had 95 residents in the facility.</p> <p>2. On 6/10/20, at 8:30 AM, V4, Infection Preventionist, performed a temperature screen on three state surveyors, prior to entry within the facility and then directed state surveyors to provide a signature and time of entry on a facility log in sheet. V4 did not request the surveyors completed a COVID-19 screening form as directed by the Centers for Disease Control (CDC). On 6/11/20, at 9:30 AM, V2, Director of Nursing (DON), stated all outside visitors should be presented a questionnaire screening form, signed and dated, prior to entering the facility for monitoring of fever/symptoms of COVID-19.</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.