

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145722	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2020
NAME OF PROVIDER OF SUPPLIER UNITED METHODIST VILLAGE, NORTH CAMPUS		STREET ADDRESS, CITY, STATE, ZIP 2101 JAMES STREET LAWRENCEVILLE, IL 62439	
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	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview and record review, the facility failed to follow recommended procedures for Covid 19 signage and staff screening, utilize recommended practice regarding homemade masks and, failed to perform hand hygiene per facility policy. This failure has the potential to affect all 55 residents who reside in the facility. Findings include:</p> <p>1.) On 6/22/20 at 8:48 AM, upon arrival at the facility, entered the facility through the west main doors. There was no signage regarding COVID-19 or where to enter the facility. An employee came to the west main doors and told the surveyors to enter the facility through the south side entrance. After walking to the south side entrance, there was no signage regarding COVID-19 or the procedure required to enter the facility. On 6/22/20 at 8:50 AM, entered the facility through the south entrance and proceeded up the hall to a small table. The screening station was across from the kitchen and the kitchen door was open to the hallway. V4 (Admission/Social Services) entered the hallway that the surveyors were in, away from the facility/patient care area. V4 proceeded to take both surveyors oral temperatures and V4 explained that a thermal thermometer was not available. V4 did not ask the surveyors questions related to COVID 19 history, exposure, travel or symptoms. V4 stated there wasn't an assigned screener, and stated that temperatures are done by the staff on themselves before entering into the building and at mid shift. The surveyors were then escorted by V4 to V1's (Administrator) office. On 6/22/20 at 9:20 AM, V6 (Housekeeper) stated she takes her own temperature and writes down the result on the form on the table. V6 stated she doesn't always fill out the Covid 19 Questionnaire. On 6/22/20 at 9:45 AM, V9 (Certified Nurses Aide), V10 (Certified Nurses Aide) and V11 (Certified Nurses Aide) all stated there isn't a screener and they take their own temperatures and are supposed to fill out a Covid 19 Questionnaire, but they don't always do it. On 6/22/20 at 9:07 AM, V12 (Registered Nurse) stated that she did her own oral temperature and Covid related questions this morning because there is no screener available. On 6/23/20 at 9:15AM, V15 (Certified Nurse Aide) stated that sometimes no one is at the check in table, so she does her own temperature. On 6/22/20 at 9:45AM V16 (Housekeeper) stated that she did her own temperature this morning but did not do the Covid related questions that addresses travel, cough, fatigue, or loss of taste and smell. On 6/22/20 at 10:00 AM, V2 (Director of Nursing) and V3 (Infection Control Preventionist) both stated they have a table set up near the side entrance so the staff can do their own screening before they come into the building. V2 and V3 both stated the staff are supposed to take their temperature and document it and they are supposed to fill out the Covid 19 Questionnaire that is on the table. V2 stated they haven't assigned anyone specifically to do the screening. On 6/23/20 at 1:10PM, V2 (Director of Nurses) stated that the screening station has been moved to the front entrance away from the kitchen area. V2 also stated there was no policy or guidelines at the present time for the screener but that is being worked on today. On 6/23/20 at 2:00PM, V1 stated that the facility does not have a policy and procedure for the screener.</p> <p>2.) On 6/22/20 at 9:15AM, 3 residents in the 100 hall were not wearing a mask. There were 7 residents in the TV room, between the 200 and 100 Hall, not wearing masks and they were not observing social distancing. Four of the 7 residents were placed in recliners that were only 4 feet apart. At this time, R5 and R6 were noted in the hallway leaning against each other, talking, laughing and touching the hallway handrails. R5 and R6 were not wearing a mask. Staff were nearby and no one encouraged them to observe social distancing. On 6/22/20 at 9:15 AM, R1 was asked if she was ever offered a cloth mask to wear if she came out of her room, and R1 stated No, they haven't given me one, and they haven't offered one. On 6/22/20 at 10:05 AM, R3 stated that the staff in this facility do not wear masks when they come into my room and the staff have not offered me a mask to wear. On 6/22/20 at 10:15AM, R4 stated that staff wear their mask under their nose and sometimes the staff on the evening shift are not wearing a mask when they walk into my room. The staff have not offered me a mask to wear. On 6/23/20 at 10:25AM, V17 (Unit Assistant) stated that residents do not wear masks because they do not go out of the facility. V17 stated, if residents are in isolation, she would wear gown, gloves, and mask. On 6/23/20 at 9:15AM, V15 (Certified