STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146188	A. BUILDING _____ B. WING _____	09/29/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
INTEGRITY HC OF SMITHTON	107 SOUTH LINCOLN SMITHTON, IL 62285

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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F 0684 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	**Provide appropriate treatment and care according to orders, resident's preferences and goals.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to provide quality of care based on residents' assessment and standards of practice by monitoring residents vitals signs for signs and symptoms of COVID-19 for 4 of 42 residents (R12, R49, R53 and R54) reviewed for COVID-19 symptom monitoring in the sample of 57. Findings include: 1. The facility's Line List for the month of September documents R12 tested positive for COVID-19 on 9/14/2020. R12's EHR documents R12's vital signs were taken one time only on 9/3, 9/7, 9/11, 9/14, 9/15 and 9/16/20. R12's EHR documents R12's vials signs were taken twice on 9/4 and 9/10/20. There was no documentation of R12's vital signs being monitored on 9/5, 9/6, 9/8, 9/9, 9/12 and 9/13/20. R12's oxygen saturation levels (O2 sat) were documented as being monitored twice daily on 9/1 and 9/3/20. R12's O2 sat levels were documented as being monitored only once daily on 9/4, 9/5,9/6, 9/7, 9/9, 9/10, 9/11 and 9/14. There was no documentation R12's O2 sats were monitored on 9/2, 9/8, 9/12 and 9/13/20. R12's Nurse's Note documents on 9/14/20 at 4:51 PM, R12 was sent out to a local hospital emergency room for lethargy and an elevated temperature of 100.4, and an oxygen saturation of 93%. At 11:46 PM , R12 was returned to the facility with a [DIAGNOSES REDACTED]. R12's Care Plan, dated 9/14/20 documented R12 had tested positive for COVID-19. The Interventions documented Monitor for presence of Fever, Cough, SOB or sore throat. Report worsening signs/symptoms of infection or lack of improvement from treatment to MD (medical doctor). R12's Care Plan Intervention documented V/S (vital signs), O2 saturation per protocol- document and report as indicated. There was no documentation inR12's EHR that the facility monitored R12's vital signs 8 hours before R12 tested positive for COVID. R12's EHR also did not document R12's Vital signs and assessments being completed every 4 hours after she tested positive for COVID-19. 2. R49's medical record documents R49's vital signs were monitored only once on 8/13/20. R49's vital signs including her O2 sats were documented as being completed twice on 8/18/20. R49's EHR Nurses note dated 08/18/2020 documents R49 had a temperature of 101.9 and her oxygen saturation was 87. V37 hospice physician was notified. R49's temperature at 2:00 AM, and her oxygen saturation was 90. R49's medical record documents R49's vials signs (temperature, pulse, respirations and blood pressure) were monitored only once on 8/20, 8/26, 8/27 and 9/3/20. R49's O2 sat levels were taken only once on 8/22, 8/26, 8/27, 8/29 and 8/30/20. R49's COVID-19 laboratory test, dated 08/28/2020, documents R49 was positive for COVID-19. There was no documentation inR49's EHR that the facility monitored R49's vital signs 8 hours before R49 tested positive for COVID. R49's EHR also did not document R49's Vital signs and assessments being completed every 4 hours after she tested positive for COVID-19. 3.R53's EHR documents that R53 has a [DIAGNOSES REDACTED]. R53's EHR documents Vital signs were monitored only once 09/03/20, 09/04/20, 09/07/20, 08/30/20, 08/29/20, 08/27/20, 08/26/20, and 08/21/20. R53's HER documents R53's O2 sat levels were only once 09/11/20, 09/09/20, 09/08/20, 09/04/20, 08/30/20, 08/29/20 and 08/27/08/20. There was no documentation in R53's EHR that the facility monitored R53's vital signs 8 hours before R53 tested positive for COVID. R53's EHR also did not document R53's Vital signs and assessments being completed every 4 hours after she tested positive for COVID-19. 4. R54's EHR MDS documents R54 is severely cognitively impaired. R54's EHR documents R54 has a [DIAGNOSES REDACTED]. R54's EHR documents R54's vital signs were monitored once on 8/26, 8/27, 8/29, 8/30, 9/4, and 9/8/20. R54's EHR documents R54's vitals were monitored twice on 9/9/20. R54's oxygen saturation was monitored on 09/09 x2, 09/08, 09/04, 08/30, 08/29, 08/27, 08/26, 08/24. R54's COVID symptoms assessment was monitored 08/28, 08/27, 08/26, 08/24, 08/23, and 08/22. R54's oxygen saturations were 93% on 8/26. R54's oxygen saturations was 97% at 1:30 PM, at 5:23 PM her oxygen saturation was 84%. On 09/09 at 17:47 R54 was sent out to a local hospital. R54's EHR did not document vital signs were being performed every 4 hours for signs and symptoms after R54 tested positive for COVID [DIAGNOSES REDACTED]. We use the asymptomatic form. We put the paper copy behind the Medication Administration Record [REDACTED]. At one time we were placing them in a binder and sometimes on point click care. Since we have been here, we are placing them behind the MARS. After multiple request, the facility did not provide any hard copies of vital sign monitoring for R12, R49, R53 and R54. On 9/16/2020 at 12:05 PM V19, Certified Nursing Assistant stated, I started here on Friday; I am with the float pool. I don't know these residents very well. I am the only CNA on the floor. I don't do showers. I am lucky to feed people, get them changed, and get the vitals done by myself. We need more help. Sometimes I just can't do it all by myself. On 9/23/2020 at 12:18 PM, V7, Regional Clinical Nurse/Infection Control Specialist stated, COVID-19 positive residents get their vital signs every 4-hours, the CNAs take them and give them to the nurse to log. The nurses would put it on the log. I will be honest it is a struggle to get them on everyone every 4 hours. That is a big challenge. Sometimes stacks of vital signs papers are at the nurse's station and may not get entered. On 9/29/2020 the Facility provided The Interim Guidance for COVID 19 updated on 03/18/2020, which documents, All patients should have full vitals and pulse oximetry every eight hours. The Facility Guidance documents if residents have tested positive for COVID-19 COVID positive residents should have full vitals AND pulse oximetry every four hours. The CDC Webpage Responding to Coronavirus (COVID-19) in Nursing Homes, updated on 4/30/20, documents under the section Resident with new-onset suspected or confirmed COVID-19): Increase monitoring of ill residents, including assessment of symptoms, vital signs, oxygen saturation via pulse oximetry, and respiratory example to at least 3 times daily to identify and quickly manage serious infection. Consider increasing monitoring of asymptomatic residents from daily to every shift to more rapidly detect any resident with new symptoms.
