STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175245	A. BUILDING _____ B. WING _____	**04/23/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
EDWARDSVILLE OPERATOR LLC	**751 BLAKE STREET EDWARDSVILLE, KS 66111**

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	**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 maintain an ongoing effective infection control program, as the program lacked evidence of surveillance of organisms, healthcare associated or community-acquired infections, or resolution of the infections identified for five residents (R2, R3, R4, R7, R8) diagnosed with [REDACTED]. The facility failed to ensure staff cleaned a blood glucose meter after testing one resident's (R1) blood glucose level prior to placing it back into its container. The census included 93 residents. Findings include: 1. On 4/23/20 at 11:47am, Registered Nurse (RN1) checked R1's blood glucose level with a blood glucose meter. RN1 immediately placed the blood glucose meter into a plastic container without cleansing or sanitizing it. At this time RN1 indicated each resident had their own meter and that the blood glucose meter should have been cleaned/sanitized with a bleach wipe prior to placing it back into the container. 2. The January 2020 Infection Control Log identified nine residents received antibiotics with the date each antibiotic was started. The log failed to identify the site of the potential infections, if cultures or X-Rays were completed along with the results. The log identified three residents (R2, R3, R4) with a [DIAGNOSES REDACTED]. The log did not indicate if the residents received X-Rays, required isolation, were facility or community acquired, or if the infections were resolved. 3. The February 2020 Infection Control Log identified 11 residents received antibiotics with the date each antibiotic was started. The log failed to identify the site of the potential infections or if cultures or X-Rays were completed. The Infection Control Log recorded R2, R7, and R8 had [DIAGNOSES REDACTED]. R5 was listed on the log as having ringworm and received anti-fungal medication. R5's 1/8/20 at 2:40pm nurse's note recorded an order for [REDACTED]. The February Medication Administration Record [REDACTED]. The Infection Control log and clinical record lacked any further information related to R5's ringworm infection including the cause. 4. The March 2020 Infection Control Log identified R6 received [MEDICATION NAME] beginning 3/18/20 for vaginitis and was not healthcare associated. The undated Antibiotic Usage Surveillance Tool indicated R6 received the medication one day with a stop date of 3/19/20. According to R6's March and April 2020 MAR, staff administered the medication for 33 days. R6's clinical record lacked an indication as to why the resident required [MEDICATION NAME] medication for 33 days. 5. On 4/23/20 at 3:30pm an interview with Licensed Practical Nurse (LPN1) indicated she assisted the former Director of Nursing (DON) with providing information for the Infection Control Logs. LPN1 indicated she was not aware the logs were not completed to identify sources of infections or outcomes and thought the DON had completed them. 6. On 4/27/20 at 6:09pm, the interim DON indicated the Infection Control Logs should have identified each resident's condition and provide accurate and complete information for the infection control program which included investigating and following up on each infection. The interim DON indicated she was not aware R6 received the [MEDICATION NAME] for 33 days and that staff were educated in regards to cleaning the blood glucose meter prior to storing it in its container. 7. The October 2009 Policies and Practices - Infection Control identified the objectives of the infection control policies and practices were the following: a. Prevent, detect, investigate, and control infections in the facility; b. maintain a safe, sanitary, and comfortable environment for personnel, residents, visitors, and the general public; e. maintain records of incidents and corrective actions related to infections; f. Provide guidelines for the safe cleaning and reprocessing of reusable resident-care equipment.

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