Nurse Aide) and V13 (Certified Nurse Aide Supervisor) stated that the residents are not given masks because they do not leave the facility. On 6/22/20 at 9:40AM, V3 stated that the residents do not wear masks and do not social distance. On 6/22/20 at 9:00 AM, V2, V3, V4, and V17 were observed wearing homemade cloth masks. During interview, on 6/22/20 at 10:25AM, V17 (Unit Assistant) kept masked pulled down under her nose during the interview. During V14's (Unit Assistant) interview, on 6/23/20 at 9:10AM, V14 kept his mask under his nose. On 6/22/20 at 9:45AM, V16 (Housekeeper) talked to the surveyor with her mask under her nose. On 6/22/20 at 9:25 AM, V1 (Administrator) stated they have around 2000 surgical masks, but they weren't using them since everyone had tested negative for Covid 19. V1 stated they could get more masks from Walmart if they needed to and stated they hadn't received any masks from the local health department and she hadn't asked them for surgical masks. On 6/22/20 at 10:00 AM, V2 stated she has trained the staff about how to properly wear their face mask and they shouldn't be wearing their mask just over their mouth, but they should also cover their nose. V2 stated they have surgical masks available that they could give the staff to wear and they could order more surgical masks. V2 stated she thought it was alright if they wore the cloth masks. On 6/23/20 at 1:10PM, V2 (Director of Nurses) stated that she takes her cloth mask home every day to wash it at home. The cloth mask was made by individuals in the community. On 6/23/20 at 1:10PM, V2 (Director of Nurses) stated that the residents do not wear masks because the facility did not think it was necessary. On 6/23/20 at 2:00PM, V1 (administrator) stated that the facility does not have a policy and procedure for mask usage for the staff or residents. On 6/22/20 review of the article titled Strategies for Optimizing the Supply of Facemasks found at https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html states, In settings where facemasks are not available, HCP (health care personnel) might use homemade masks (e.g., bandana, scarf) for care of patients with COVID-19 as a last resort. However, homemade masks are not considered PPE, since their capability to protect HCP is unknown. Caution should be exercised when considering this option. Homemade masks should ideally be used in combination with a face shield that covers the entire front (that extends to the chin or below) and sides of the face. On 6/22/20, review of the article titled COVID-19 Control Measures for Long-Term Care Interim Guidance found at http://www.dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus/long-term-care-guidance states, Employees may utilize extended use or re-use techniques with masks and eye protection when PPE supply is low. Masks must be changed when visibly soiled. Employees must wear a mask (universal masking) during their shift to protect residents. Illinois Department of Public Health - Long Term Care Facilities Guidance-Covid-19 Control Measures for Long Term Care Interim Guidance. http://www.dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus/long-term-care-guidance Ensure residents wear a cloth face covering for source control whenever they leave their room or are around others, including whenever they leave the facility for essential medical appointments. Whenever a resident is outside their room, they should wear a cloth face covering or facemask, perform hand hygiene, limit their movement in the facility, and perform social distancing (stay at least 6 feet away from others). Residents should wear a face covering or facemask (if tolerated) during direct care activities. On 6/23/20 at 2:00PM V1 (administrator) stated that the facility does not have a policy and procedure for mask use. 3.) On 6/22/20 at 9:15AM, R6 and R5 were noted in the hallway leaning against each other, talking,</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.

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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>(continued... from page 1)</p> <p>laughing and touching the hallway handrails. Staff was nearby and no one encouraged them to observe social distancing or wash their hands when returning to their rooms. When R6 and R5 entered their rooms neither resident performed hand hygiene. Both residents touched tables, bed, magazines/mail, and doorknobs when in their room. On 6/22/20 at 10:25AM, V17 (Unit Assistant) stated that she only does hand hygiene after resident care. On 6/22/20 during observations between 9:15AM and 10:30AM staff was not seen washing hands after entering resident rooms or exiting resident rooms. The facility's Hand Washing policy, revised 2/22/16, does not include the use of hand sanitizing gel or address when hand washing should be performed. The policy had not been updated to include Covid recommendations. 4.) On 6/22/20 at 9:40AM, V1 stated that the facility has 55 residents, no one is in isolation, and there are no suspected or active cases of Covid 19.</p>		