F 0686 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide appropriate pressure ulcer care and prevent new ulcers from developing.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to ensure residents treatment orders for pressure injuries/ulcers are followed, failed to provided pressure relief and staff turn and repositioned residents to prevent the development of pressure ulcers for three of three residents (R1, R4, and R6) reviewed for pressure ulcers in the sample of 57 residents. Findings include: 1.R1's Electronic Health Records Medical [DIAGNOSES REDACTED]. The MDS also documents R1 is at risk for pressure ulcer development. R1's Care Plan documents, (R1) is at risk for skin complications related to incontinence and decreased mobility. Assist and encourage resident to Turn and Reposition every 1 to 2 hours and as needed. Heel protectors as ordered. R1's Pressure Ulcer Risk assessment dated [DATE] and 9/22/2020 both documents, R1 is at moderate risk for pressure ulcer development. R1's Progress note dated 9/16/2020 at 3:44 documents, Certified Nursing Assistant (CNA) was checking resident during rounds and noticed a 2-centimeter (cm) x 3 cm broken down area on his right shoulder blade. Will notify Nurse Practitioner (NP) and monitor for changes to area. On 9/16/2020 at 8:50 AM, R1 was seen by V8, Wound doctor on his rounds at the facility. V8 stated, R1's right shoulder wound was a shear, and measured 2 cm x 3 cm, and V8 stated he will treat the area with [MEDICATION NAME], Calcium Alginate, and cover with dry dressing. At that time, R1 was on his left side, his bed did not have a pressure relief mattress on it. R1's physician's orders [REDACTED]. On 9/16/2020 from 8:50 AM to 11:50 AM, R1 was laying on his left side without being turned and repositioned to provide

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.

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F 0686 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	(continued... from page 1) pressure relief based on 15-minute observations. At 11:50 AM, V18, Licensed Practical Nurse (LPN) went into R1's room and reposition R1. On 9/16/2020 at 12:05 PM V19, Certified Nurse's Aide/CNA stated, I don't know of anyone on this hall who is on 2 hours turning and positioning. (R7) usually calls and asks to go. I started here on Friday; I am with the float pool. I don't know these residents very well. I am the only CNA on the floor. I don't do showers. I am lucky to feed people, get them changed, and get the vitals done by myself. I don't have a list of who is supposed to be turned and repositioned. On 9/16/2020 at 2:34 PM R1 was laying on his back. V19 stated she had just turned (R1) and it was the first time she had turned him since she came on duty. R1's right shoulder pressure area/shear had no dressing covering it. At that time, V17, Registered Nurse, was still passing out morning medications and had not done treatments yet. R1's right shoulder pressure ulcer/shear was red about a dime size, superficial layer of skin removed. R1's bottom sheet was wet from wound drainage and blood tinged. On 9/17/2020 at 10:35 AM, R1 was in his bed and an air mattress for pressure relief was on his floor room and not on the bed. V7, Regional Clinical Nurse inspected the right shoulder area and there was no dressing present covering the pressure injury/shear. There was blood tinged drainage on the bottom sheet, and his pillowcase had a dried brown circle on it from wound drainage. The area was red surrounding the open area. V7 obtained the supplies to do his treatment per V8's order. V7 cleansed the right shoulder wound, applied [MEDICATION NAME] cream, calcium alginate, and then covered with a dated gauze dressing. V7 stated, Maintenance is going to put this low air mattress on (R1's) bed today. 2. R4's EHR documents a [DIAGNOSES REDACTED]. R4's MDS dated [DATE] documents, severe cognitive impairment, requires extensive assistance from 2 staff to complete his daily activities such as bed mobility, transferring, and toileting. The MDS documents R4 is frequently incontinent of his bladder and always incontinent of bowel. R4's MDS also documents R4 is at risk for pressure ulcer development. R4's Progress Note dated 9/10/2020 3:02 AM, CNAs did bed check on resident and noticed 1x1centimeter (cm) open spot and 1cm x2cm abrasion above coccyx area along with redness on right buttock and slightly on the left. Medical Doctor will be notified along with POA. R4's hospital record admitted on 9/10/2020 documents, R4 has Stage II coccyx, and Deep Tissue Injury (DTI) coccyx, and (DTI) lateral foot. R4's Care Plan dated 9/16/2020 documents, Resident readmitted to facility from hospital on [DATE], upon initial skin assessment resident noted to have deep tissue injury to right foot along with stage II pressure area to above coccyx. Stage II pressure ulcer indicated by hospital reclassified by (V8) on 9/16 as shearing to coccyx. The Care Plan did not address turning and repositioning or pressure relief. R4's Treatment Administration Record (TAR) dated 9/16/2020, documents orders 1). Daily Skin Checks. 2). Apply skin prep right foot outer aspect twice a day (3-11 and 11-7). 3). Apply skin prep to purple area below coccyx twice a day (3-11 and 11-7) 4). Apply calcium alginate and [MEDICATION NAME] and cover with boarder gauze daily to above coccyx area. Apply calcium alginate and [MEDICATION NAME] and cover with boarder gauze daily to below coccyx area daily. R4's Progress Note dated 9/15/2020 at 11:42 PM, documents in part, Quick assessment done on resident since he's come back from hospital. In report nurse mentioned the stage 2 pressure ulcer on his bottom and a deep tissue injury on his right foot and they are in fact there. On 9/16/2020 at 8:51 AM, R4 was laying in his back on his back. On 9/16/2020 at 9:05 AM R4 was laying in his bed on his back, his feet were crossed with heel protectors on both feet. V18, Licensed Practical Nurse (LPN) stated,(R4) has a Deep Tissue Injury on his right foot, and stage II pressure ulcer on his bottom, he just came back from the hospital. On 9/16/2020 from 8:51AM until 11:51 AM, based on 15-minute observational intervals, R4 remained on his back without benefit of turning and repositioning to provide pressure relief. On 9/16/2020 at 11:29 AM, V18, LPN assisted surveyor to see R4's feet. R4 was on a regular mattress, both heel protectors in place. R4's top outer aspect of his right foot (bony prominence near the 5th toe) had a red/purple discoloration and intact skin. At 11:30 AM, V18, LPN stated, (R4) just got back from the hospital, I am not sure if he had pressure ulcers here, I am leaving my shift now because I worked midnights, (V17, RN) will be doing the coccyx dressing change. V18 stated it was the policy of the facility for the CNAs and nurses to do weekly skin checks. R4 remained on his back and was not turned and repositioned by V18. On 9/16/2020 at 2:36 PM V19, CNA turned R4 onto his left side. Resident has an indwelling urinary catheter in place but had leaked urine onto the pad's underneath him. The catheter securement device that was taped to his leg fell off and was loose in the bed. R4's coccyx was covered with a [MEDICATION NAME] type dressing about 4x4 inch square. V19, CNA stated, It looks like he has not been moved since he came back from the hospital. No, I have not been in here to turn him yet today. On 9/16/2020 at 2:38 PM, V19 stated, I will let the nurse know about his catheter leaking. On 9/17/2020 at 7:30 AM V7 stated, We don't have any pressure ulcers. I have been keeping on top of that. I come in and do skin assessments, look at the logs. (V8) comes in every week. If there are skin issues we will have (V8) come and follow them, and we notify the family. (R4) does have spots on his bottom, I did his skin assessment, and called the doctor late last night. His bottom looks like the skin came off from the big dressing they had on him. (R4) scratches himself a lot. I got a new order and did his dressing myself about 6pm last night. I think his family wants to go hospice that is why we didn't put him on an air loss mattress because hospice will provide it. I would expect nursing to do his dressings. I am teaching the nurses as I go. The girl on yesterday was agency nurse, and she didn't know the patients. We are just starting to use agency. When I am not here, I still look at the 24 hours report to see if there are any pressure or wounds on the reports. On the COVID unit staffing changes depend on how many residents there are, and what the care level is. I would have to check and see what the care level needs are. I think 2-3 staff can work, 2 Nurses and 1 CNA. I would have to see how many residents are turn and repositioning and toileting assisted to decide. On 9/17/2020 at 10:25 AM, V7 assisted with skin inspection of R4's open areas to his coccyx/sacrum. There were 2 open areas with skin loss at the top of his sacral area, and a dry blackish purple area at the top of coccyx area, and 2 open areas with superficial skin loss just right of the coccyx area. V7 stated, I think those 2 areas at the top were from tape pulling his skin, the areas are from shearing. V7 stated, (R4) did not have any pressure areas before he went to the hospital, he had some scratches. V7 replaced the dressing back over the areas. On 9/24/2020 at 3:30 PM V7 stated, Staff are trained on turning and repositioning. It is the standard of care. We have a hall monitor that logs residents for Q.A. (Quality Assurance). They have been working hard at getting their team together to ensure timely reporting of all skin conditions. (V19) CNA just started and works PRN (as needed). The first day you all were here we had a staffing emergency issue, but we have no pressure areas. Shearing is not pressure ulcers. (R4) had an abrasion on his coccyx before he went to the hospital on [DATE]. The area on his coccyx is already looking better. 3. R6's Electronic Health Records documents a [DIAGNOSES REDACTED]. R6's MDS dated [DATE] documents, cognitive impairment, requires extensive assistance with her activities of daily living such as bed mobility. Is frequently incontinent of bowel and bladder. R6's Pressure ulcer risk assessment dated [DATE] documents at moderate risk for developing pressure ulcers. On 9/16/2020 at 11:00 AM, R6 was lying on her left side asleep, facing the door on left side. At 11:15 AM, R6 was on her bed laying on her left side with her eyes closed, facing the door. Her position had not changed. On 9/16/2020, from 11:00 AM until 2:27 PM, based on 15-minute observation intervals, R6 remained on her left side facing the door without the benefit of repositioning. On 9/16/2020 at 2:29 PM, V19 CNA and V17, RN both stated they had not turned, repositioned or provided incontinent care to R6 today. V17/RN and V19/CNA assisted R6 with repositioning. R6 yelled out when moved. R6 had deep wrinkles on her buttocks, upper back, and thighs from laying on pads. R6's incontinent brief was saturated with brownish color urine. V19 and V17 did not complete R6's perineal care after R6's soiled brief was removed. V19 and V17 applied a new incontinent brief. V17 and V19 repositioned R6 at that time. Facility Policy Entitled, Preventive Skin Care dated 1/2014 documents, To provide preventative skin care through repositioning and careful washing, rinsing, drying, and observation of the resident's skin condition to keep them clean, comfortable, well groomed, and free from pressure ulcers. Any resident identified as being at high risk for potential skin breakdown shall be turned and repositioned at a minimum of every two (2) hours.
F 0690 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record reviews the facility failed to provide incontinent care and failed to assess the necessity of an indwelling catheter for 2 of 2 residents (R4, R6) reviewed for incontinent/catheter care in the sample of 57. Findings include: 1. R4's admission face sheet documents a [DIAGNOSES REDACTED]. R4's Minimum Data Set ((MDS) dated [DATE] documents he had severe cognitive impairment. The MDS documents he requires extensive assistance from 2 for toileting and is frequently incontinent of his bladder and always incontinent of bowel. R4's Progress Note dated 9/15/2020 at 11:42 PM, documented R4 returned from the hospital with an indwelling catheter. R4's Hospital Record entitled Patient Transfer Hospital Orders dated 9/15/2020 Does not document urinary catheter orders on his transfer sheet. The Hospital

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F 0690 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	(continued... from page 2) Record documents under the Assessment/Plan, on line #5, (R4) has Urinary Tract Infection-patient with indwelling urinary catheter. R4's Progress notes dated from9/16/2020 through 9/21/2020, do not document the reason for R4's indwelling catheter or if care was provided to maintain this catheter. R4's Physician order [REDACTED]. On 9/16/2020 at 2:36 PM, V19, Certified Nurse's Aide (CAN) assisted surveyor to check R4's skin. V19 turned R4 onto his left side. R4 had an indwelling urinary catheter in place which had leaked urine onto the pad's underneath him. The catheter securement device that was taped to his leg fell off and was loose in the bed. V19 stated, It looks like he has not been moved since he came back from the hospital. No, I have not been in here to turn him yet today. V19 stated, I will let the nurse know about his catheter leaking. On 9/25/2020 at 1:10 PM, V3, Licensed Practical Nurse/LPN stated, I do the MDS and have worked the floor as the nurse. When a resident comes back from the hospital, we do a skin assessment first, and obtain vital signs. I will go through all of the orders and process them. All the medications and treatments are transcribed and faxed to the pharmacy, if there is anything that needs clarified on the orders, I would call the doctor who ordered it. I would notify the doctor and POA of any new orders or findings. If a resident came back from the hospital with a (indwelling urinary catheter), and it was not on the order I would definitely call and get that clarified. It should be on the orders and treatment sheet. Facility Policy entitled, Catheter Care dated June 2014 documents, Catheter care is provided daily and as needed to all residents who have indwelling catheter to reduce the incidence of infection. 2. R6's Admission face sheet documents [DIAGNOSES REDACTED]. R6's MDS dated [DATE] documents, cognitive impairment, requires extensive assistance with her activities of daily living such as bed mobility. Is frequently incontinent of bowel and bladder. R6's Care Plan documents (R6) is at risk for skin complications (related to) incontinency of (bowel and bladder), requires extensive assistance with dressing and grooming, toileting and peri-care. R6's Physician order [REDACTED]. [MEDICATION NAME] 100 mg by mouth twice daily for 7 days. R6's Progress Notes dated 9/3/2020 documents, currently on [MEDICAL CONDITION] antibiotics On 9/16/2020 from 11:00 AM until 2:27 PM, based on 15-minute observation intervals, R6 was observed. At l 2:27 PM, V19, CNA and V17, Registered Nurse/RN stated they had not had time to provide incontinent care. R6 had dep wrinkles on her buttocks, upper back, and thighs from laying on pads. R6's incontinent brief was saturated with brownish color urine. V19 and V17 did not complete perineal care, or hand hygiene after R6's soiled brief was removed. A new incontinent brief was applied. Facility Policy entitled, Preventive Skin Care dated 1/2014 documents, To provide preventative skin care through repositioning and careful washing, rinsing, drying, and observation of the resident's skin condition to keep them clean, comfortable, well groomed, and free from pressure ulcers. Any resident identified as being at high risk for potential skin breakdown shall be turned and repositioned at a minimum of every two (2) hours. Facility Policy entitled, Perineal Care dated April 2015 documents, The purposes of this procedure are to provide cleanliness and comfort to the resident, to prevent infections and skin irritation, and to observe the residents skin condition.
