

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 146171	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/25/2020
NAME OF PROVIDER OF SUPPLIER MANOR COURT OF CARBONDALE		STREET ADDRESS, CITY, STATE, ZIP 2940 W WESTRIDGE PLACE CARBONDALE, IL 62901	
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	<p>Based on interview, and record review the facility failed to designate an Infection Preventionist with specialized training for the facility. This has the potential to affect all the residents in the facility. On 9/23/20 at 1:34 PM V4, Licensed Practical Nurse said she had just been assigned the Infection Control Preventionist a few days ago, since the prior one left and she was the only one that had done the training. During this same interview, V4 said she did not notify the health department of positive cases in the building, V1, Administrator completed that task, and she was not aware of the communication that took place between the health department and the facility. V4 was also unable to answer questions regarding the documentation of the testing of staff and residents and stated, I just do the testing part and indicated someone else completed the documentation. When asked about training of the staff regarding when and what type of the training they had received, V4 said they received training from the CDC (Center for Disease Control) website, and when asked who monitored the staff to ensure the training was completed by the staff, V4 said the corporate nurse. When asked what the protocol was when a resident refused to test for COVID, V4 said she did not know. On 9/24/2020 at 11:17 PM, V1 said V4 was currently designated as the facilities Infection Preventionist but had not completed all the training modules. V1 also said the prior Director of Nursing and Assistant Director of Nursing had been assigned those responsibilities, but both had left the facility suddenly.</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.