

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145515</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/12/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>FREEBURG CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>746 URBANNA DRIVE FREEBURG, IL 62243</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> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to appropriately screen persons prior to entry into the facility, perform hand hygiene, use appropriate Personal Protective Equipment (PPE), and follow CDC (Center for Disease Control) guidelines for COVID-19 to prevent the spread of infection. This has the potential to affect all 96 residents in the facility. Findings include: 1. On 6/11/2020 at 8:20 AM, V4, Administrative Assistant, greeted the team at the front entrance door, and took each surveyors temperature. V4 did not ask any screening questions, or offer a screening questionnaire, checking for signs or symptoms of COVID-19. V4 stated, We have a strict no visitor policy, and we check staff and vendors temperatures. We don't do a screening form or set of questions, we did a form at the beginning, but we don't now. On 6/11/2020 at 8:45 AM, V2, Director of Nursing (DON), stated, Everyone comes through the back door, laundry staff are trained to take their temperatures. No, they don't complete any screening form or anything. On 6/11/2020 at 9:25 AM, V17, Housekeeping Supervisor, stated, Yes, I am aware of the policy regarding laundry staff screening employee temperatures. They don't ask any other questions; they just take their temperatures. On 6/11/2020 at 10:45 AM, V13, Certified Nurse Assistant (CNA), stated, When we come in for our shift, they take our temperatures, they do not ask us any questions. On 6/11/2020 at 11:05 AM, V10, CNA, stated, Every morning I come in and go straight to get my temp and mask, no questions are asked. On 6/12/2020 at 11:00 AM, during telephone interview, V19, CNA, stated, This was my first time working at the facility. I came in the building at 6:00 AM, got my temperature taken by some laundry person. They gave me a mask and I went to the nurses station. They didn't ask me my name or anything. The Center for Disease Control (CDC) Guidelines, Key Strategies to Prepare for COVID-19 in Long-Term Care Facilities (LTCFs), last reviewed on May 21st, 2020 states, Actively screen anyone entering the building (HCP (Health Care Provider), ancillary staff, vendors, consultants) for fever and symptoms of COVID-19 before starting each shift; send ill personnel home. 2. On 6/11/2020 at 8:30 AM, V1, Administrator, stated that they have no COVID-19 positive residents. V1 also stated there are 8 residents who are on precautions because they have been admitted /readmitted from the hospital and are on precautions for 14 days. The undated List of Residents Being Monitored with Precaution Isolation includes R1, R2, R3, and R5. On 6/11/2020 at 9:30 AM, there were signs on doors on A and B Hall including for R1, R2, R3, and R5. The signs document, STOP; 14 Day Preventative Quarantine; mask, gown, gloves, but there is no direction for eye protection. 3. On 6/11/2020 at 10:00 AM, V19, CNA, walked into R2's room and put her arm around R2's shoulder, leaning in close to R2's face and sat on R2's bed talking. V19 did not maintain social distancing or put on gown, gloves, or eye protection when entering the room. According to a sign on her door posted on her door, R2 is under a 14 day preventative quarantine due to being recently admitted from the hospital. On 6/11/2020 at 10:15 AM, V19, CNA, stated she did not know R2 was on isolation. She stated, I am agency, this is my first time here. I was just told to get these people up. Nobody has let me know who is or isn't on isolation. The signs on the door do not get my attention (pointed to the STOP sign on the doors), they just say STOP. The facility is supposed to train us. I mean, I have been a CNA for a while, but we are supposed to get training when we come in. Like this morning I went into that room (pointed to a quarantined room according to the sign on the door) and got them up and nobody told me they were on isolation. On 6/12/2020 at 11:00 AM, V19 stated, I know Infection Control and Isolation, I just didn't see the signs on the door. R2's Physician order [REDACTED]. RESIDENT TO STAY IN ROOM. (MAY PARTICIPATE IN THERAPY IF NEG COVID TEST FROM HOSPITAL OR AFTER NEG TEST OBTAINED HERE - RES MUST WEAR MASK OUT OF ROOM) STAFF TO WEAR MASK, GOWN AND GLOVES WHEN TAKING CARE OF RESIDENT. every shift for MONITORING until 06/21/2020 23:59 4. On 6/11/2020 at 10:55 AM, V20, Housekeeper, was cleaning R4's room. V20 did not remove her gloves when she was done with the room. She did not perform hand hygiene. From across the hall V18, Licensed Practical Nurse (LPN)/Minimum Data Set (MDS), asked V20 for a red trash bag for room R1's room, which was another quarantined room. V20 walked over to the clean PPE storage bin with the contaminated gloves, opened the bottom drawer, obtained the red trash bag and handed it to V18. R1's Physician order [REDACTED]. RESIDENT TO STAY IN ROOM. (MAY PARTICIPATE IN THERAPY IF NEG COVID TEST FROM HOSPITAL OR AFTER NEG TEST OBTAINED HERE - RES MUST WEAR MASK OUT OF ROOM) STAFF TO WEAR MASK, GOWN AND GLOVES WHEN TAKING CARE OF RESIDENT.</p> <p>On 6/11/2020 at 10:22 AM, V13, CNA, assisted R1 back into her room without donning gloves. V13 then exited the room and without performing hand hygiene, reached into the clean linen closet to retrieve some towels to clean up some spilled water in R1's room. V13 stated, I should have worn gloves before I went into R1's room and I should have washed my hands when I came out, before I touched the clean linen. On 6/11/2020 at 11:20 AM, V10, CNA, donned gloves and assisted R1 into her room then removed her gloves and put on another pair of gloves without performing hand hygiene. V10 went into R2's room to assist her with toileting. Both R1 and R2 are on 14 day preventative precautions for COVID-19. 5. On 6/11/2020 at 9:40 AM, V6, RN, entered R5's room without donning a gown, picked up R5's empty medication cup off her bedside table, threw it in the trash, removed her gloves then exited the room without any hand hygiene, and touched the medication cart and computer before sanitizing her hands. V6 stated she did not need to wear a gown unless providing direct patient care, and she had just picked up R5's empty medication cup. During interview with V6, several residents who were not wearing masks were noted congregating in the B Hall. V6 stated the residents did not need to wear masks unless they were on precautions. There was a sign on R5's door that directed, STOP and under this sign were the directions: 14 Day Preventative Quarantine; Mask, Gown, Gloves; May come out of room for therapy only, resident must wear a mask. On 6/11/2020 at 10:10 AM, V3, Infection Control Nurse, stated staff should wear all PPE listed on the Precautions Sign on the doors, including mask, gown and gloves because a resident could cough while staff present and they would be exposed. V3 stated eye protection is not used because it is one of the types of PPE that the facility has the least of so they are saving them in case they get a COVID-19 positive case. 6. On 6/11/2020 at 9:45 AM, residents were moving down B hall not wearing masks while out of their room. Staff were not prompting residents to wear masks out of their room. V21, Activity Assistant, pushed a resident unmasked in a wheelchair down the hall, while pulling another resident unmasked following behind. V21 stated, We are going outside for music. On 6/11/2020 at 9:55 AM, there was a group of 24 residents and 6 staff out on the patio and in the adjoining yard. None of the residents were wearing face masks, and no staff were offering them face masks. V7, Activity Director, stated they had a musician coming to entertain the residents. At 10:20 AM, the residents came back into the facility, some assisted by staff, in line form, with only 1 to 2 feet of distance between some of them. V7 stated the musician had canceled and would be coming next week instead. On 6/11/2020 at 10:30 AM, V1, Administrator, stated she did not feel like the residents going out on the back patio was a group activity. 7. On 6/11/2020 at 10:40 AM V22, Hairdresser/Activity Assistant, was combing a resident's hair that she had just curled. V22 was wearing a mask, but the resident was not. V22 stated she comes in and did residents' hair on Tuesdays, Wednesdays and Thursdays, and helps out with activities when they need her. 8. On 6/11/2020 at 11:10 AM, V12, Housekeeper, stated R3 is on 14 day preventative precautions for COVID-19 after being readmitted from the hospital, but her roommate R6 (who was not in the room) is not on precautions and is out and about in the facility somewhere. V12 stated only the residents on precautions have to stay in their rooms. 