F 0725 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	**Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.** Based on observation, interview and record review the facility failed to ensure there are enough staff to meet resident's needs including timely medications, turning and repositioning and meal assistance. This has the potential to affect all 50 residents living in the facility. Findings include: 1. On 9/16/2020 at 9:05 AM, V17, Registered Nurse stated, I am in charge of the unit today. I am with agency. The night nurse (V18) and (V6) Activity Staff are helping out, but we don't have any Certified Nursing Assistant (CNA) on the unit yet. I have to do all of the accuchecks, and vitals on everyone too. They don't have name bands or pictures in the medicine book. I wish we had more help. On 9/16/2020 9:06 AM V18, Licensed Practical Nurse (LPN) stated, I worked last night. There are about 33 residents on this COVID-19 unit. Two of the residents are out at hospital. Staffing here is hit and miss. Sometimes we have enough, sometimes we don't. Today we could use more help. We usually have 2 CNAs on each side of the building, and 1 nurse on each side of the building. We do have quite a few residents who need assistance with eating since they moved everyone over because of COVID. On 9/16/2020 at 9:07 AM, V6, Activity Director stated, I work on the COVID unit and help with passing trays, making beds, and taking residents out to smoke. No, I don't feed people, or do nursing care. I am not allowed to do any CNA stuff, and only assist with other things. On 9/16/2020 at 9:08 AM, V19, Certified Nursing Assistant (CNA) also stated (V19) CNA will be here later to help out. I am helping out on the floor right now. At 9:52 AM, V19, CNA stated, I am from the float pool and I just got here I come in when they call me because they need more help now that state is here in the building. 2. On 9/16/2020 at 11:00 AM, R6 and R10 had not been assisted with their meal and their breakfast trays were not touched. V19, CNA stated (R6) and (R10's) breakfast trays were now cold. V19 stated, I can't feed them cold food, Lunch is going to be here soon, and I will just feed them the lunch tray. 3. On 9/16/2020 at 11:40 AM, V17, Registered Nurse (RN) was still passing her 8:00 AM medications on the COVID-19 unit. At 11:41 V17 stated, I am still passing out medications. I am trying to make sure everything is right, and I didn't get started this morning until 9:00 AM this morning. On 9/16/2020 at 12:35 PM, V17 stopped medication pass to take R7 to the bathroom across from nurses' station. Feces was smeared all over the high-rise toilet seat in this bathroom. V17 then took R7 to the adjacent bathroom to assist him to toilet. On 9/16/2020 at 12:55 PM V17 was still passing her 8:00 AM medications. At 12:56 PM, V17 went back into the bathroom to get R7 off the toilet due to no CNA was available to assist R7. V17 stated We don't have enough help here to get the care done here that needs to be done. At 1:25 PM, V17 continued to attempt to pass the morning medication while assisting residents to the bathroom and answering resident's call lights 4. On 9/16/20 from 8:50 AM until 11:50 AM, based on 15-minute observation intervals, R1 was observed lying on his left side without benefit of turning and repositioning. At 11:50 AM, V18, LPN, repositioned R1. On 9/16/2020 at 12:05 PM V19 stated, I don't know of anyone who is on 2 hours turning and positioning in the facility. (R7) usually calls and asks to go. I started here on Friday; I am with the float pool. I don't know these residents very well. I am the only CNA on the floor. I don't do showers. I am lucky to feed people, get them changed, and get the vitals done by myself. I don't have a list of who is turning and repositioned. On 9/16/2020 at 2:34 PM R1 was laying on his back. V19 CNA stated she had just turned (R1) and it was the first time she had turned him since she came on duty. R1 had been laying on his back for three hours. 5. On 9/16/20, from 11:00 AM until 2:27 PM, based on 15-minute observation intervals, R6 was observed lying in her bed on her left side without benefit of turning and repositioning. On 9/16/2020 at 2:27 PM asked both V19, CNA and V17, RN if they had turned and repositioned or provided incontinent care to R6 today. They both stated they did not have the time yet to turn and reposition R6. 6. On 9/16/2020 from 8:51 AM until 2:36 PM, based on 15-minute observations, R4 was not turned or repositioned to relieve pressure from his coccyx area. R4 had a pressure ulcer to his coccyx. On 9/16/2020 at 2:36 PM, V19, CNA stated, It looks like (R4) has not been moved since he came back from the hospital. No, I have not been in here to turn him yet today. On 9/17/2020 at 7:30 AM, V7, Regional Clinical Nurse, stated, On the COVID unit staffing changes depend on how many residents there are, and what the care level is. I would have to check and see what the care level needs are. I think 2-3 staff can work, 2 Nurses and 1 CNA. I would have to see how many residents are turning and repositioning and toileting assisted to decide. On 9/25/2020 at 1:15 PM, V34, Ombudsman stated Because of COVID-19 we are not allowed in the facility. We have been getting a lot of complaints from residents that they are not getting the help when they need it and their needs are not being met because there is not enough staff. Some residents have stated there has been many nights when there was only 1 CNA working. Residents are having issues with being changed or assisted to the toilet, residents not being fed in a timely manner and residents not being turned and repositioned things like that. 7. The Residents Census and Conditions of Residents, CMS 672, provided by the facility on 9/16/2020, documents the facility has 50 residents living in the facility.
F 0727 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	**Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.** Based on record review and interview the facility failed to have required Registered Nurse (RN) coverage for eight hours daily. This failure has the potential to affect all 50 residents in the facility. Findings include: 1. On 9/16/20, the facility had an outbreak of COVID-19 infections. The facility Nursing Schedule dated 09/13/2020 through 09/26/2020 documents that on September 14, 20, 23, and 24th the facility did not have RN coverage for at least 8 hours per day. On 09/28/2020 at 3:45 PM V1, Administrator stated Our RNs Range from 2 to 4. We have three on staff, but one is our Clinical

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F 0727 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Many	(continued... from page 3) Regional Director. We have 2 as of today, (V35 RN and V36 RN). Some of the staff had COVID. Our Regional Clinical Director (V7) came to sit in the building. V1 stated V7 was working on the floor. V1 stated We had an agency nurse. 2.The Facility's Resident Census and Conditions of Residents form, given to surveyors on 09/16/2020, documented the facility had a census of fifty residents.
