STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145903	A. BUILDING _____ B. WING _____	**07/21/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
VANDALIA REHAB & HEALTH CARE C	**1500 WEST ST LOUIS AVENUE VANDALIA, IL 62471**

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 -** Few	**Provide and implement an infection prevention and control program.** Based on observation, interview, and record review, the facility failed to ensure infection control practices were maintained for the prevention of communicable disease spread by correct use of Personal Protective Equipment (PPE), in accordance with current facility policy entitled, COVID-19 Control Measures, while providing resident care for 1 of 1 resident reviewed for infection control of communicable disease spread in the sample of 5. Findings Include: On 07/20/2020 at 12:15 PM, V13 (Licensed Practical Nurse) was observed in the main dining room, assisting R5 to eat lunch. V13 was sitting in close proximity from R5, a face to face distance of less than 12 inches, while feeding and speaking with R5. At this time, V13's entire face mask was located below her chin, not covering her nose or mouth. This practice continued until V13 was made aware of surveyor's presence, whereas V13 then corrected the placement of her mask to cover her nose and mouth. On 07/20/2020 at 11:45 AM, V1 (Administrator), and V2 (DON/Director of Nursing), said that all staff are to wear masks at all times while inside the facility, especially while providing resident care. V1 stated that infractions of the infection control policy, by staff not utilizing PPE accordingly, has resulted in official write-ups and V13 (LPN/Licensed Practical Nurse), would be included. Facility policy labeled Respiratory Hygiene/Cough Etiquette and Hand Hygiene states; 4. Requires all staff to wear face coverings when about in facility and when in close proximity of residents or other staff members. This policy has a revision date of 06/19/20 listed.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE