

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145897</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LEBANON CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1201 NORTH ALTON LEBANON, IL 62254</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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, record review and interview the facility failed to follow recommended procedures for screening staff and visitors for signs and symptoms of COVID-19 upon entry to the facility. This has the potential to affect all 55 residents that live in the facility. Finding include: On 05/20/20 at 10:15am, V1 (Administrator) stated there are 55 residents that reside in the facility. The facility has dedicated the 200 Hall for COVID-19 residents. V1 stated that currently, 2 residents, R1 and R3 are positive for COVID-19 and two residents, R2 and R6, were positive for COVID-19 and are still in their 14 day active phase. On 05/20/20 at 10:00am, V21 (Family) stated that yesterday (5/19/20) was the first time in six weeks that he was able to visit R5 due to COVID-19. R5 is not doing well and is being seen by Hospice. On 05/20/20 at 12:10pm, V21, V22 and V23 (Family members) were in R5's room sitting at her bedside. V21, V22 and V23 were all wearing a face mask and a disposable gown. V21 and V22 stated they both visited R5 yesterday (5/19/20) and walked into the facility and went to R5's without being screened by a staff member. V21 stated he just walked inside the facility again today without anyone stopping him. V22 stated that today when she and V23 came to visit, they were stopped after they entered the facility's lobby and had to sign their name, answer questions on a questionnaire and a staff member took their temperature. They were informed they needed to wear a face mask and gown before they entered the next set of doors to the facility. V21 stated no one took his temperature today but was given a mask and gown. V21 stated he saw the table with the supplies each day but thought it was for the staff. On 05/20/20 at 10:10am, V24 (Surveyor 1) and V25 (Surveyor 2), entered the facility's lobby. A clip board and pen with a questionnaire regarding COVID-19 was sitting on a table. Disposable gowns, face masks, disposable gloves and hand sanitizer was also on the table. No facility staff were present. The next set of doors that entered the facility had a sign with instructions to go to the nurse's station. V24 and V25 each filled out the COVID-19 questionnaire. After approximately two minutes, V24 and V25 followed the posted directions and went inside the facility to the nurse's station. Approximately 2-3 minutes later, V12 (Licensed Practical Nurse/LPN) walked out of a resident's room and saw V24 and V25 and asked if he could help. V24 identified themselves as Illinois Department of Public Health (IDPH) staff and asked to see V1 (Administrator). V12 walked with V24 and V25 to V1's office. V1 was informed that V24 and V25 are present to conduct a COVID-19 Focused Infection Control Survey. V3 (Regional Director of Operations) was also in V1's office. After approximately 5 minutes, V3 asked if V24 and V25 checked in, and if they had their temperature taken. V24 informed V1 and V3 that no staff was at the table in the lobby for screening, so V24 and V25 completed the questionnaire and followed the posted directions on the next set of doors then entering the facility. At this time, V3 checked V24's temperature and V1 asked where V25 had gone. V25 had left V1's office and was inside the facility to begin the survey process. V1 then left the office for a few minutes and returned so that V24 could complete the Entrance Conference. No staff member monitored V25's temperature before she departed the facility at 2:45pm. On 05/20/20 at 2:25pm, V1 stated no one is to go beyond the lobby entrance and enter through the next set of doors into the facility without completing the COVID-19 screening, which includes a temperature. V1 stated that a staff member is generally at the entrance to screen anyone that comes to the facility, but recently he has been leaving his door open and he will monitor the entry way. Today, he closed his door and did not see V21, V24 or V25 enter the facility. V1 said all staff are aware they are to enter the lobby at the main entrance only and cannot enter the facility without filling out the questionnaire and having their temperature taken. A thermometer is to be on the table for the staff to take their own temperature if no one is present. If the thermometer should be missing, they are to have the 100 Hall nurse check their temperature before entering. V1 stated he is ok with the staff doing their own screening which includes a temperature. On 05/20/20 at 10:45am, V12 (LPN/Licensed Practical Nurse) and V16 (Certified Nurse Aide/CNA) were at the 100 Hall nurse's station. V12 stated he checks his own temperature when he arrives at the facility and he should have checked V24 and V25's temperature today when they entered. V16 stated at times she enters through a door on the side of the building and walks directly to the front lobby to be screened. If no one is there, she will complete the questionnaire and then walk back inside the facility doors and go to the 100 Hall nurse's station and have the nurse check her temperature. If the nurse is not present she will find a thermometer and check herself. On 05/20/20 at 12:45pm, V13 (Registered Nurse), V9 and V11 (CNAs) were all at the 200 Hall nurse's station. Each stated that V5 is no longer doing the COVID-19 screening at the front entrance. V13 stated she checks her own temperature and V9 and V11 each stated they enter the building and go to the 100 Hall nurse's station for the nurse to check their temperature. On 05/21/20 at 8:30am, V2 (Director of Nurses) stated she monitors the Infection Control in the facility. The staff are to enter the facility at the main entrance only for COVID-19 screening. V2 stated that V5 (Housekeeping / Laundry Supervisor) was doing the screening at this entrance from 6:00 am until around 4:00 pm. V5 was needed in housekeeping and is no longer performing this task. If V1 is present, he will conduct the screening before entry into the facility. If V1 is not present, the staff are to fill out the questionnaire and take their own temperature with the thermometer on the table before entering the facility. If for some reason the thermometer is not on the table, they are to knock on the door or call the facility telephone number to have the 100 Hall nurse come to the lobby entrance to check their temperature. No staff should go beyond the lobby and enter the facility before being screened. V2 stated she is ok with the staff doing their own screening which includes a temperature. The Facility's (Revised 03/25/20) COVID-19 Control Measures policy states: Restrictions for Health Care Personnel .2. Initiate screening at entryway of facility for respiratory symptoms and/or fever . Restrictions of Visitors. 1. Visitors and non-essential vendors/contractors will not be allowed access to the facility. 2. Exceptions might be considered in limited circumstances, such as end of life care. In those circumstances, visits should be scheduled in advance. 3. Any person allowed to visit due to limited circumstances, must be screened upon entrance to the facility. 4. Visitor must wear facemask and adhere to hand hygiene . 6. Post signs informing visitors of the restrictions at the facility entrance .Monitoring and Surveillance - Employees. 1. Screen all employees prior to each shift. If any are identified as being ill, apply face mask and ask them to return home and contact their primary physician. 2. Screen all essential consultants, contracted staff upon entrance to the facility. If any are identified as being ill, apply face mask and ask them to return home and contact their employer and primary physician.</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.