F 0880 **Level of harm -** Immediate jeopardy **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 develop and implement infection control procedures to prevent the spread of COVID-19 infection by: failing to implement transmission based precaution and cohort residents to prevent the spread of infection; using required personal protective equipment (PPE) when caring for COVID-19 positive residents; encouraging residents to wear masks and socially distance; and utilize procedures for effective waste disposal. This has the potential to affect all 50 residents living in the facility. This failure resulted in an Immediate Jeopardy (IJ) which began on [DATE] when 6 residents (R3, R18, R20, R25, R26 and R42) tested positive for COVID-19 and continued to share rooms with their roommates (R12, R10, R8, R21, R24 and R27) who tested negative. The facility did not implement transmission-based precautions and isolate positive residents from negative residents. Subsequently, R8, R10, R12, R21, R24 and R27 tested positive for COVID-19. Due to these residents' comorbidities and vulnerabilities, this failure increased their risk for severe illness from COVID-19 and possible death. The Immediate Jeopardy was identified on [DATE]. On [DATE] at 9:25 AM, V1, Administrator and V7, Regional Clinical Nurse/Infection Control Specialist, were notified of the Immediate Jeopardy. The surveyors confirmed by observations, record review and interview that the Immediate Jeopardy was removed on [DATE] but non-compliance remains at Level two because addition time is needed to evaluate the implementation and effectiveness of in-service training. Findings include: 1.The facility's COVID-19 Test Tracking Line List documents the facility's first COVID-19 positive case was R17 on [DATE]. No further cases were documented again until [DATE]. The COVID-19 test result date of [DATE] documents, 17 residents (R1, R3, R4, R7, R18, R20, R25, R26, R35, R42, R45, R46, R47, R49, R51, R53 and R54) were positive. According to the line list 6 residents (R3, R18, R20, R25, R26 and R42) who tested positive for COVID-19 were residing in rooms with 6 residents (R12, R10, R8, R21, R24 and R27) who tested negative. The COVID-19 test result date of [DATE] (five days later) documents R8, R10, R24, and R27 tested positive for COVID-19. R21 tested COVID-19 on [DATE]. R12 tested positive on [DATE]. After multiple request to the facility, no documentation has been provided indicating that the positive residents were moved to COVID-19 unit to be isolated. There was no documentation that the negative residents who were exposed to the positive residents were placed on transmission-based precautions. There was no documentation of the residents that tested negative on [DATE] being separated from the positive roommates. The Line List also documents the facility had 41 cases of COVID-19 positive cases for R3, R4, R5, R6, R7, R8, R10, R12, R14, R17, R20, R23, R24, R25, R26, R27, R32, R33, R34, R35, R36, R37, R38, R39, R40, R41, R42, R43, R44, R45, R46, R47, R48, R49, R50, R51, R52, R53, R54, R55 and R56 starting on [DATE] to present. 2. The Residents Census and Conditions of Residents form, CMS 672, provided by the facility on [DATE] documents the facility has 50 residents living in the facility. Upon entering the facility on [DATE] at 7:03 AM, V3, Licensed Practical Nurse (LPN) stated that all the residents who had tested positive for COVID-19 were on the 300 Hall. 3.R3's Physician order [REDACTED]. R3's Lab Results dated [DATE] document R3 was positive for COVID-19 on [DATE]. R3's Progress Notes dated [DATE] at 11:08 AM documented R3 tested positive for COVID-19. The Line Outbreak Log documents R3 and R12 shared a room together on the 100 Hall unit at that time. 4.R12's Physician order [REDACTED]. On [DATE] at 7:10 AM, R12 resided on the 100-hallway in a room with R13. R12 was formerly roommates with R3 who was moved to the COVID-19 unit. The Facility's undated Line List for COVID-19 Outbreaks in Long Term Care Facilities, documents R12 tested positive for COVID-19 on [DATE]. R12's Lab results dated [DATE] document R12 was positive for COVID-19 on [DATE]. On [DATE] at 7:08 AM, R12's door was opened to the 100 hallway and there was a sign on the door documenting, Special Droplet/Contact Precautions. Outside of R12's room door there was a dresser with Personal Protective Equipment (PPE) inside of it. R12 was not in her room. R13 was in this room lying on her bed and was not wearing a mask. There was no hand sanitizer available for use on the dresser with the PPE. On [DATE] from 7:12 AM to 8:40 AM, R12 was walking from the nurse's station to the dining room. R12 was not wearing a mask. R9 was sitting at the dining room table when R12 walked past R9 did not maintain social distancing of 6 feet away. R9 was wearing the mask around her neck. R12 was pacing back and forth with her walker in the dining room, sat down in the dining room chair and then got back up and started roaming the halls (100 and 200). No staff was redirecting R12 or encouraging her to don a mask. R12 was not maintaining social distancing of 6 feet away from staff and or any resident who would come by. On [DATE] at 7:28 AM, V3, Licensed Practical Nurse (LPN) stated, (R12) likes to roam the halls. We can't keep a mask on her. I am not sure if she tested positive for COVID-19. (V3) instructed (R12) to put a mask on her face; however, R12 ignored her and kept pacing the hallways. V3 stated, they are unable to keep her from wandering the halls and they have a hard time getting her to wear a mask. On [DATE] at 7:51 AM, V4, Certified Nursing Assistant (CNA) stated, I do not know why (R12) is on contact isolation. I am the only CNA on these 2 halls (,[DATE] Halls) today. (R12) likes to roam the halls and we have a terrible time getting her to keep her mask on when she leaves the room and to stay six feet away from everyone. Yes, she is always roaming the halls here without her mask. On [DATE] at 8:51 AM, R12 was not wearing a mask when she entered her room and sat down on her bed. R13 was in the room at that time. Neither R12 nor R13 were wearing a mask. On [DATE] at 7:25 AM, V1, Administrator stated, Yes, (R12) tested positive for COVID-19. (R12) was tested on [DATE] but we did not get the results back until [DATE] and she was positive for COVID-19. 5.R13's POS dated [DATE] document a [DIAGNOSES REDACTED]. On [DATE], R13 was seen sharing a room on the 100-hall with R12 who has tested positive for COVID-19. R13's Lab results dated [DATE] document R13 was negative for COVID-19 on [DATE]. On [DATE] at 8:06 AM, R13 was propelling herself in her wheelchair down the hall. R13 had a mask with her but was not wearing the mask. R13 entered the telephone room. R13 was coughing slightly. The staff did not encourage R13 to perform hand hygiene. R13 did not cover her mouth when coughing. On [DATE] at 8:08 AM, R13 was eating breakfast in the dining room assisted by V15, CNA. R13 and V15 were not six feet apart from each other. R13 was coughing slightly. V15 did not perform hand hygiene. On [DATE] at 9:17 AM, V14, Business Office Manager was standing in the dining room and was only wearing a surgical mask. R13 was at the nurse's station and wheeled by V14 and they greeted each other. R13 was not wearing a mask. V14 did not encourage R13 to don a mask and V14 was less than 3 feet away from R13. On [DATE] at 9:24 AM, R13 was in the hallway and was not wearing a mask. On [DATE] at 9:30 AM, V15 came and got R13 and began to give her a shower. R13 was not wearing a mask and R13 was coughing off and on while waiting in the hallway and inside the shower room. 6. R16's POS dated [DATE] documents a [DIAGNOSES REDACTED]. The Facility's undated Line List for COVID-19 Outbreaks in Long Term Care Facilities documents R16 resided on the 300 COVID-Unit on [DATE]. The Line list documented R16 tested negative for COVID-19; however, R16 was residing on the unit with all residents who tested positive for COVID-19. On [DATE] at 9:21 AM, V3, LPN, stated, (R16) was housed on the 300 hall COVID-19 unit but was just recently moved to the 200 Hall. (R16) was tested multiple times and was negative so we moved him to the 200- hall. (R16) is still on droplet precautions. I think he was moved yesterday ([DATE]) that is why his chart was on the 300 unit. On [DATE] at 7:58 AM, R16's room was located on the 200-hall. R16's room door was open, there was sign on the