

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 14E812	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2020
NAME OF PROVIDER OF SUPPLIER MOUNT VERNON HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP #5 DOCTORS PARK MOUNT VERNON, IL 62864	
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>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to: 1.) Follow recommended procedures for the use of personal protective equipment (PPE) associated with diagnosed as well as prevention of Covid-19 cases, and 2.) Restrict residents to their rooms, after being cared for by a positive Covid-19 Health Care Professional (HCP). This failure has the potential to affect all 67 residents residing in the facility. Findings Include: 1.) On [DATE] at 12:45 PM, V1 (Administrator) states the current facility census is 67, with 49 residents positive for Covid-19, along with 20 staff positive for Covid-19. V1 states 7 residents who were positive for Covid-19 have expired since [DATE]. On [DATE] at 8:15 AM, V7 (Cook) was observed in the kitchen preparing meal trays with no face mask, face shield, or goggles in place. V7 was observed passing the prepared meal tray to staff, who were then delivering the tray to residents that were socially distanced in the dining room. On [DATE] at 8:33 AM, V7 stated if he were to leave the kitchen, he would don a face mask, but stated it was not required for him to wear one while in the kitchen preparing and distributing food. On [DATE] at 8:15 AM, V6 (Dietary Manager) was observed stocking shelves and supplies in the kitchen with no face mask, face shield, or goggles in place. On [DATE] at 8:45 AM V1 (Administrator) stated all staff, regardless of their work location were to have a face mask, and goggles or a face shield donned at all times while in the facility. V1 confirms there is no exception to that expectation and kitchen staff would be included. V1 states staff not working on the Covid positive unit may wear a surgical mask rather than an N95 face mask but states all staff must be wearing a mask. At 10:20 AM, V1 confirms V7 was preparing and distributing food for all residents residing in the facility when observed without a face mask this morning. V1 states staff have been educated on the current infection control procedures which includes the utilization of a face mask while in the facility. On [DATE] at 9:18 AM, V3 (Licensed Practical Nurse, LPN) was observed working the Covid positive unit of the facility with no goggles or face shield in place, while being within 6 feet of residents. V3 states she works with an agency and has only worked at the facility for 2 days. V3 states the facility provides staff a face shield and goggles but states she does not have them on because she gets migraines. On [DATE] at 9:21 AM, V4 (LPN) and V5 (Certified Nurse Assistant, CNA) were observed working on the Covid-19 positive unit, in direct care with residents with no goggles or face shield in place. On [DATE] at 10:24 AM, V4 acknowledges face shields as well as goggles are provided by the facility for use, but states she dons them when she is actively doing patient care. On [DATE] at 10:27 AM, V5 states when working on the Covid-19 positive unit staff are to wear a gown, gloves, N95 face mask, and a face shield or goggles. When asked why she did not have hers on this morning while in the presence and providing care to Covid-19 positive residents, V5 stated she had just taken it off before she saw this surveyor and had not put it back on yet. During the observation period in its entirety on [DATE], V5 was not observed as having a face shield or goggles in place. A facility policy with a revision date of [DATE], titled Covid-19 Control Measures, states the purpose of the policy is to prevent transmission of the Covid-19 Virus and to control outbreaks. This policy states under the section titled, Respiratory Hygiene/Cough Etiquette/Hand Hygiene/PPE . 4. Require direct care staff and other staff members that may have close contact with residents to wear face masks, eye protection (goggles/face shields). A facility policy titled Infection Disease/Epidemic/Pandemic dated [DATE] states, . 8. Staff will be educated on steps and recommendations from public health authorities, including basic infection control prevention techniques, including hand hygiene and infection prevention measures taken by the facility to mitigate occurrence and spread of infectious disease. 2.) A facility policy with a revision date of [DATE], titled Covid-19 Control Measures, states the purpose of the policy is to prevent transmission of the Covid-19 Virus and to control outbreaks. The policy states under the section titled Monitoring and Surveillance- Residents . 5. If residents are cared for by a Health Care Professional with known Covid-19 or suspected Covid-19, these residents should be restricted to their room and be cared for using all recommended Covid-19 PPE for a period of 14 days after last known exposure and tested should they develop symptoms. On [DATE] at 1:54 PM, V1 confirms all residents residing in the facility were potentially exposed by asymptomatic Covid-19 positive staff. V1 states they have 20 staff who worked in various locations throughout the building who have tested positive. On [DATE] at 8:18 AM, R5 & R6 were observed ambulating in the Non-Covid hallway of the facility with no face mask in place. Staff were observed interacting with the residents within a 6-foot range, with no face mask application observed as being attempted, or encouraged. R5 and R6 were interviewed but noted to be alert and oriented to person only. On [DATE] at 8:40 AM, R7 was observed propelling herself in her wheelchair in the Non-Covid hallway with no face mask in place. R7 was observed as being alert and oriented to person, place, and time at the time of the interview. Staff were observed interacting and speaking with R7 within a 6-foot range, with no offering or encouragement of face mask application. R7 states she can come out of her room as she pleases. R7 states she has never been offered, encouraged, or aware of any reason she would need to don a mask when out of her room. On [DATE] at 12:52 PM, V1 states the facility has 0 residents being quarantined currently as a precautionary measure for Covid-19 at this time. This statement was made despite having stating 20 facility staff members test positive within the past 14 days. The facility Daily Roster Census dated [DATE] documents 67 residents reside within 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.