door documenting, Special Droplet/Contact Precautions and PPE was outside of the door. R16 was not inside his room. There was no hand sanitizer available for use. On [DATE] at 8:30 AM, there were 2 sets of doors closed. Upon entering the first closed door there was a hallway followed by the common area with a television. This common area led to the 300-hall where the designated COVID-19 Unit was in place. R16 was in this area and was not wearing a mask as he wandered the hallways, confused, holding up his pants. No staff was nearby to assist R16. R16 was not sure if he should enter the 300 unit or go back through the double doors and was pacing back and forth. On [DATE] at 8:50 AM V7, Regional Clinical Nurse, Infection Control Specialist stated, No, (R16) should not be there (near the 300 hall) and encouraged R16 to go back with her to his room. V7 stated (R16) is on 'droplet precautions because he was on the COVID-19 Unit. He just moved to the 200 Hall yesterday I believe. On [DATE] at 7:21 AM, V7 stated If a resident test positive for COVID-19, I would expect the resident to be moved to the special COVID-19 Unit. V7 stated the facility was not housing any positive or negative residents together. V7 stated No, I did not realize (R12) was positive for COVID-19 and her roommate (R13) was negative. I don't know residents and/or room numbers. No, they should not be housed together. If a resident cannot stay in their room, I would expect the resident to be on the COVID-19 unit. I would not expect a COVID-19 positive resident to be roaming the building on the non COVID-19 hall or sharing a room with a resident who is negative for COVID-19. On [DATE] at 10:03 AM, V27, Local Health Department, Director of Infection Disease stated, The facility has been sporadic in sending us their numbers. The person in charge seems confused and is always telling us they will get back to us, they are still working on it. I finally set up a call with the State Infection Control Specialist, because their numbers are increasing. We talked

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F 0880 **Level of harm -** Immediate jeopardy **Residents Affected -** Many	(continued... from page 4) about cohorting residents, infection control measures, screening staff. Initially, the facility had 3 confirmed COVID-19 cases on [DATE]. Then on [DATE] they reported 22 new cases. On [DATE] they had 2 more new cases and 1 more new case on [DATE] and then [DATE] 15 more cases. On [DATE] 1 more case. As far as COVID-19 deaths, (R53) expired from COVID-19 death on [DATE]. (R49) expired from COVID-19 related death on [DATE], (R49) was also on hospice but it was COVID-19 related. (R54) expired on [DATE]. We got a report yesterday that another COVID-19 related death occurred yesterday but at this point we do not have a name yet for the resident. No, I would not expect a resident who is positive or on the positive unit to be cohorting with a negative resident. We went over this with the facility and they told me they were not doing cohorting with anyone. On [DATE] at 10:30 AM, V28, State Infection Control Specialist stated, We had a meeting with the facility on [DATE]. I asked them if they had enough supplies, hand sanitizer and they assured me there was plenty. (V1) did not seem to grasp everything that they needed to know and seemed overwhelmed. We talked about ideas for staffing and they told me they were housing 100 percent of residents only on the COVID-19 unit. No, I was not aware that there were residents on contact/droplet precautions on the ,[DATE] halls. That is not what they told me they were doing. We talked about the dangers of cohorting and quickly it can spread which it is spreading right now. With the incubation period of ,[DATE] days this can affect the whole building and with their population and vulnerability of the elderly this can be a major problem. As of Friday, [DATE] the facility has a total of 42 COVID-19 positive residents, 21 staff members and 3 deaths. On [DATE] at 12:18 PM, V7 stated, For residents who are exposed to positive residents once we have validation a resident is positive then we move the positive patient to a different area, either the 300 halls, or our sister facility. It's hard to explain how the room numbers are tracked. With so many positives coming in all at once, it is hard to keep the census up to date. We triage room moving by who is positive, look at who their roommates are, and decide where to move them as soon as we can. We do not have room moves documented on a log. Nursing staff are monitoring the residents respiratory, appetites, vitals, really anything that changes with their condition. Any question about their status we would keep them on isolation. The staff should wear Full PPE- Gown, faces shield or goggles, mask, gloves, and shoe covers. We did not have a step-down area while you all were here. COVID-19 positive residents get their vital signs every 4-hours, the CNAs take them and give them to the nurse to log. The nurses would put it on the log, I will be honest it is a struggle to get them on everyone every 4 hours. That is a big challenge. Sometimes stacks of vital signs papers are at the nurse's station and may not get entered. I have not talked with local health department. On [DATE] at 4:02 PM, V29, Medical Director stated, No, I was not aware there were over 32 residents that were positive for COVID-19 in the facility. They have a designated unit for COVID positive residents now on the 300-hall. The positive residents should be on Contact/Droplet precautions on the designated unit for 14 days, then on step down another 14 days before cleared to move to a negative unit. The residents who are new admissions should be on contact/droplet precautions too because you don't know if they have COVID-19, even if they tested negative. The facility may also send positive residents to the (sister facility). I was not aware they had that many positives cases. There have been no COVID-19 related deaths that I am aware of, they will transfer residents to the hospital if they have any change in condition. I would expect them to call me if a resident has change of condition, or COVID-19 symptoms. If their pulse oximeter would persist below 90% with other symptoms they should call. I know there are staffing issues in all of the nursing homes, since the Pandemic it is even more of an issue. If they are not on an emergency staffing plan they should be. I am not sure who the Infection Control Preventionist is at the facility. You know it is hard to keep some of their population from wandering due to mental issues. You want to isolate positive residents on the designated unit. You should not have any negative tested residents sharing a room with any positive tested residents .If the COVID unit is full then they need to open up another unit. No, negative residents should never share the same room with positive residents. They should not allow negative and positive residents to share a room. They would not do this. If a resident who is negative shares a room with a positive resident, they would likely be infected, this should never be done. 7. On [DATE] at 8:15 AM, while working on the ,[DATE] halls, V15, Certified Nursing Assistant/CNA, was not wearing her mask correctly and the elastic bands were both around her neck and the mask was not fitting around her mouth and nose. V15 stated Today is my first day. No, I have not been trained on PPE, what to wear, or how to take on and off. No, I am not sure what anyone is on contact isolation for on this hall or why anyone is on contact isolation, I only just started. I started this morning at 7 AM. I am assisting residents, toileting, I assisted 2 residents this morning with eating. I think everyone with COVID-19 is on the 300- hall. On [DATE] at 9:35 AM, V16, Registered Nurse/RN stated, I am only filling into today this is my first time here. I work at their sister facility. No one told me there were any positive or potential positive residents with COVID-19 on these halls. I thought they would all be on the COVID unit or I would have been wearing the N95 mask now. If they would have informed me that there were residents being housed on these halls for potential COVID-19 I would have had the right mask (N95) on because I don't want to get it or take it home. I did not know it was on this side of the hall. On [DATE] at 9:44 AM, V13, Registered Nurse (RN)/Administrator at Sister Facility, was only wearing a surgical mask. V13 stated I did not know they were housing any COVID-19 residents on this hall. All COVID-19 residents should be on the COVID-19 hall and no, staff are not wearing the correct mask (N95 mask) as I don't think they are even aware there are positive COVID-19 positive residents on this side of the building. The following was observed on the COVID-19 positive unit on [DATE] and [DATE]: 8. On [DATE] at 9:06 AM, V18, LPN, stated there are about 33 residents who have tested positive for COVID-19 on the COVID-19 Unit (300-hall). On [DATE] at 9:06 AM, V6 Activity Director, V17 Agency Registered Nurse and V18 LPN were working on COVID-19 positive unit (300-hall). V6, V17 and V18 were not wearing eye protection when entering residents' rooms on the COVID-19 unit. V17 was wearing a loose-fitting surgical mask, not a N95 mask, which dropped below her nose when she talked and was frequently touching and adjusting the mask with her hands. On [DATE] at 9:52 AM, V19, CNA, entered the COVID-19 unit. V19 was taking vital signs of residents on the COVID-19 unit. V19 did not wear any eye protection when entering the residents' rooms. V19 would go into the resident's rooms with an overbed table, wrist blood pressure cuff, not touch forehead thermometer and finger pulse oximeter, and a logbook for documenting the resident's vital signs. As V19 entered and exited the rooms, there was no disinfectant on the table for cleaning and disinfecting the equipment after each resident's use. At 12:05 PM, V19 was taking residents vital signs on the COVID-19 unit. V19 did not wear gloves as she entered each residents room. V19 continued to take an overbed table into the room with equipment to take residents' vitals. She did not disinfect the equipment as she went from room to room and in between each resident's use. On [DATE] at 10:35 AM, V11, Maintenance, entered the COVID-19 unit through a tarped entrance area and was only wearing a surgical mask, not an N95 mask. V11 was not wearing a gown, gloves or eye protection while on the COVID-19. V11 was retrieving an air mattress from a closet on the COVID-19 unit. V11 stated I just came over her to get an air mattress for (R1's) bed because you all are here. Now I am embarrassed to say I forgot to put on the PPE. I should have on what you're wearing. V11 then exited back through he tarped off entrance area. On [DATE], at 10:40 AM, V17, RN/Agency, pulled her surgical mask off her face exposing her nose and mouth while talking to V18 at the medication cart while on the COVID-19 positive unit. On [DATE], from 9:07 AM until 11:30 AM, there was no trash can available near the designated COVID exit area for doffing PPE. There were multiple empty boxes stacked on the floor next to the door. At 2:45 PM, there was still no container to doff contaminated PPE prior to exiting the COVID-19 unit. There was no hand sanitizer available at the exit of the unit. The exit to the COVID-19 unit exits to the exterior of the facility. On [DATE], at 11:34 AM, V6 was taking resident out to smoke through the COVID-19 designated exit door. V6 doffed her re-usable gown on top of a suitcase next to the door, which rests up against the hallway handrail. V6 assisted residents to step outside. V6 lit residents' cigarettes wearing gloves. V6 did not sanitize her hands between each resident while assisting with cigarettes. At 12:21 PM, V6 stated I am really not sure what I can wear again or what I have to get new after taking residents out for smoke breaks. I have not been given any guidance to be honest. I am not sure. At 12:50 PM, V6 stated the suitcase sitting on the floor near the COVID-19 unit exit with the N95 mask and the reusable gown was hers. There was no trash or laundry barrel near the COVID-19 exit door to discard used PPE. On [DATE] at 12:15 PM, V10 Housekeeping, entered the COVID-19 unit. V10 failed to don eye protection. At 12:20 PM, V10 stated when he is on the unit, he was supposed to wear masks, gown, gloves, and shoe covers. On [DATE] at 10:06 AM, V18, LPN stated, I guess we are supposed to be wearing eye shields back here, but they give me a headache, so I don't wear them. On [DATE] at 9:10 AM, V25, who is this stated I don't know what the procedures are for entering and exiting the COVID-19 units. I didn't get training about how to leave the unit. I mean, should I take all of this off and throw it away? I am not sure. I will need to go to lunch, and I guess we are supposed to leave through that door (pointing to the exit by 300 room) I am not sure if I re-use this stuff or not? On [DATE] at 12:18 PM, V7, stated there was supposed to be a trash can at the exit (on the COVID-19 unit) to throw away gloves and gowns. There was a small trash can set up there the last time I was in there. 9. On

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F 0880 **Level of harm -** Immediate jeopardy **Residents Affected -** Many	(continued... from page 5) [DATE] from 8:50 AM through 12:15 PM, based on 15- minute or less observation intervals, there was no cleaning and disinfection of high touch surface areas on the entire COVID-19 unit. No housekeeper was present or working in the rooms on the COVID-19 unit. On [DATE], at 12:20 PM, V10, Housekeeper, stated that he is to clean high touch surfaces every 2 hours using bleach. He noted he was last on the COVID-19 unit at 7:30 AM to disinfect high touch areas. Facility's policy entitled, (Facility) COVID-19 Testing and Response Plan effective [DATE] documents, It shall be the policy of the Facility to guard against the introduction and spread of [DIAGNOSES REDACTED]-CoV-2 within its community of residents and staff. The Facility uses available and current guidance from the Centers for Disease Control and Prevention (CDC), Center for Medicare and Medicaid Services (CMS), the Illinois Department of Public Health (IDPH), and Local Health Department (LHD) officials to instruct the development and implementation of policies and procedures that comprise its strategy to prevent, respond to, and mitigate the presence of [DIAGNOSES REDACTED]-CoV-2. This policy will provide the administrative framework for the development and implementation of specific subordinate policies, procedures, and protocols for the prevention, monitoring, testing, and responding to any incidence of [DIAGNOSES REDACTED]-CoV-2 within the Facility .Infection Control Capacity: The Testing and Response Plan is part of the Facility's overarching Infection Control Policy .Appropriate Personal Protective Equipment (PPE) is a critical component of the Facility's Infection Control Policy. PPE is necessary to both protect staff and reduce transmission within the Facility . Facility Policy undated and entitled, INTERIM GUIDANCE FOR COVID-19 Clinical Management Considerations (Facility) Long-Term Care Facility documents, If patients have been screened and their testing is NEGATIVE for COVID-19: a) Avoid placing with COVID-19 or symptomatic patients b) Consider discharge to home of post-acute/rehabilitation patients who can be home quarantined .If patients have been screened and their testing is POSITIVE for COVID-19 OR if patients have signs/symptoms of a respiratory [MEDICAL CONDITION] infection:. Full Vitals AND pulse oximetry every 4 hours (Q4hours) .Private Room or Cohort with another symptomatic/positive patient .Maintain standard, contact and droplet precautions (including eye protection) .Consider that staff caring for positive or symptomatic patients do NOT care for negative or asymptomatic patients .Positive or symptomatic patients should always be given a surgical mask and encouraged to wear. These patients should be wearing a surgical mask when close contact with others is anticipated. The Center for Disease Control (CDC) website page, Responding to Coronavirus (COVID-19) in Nursing Homes, updated [DATE], documented the facility should implement the following for residents who have tested positive for COVID-19: Ensure the resident is isolated and cared for using all recommended COVID-19 PPE: Place the resident in a single room if possible pending results of [DIAGNOSES REDACTED]-CoV-2 testing; Cohorting residents on the same unit based on symptoms alone could result in inadvertent mixing of infected and non-infected residents (e.g., residents who have fever, for example, due to a non-COVID-19 illness could be put at risk if moved to a COVID-19 unit); if cohorting symptomatic resident, care should be taken to ensure infection prevention and control interventions are in place to decrease the risk of cross-transmission; If the residents is confirmed to have COVID-19, regardless of symptoms, they should be transferred to the designated COVID-19 care units; Roommates of residents with COVID-19 should be considered exposed and potentially infected and, if at all possible, should not share rooms with other residents unless they remain asymptomatic and/or have tested negative for SARA-Co-V-2 14 days after their last exposure (e.g., date their roommate was moved to the COVID-19 care unit). The webpage documents Assign environmental services (EVS) staff to work only on the unit. If there are not a sufficient number of EVS staff to dedicate to this unit despite efforts to mitigate staffing shortages, restrict their access to the unit. Also, assign HCP (Health Care Personnel) dedicated to the COVID-19 care unit (e.g., NAs) to perform cleaning and disinfection of high-touch surfaces and shared equipment when in the room for resident care activities. HCP should bring an Environmental Protection Agency (EPA)-registered disinfectant (e.g., wipe) from List N into the room and wipe down high touch surfaces (e.g., light switch, doorknob, bedside table) before leaving the room. The CDC website page, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated on [DATE], documents, Source control refers to the use of cloth face covering or facemasks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing. Because of the potential for asymptomatic and pre-symptomatic transmission, source control measures are recommended for everyone in a healthcare facility, even if they do not have symptoms of COVID-19. The website page documents Patients and visitors should, ideally wear their own cloth face covering (if tolerated) upon arrival to and throughout their stay in the facility. If they do not have a face covering, they should be offered a facemask or cloth face covering as supplies allow. Patients may remove their cloth face covering when in their rooms but should put it back when around others (e.g. when visitors enter their room) or leaving their room. The Immediate Jeopardy which began on [DATE] was removed on [DATE] when the facility took the following actions: 1. The facility reviewed, revised and implemented as indicated the following policies: Infection Control Policy-COVID-19; Emergency Procedure-Pandemic Influenza/Respiratory COVID-19; Surveillance for Infections; IDPH Patient Placement; Infection Control Guidelines-Standard and Transmission based; Isolation Categories Transmission Based precautions; PPE Using Protective Eyewear; PPE Using Gowns; PPE Using Gloves and PPE Using Face Masks. Completion date [DATE] 2. The Administrator confirmed there are no longer any COVID-190 residents currently in the facility. Completion date [DATE]. 3. The Administrator has confirmed there is currently two Patients Under Investigation (PUI) resident in the facility. Both PUI residents are in droplet precautions and placed in private rooms that are located away from the other residents within the facility. PPE is accessible for staff at each room entrance and proper signage is in place. Completion date [DATE] 4. Staff education has been initiated by the facility Administrator, Regional Director of Career Development, Regional Clinical Director and Regional Director of Operations. Completion date [DATE] 5. Interdisciplinary facility staff and agency staff will be educated by the Administrator, Regional Director of Career Development, Regional Clinical Director, Director of Nursing, MDS Coordinator, Restorative Nurse, or the Regional Director of Operation on the following policies and procedures: Infection Control Policy-COVID-19, Emergency Procedure-Pandemic Influenza/Resp COVID-19; Surveillance for Infections; IDPH Patient Placement. Interdisciplinary facility staff and agency staff will be educated by the Regional Director of Career Development, Regional Clinical Director, Director of Nursing, MDS Coordinator, or Restorative Nurse on the following policies and Procedures: Infection Control Guidelines-Standard and Transmission based, Isolation Categories Transmission Based Precautions; PPE Using Protective Eyewear-with return demonstration of donning and doffing;, PPE Using Gowns- with return demonstration of donning and doffing; PPE Using Gloves-With return demonstration of donning and doffing, and PPE Using Face Mask-with return demonstration. Completion date of [DATE] with new hires and any new agency staff being educated prior to staring any shifts. 6. The Regional Director of Clinical Reimbursement has reviewed and updated the PUI Patient Care Plans accordingly. Completion date [DATE]. 7. The Administrator verified that each room has the name of the residents that are in the rooms at the entry to the room. Completion date [DATE] 8. The Regional Clinical Director has reviewed the asymptomatic symptom tracking sheets to validate and verify no other residents are demonstrating any signs and symptoms and all residents are being monitored a minimum of every shift and every four hours for PUI residents. Completion date [DATE] 9. The Administrator and Regional Director of Operations will review and revise as indicated the Facility COVID-19 Assessment as it pertains to emergency management planning to assure the elements of the plan include plans for facility communications of COVID-19 positive residents or staff to interdisciplinary staff and proper placement and isolation of COVID positive residents upon [DIAGNOSES REDACTED]. Completion date [DATE] 10. The Administrator will provide a copy of the facility COVID-19 assessment to each department manager and confirm their understanding of the plan. Completion date [DATE]. 11. Infection control policies will be reviewed and adapted according by Chief Operating Office, Regional Director of Operations, Regional Clinical Director, VP of Clinical Services and the facility Medical Director. Ongoing 12. Interdisciplinary staff will be educated upon hire to the Infection Control COVID-19 policy, Transmission Based Precautions, Handwashing Policy and all PPE polices. Ongoing. 13. Administrator, DON, Regional Clinical Director, MDS, Restorative will perform random observations of resident asymptomatic monitoring logs four times a week for eight weeks then weekly times four weeks to ensure compliance. 14. Residents will be assessed upon Admission, Readmission, as needed, Quarterly and upon Significant Change in condition presence of infection and/or symptoms of infection. Ongoing 15. Results of the review will be discussed in the Quarterly QA Mee
F 0882 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Many	Based on interview and record review the Facility failed to ensure the Infection Control Specialist is member of the facility's quality assessment and assurance committee and reported to the committee on a regular basis. This has the potential to affect all 50 residents living in the facility. Findings include: On 9/17/2020 at 7:21 AM, V7, Regional Clinical Nurse/ Infection Control Specialist stated I am responsible for the Infection Control in the Facility. I usually come here 3 days a week but when I come, I work long hours. No, I do not attend the Quality Assessment and Assurance Committee Meetings. I am based more out of the Southern area for the State. On 9/29/2020 V7 again stated, No, I am not part

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146188	A. BUILDING _____ B. WING _____	**09/29/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
INTEGRITY HC OF SMITHTON	**107 SOUTH LINCOLN SMITHTON, IL 62285**

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 0882 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Many	(continued... from page 6) of the quality assessment and assurance committee and have not attended any meetings. On 9/22/2020 at 4:02 PM, V29, Medical Director stated, No, I do not know the Infection Control Specialist in the facility. V29 stated he was not aware there were over 32 residents that were positive for COVID-19 in the facility. The Facility's quality assessment and assurance committee members were reviewed and does not document V7 as part of the committee. The Residents Census and Conditions of Residents form, CMS 672, provided by the facility on 9/16/2020 documents the facility has 50 residents living in the facility.