9. R4's Progress</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145515</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/12/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>FREEBURG CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>746 URBANNA DRIVE FREEBURG, IL 62243</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>(continued... from page 1)</p> <p>Notes, dated 5/15/20 at 4:58 PM, document she was admitted from a large metropolitan hospital on [DATE] with a [DIAGNOSES REDACTED]. It did not document that she was put on any precautions for COVID-19 at that time. Her Progress Notes on 5/20/20 document she had a room change, but does not document a reason why. R4's Progress Notes since her admission on 5/15/20 do not include any documentation of her being placed on precautions for COVID-19. R4's Physician Orders, dated 5/28/20, 13 days after she was admitted, document: Resident to maintain on precautionary isolation for 14 days. Resident to stay in room. (May participate in therapy if neg COVID test from hospital or after neg test obtained here-res must wear a mask out of room.) Staff to wear mask, gown, and gloves when taking care of resident. This order had start date of 5/28/20 and end date of 5/28/20. On 6/12/20 at 5:15 PM per phone interview, V1, Administrator, stated she does not feel all residents need to be encouraged to stay in their room or be encouraged to wear masks when they are not in their room because there are no COVID-19 positive residents in the facility. She stated she feels the guidelines that the CDC put out are for those facilities who have known cases of COVID-19, but because her facility does not have any cases, they should not be held accountable for the same guidelines as those facilities that do. V1 stated residents are not encouraged to wear masks or stay in their rooms unless the facility has determined there is a need to, and she is aware R6 does not stay in her room, even though her roommate, R3, is under preventative precautions for COVID-19 after being readmitted from the hospital. V1 stated R6 has dementia and will not stay in her room and R3 is on A-Hall instead of B-Hall where all the other residents who are on preventative precautions because she had always been on A-Hall and was difficult to keep her on B-hall. V1 stated all the residents in her facility tested negative for COVID-19, but all staff have not yet been tested because they are checking into pricing and payment, and if not able to get the tests through their lab, they will reach out to the health department. No date was set for testing of all staff. The CDC's undated guidance titled, Interim Additional Guidance for Infection Prevention and Control for Patients with Suspected or Confirmed COVID-19 in Nursing Homes, revealed the following directive for implementation by nursing homes for prevention and containment of the [MEDICAL CONDITION]: Cancel communal dining and all group activities, such as internal and external activities. Remind residents to practice social distancing and perform frequent hand hygiene. The above document further directed the following under Resident Monitoring and Restrictions: Encourage residents to remain in their rooms. If there are cases in the facility, restrict residents (to the extent possible) to their rooms except for medically necessary purposes. If they leave their room, residents should wear a face mask, perform hand hygiene, limit their movement in the facility and practice social distancing (stay at least 6 feet apart from others), and implement protocols for cohorting ill resident with dedicated HCP. The undated CDC guidelines, Key Strategies to Prepare for COVID-19 in Long Term Care Facilities directs the facilities to Keep COVID-19 from entering your facility: 1. Actively screen anyone entering the building (HCP, ancillary staff, vendors, consultants) for fever and symptoms of COVID-19 before starting each shift. 2. Identify infections early: Actively screen all residents daily for fever and symptoms of COVID-19. Older adults with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include new or worsening malaise, new dizziness, or diarrhea. Identification of these symptoms should prompt isolation and further evaluation for COVID-19. (<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html</a>) Responding to Coronavirus (COVID-19) in Nursing Homes Considerations for the Public Health Response to COVID-19 in Nursing Homes under Considerations for new admissions or readmissions to the facility documents, Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19. All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. Testing residents upon admission could identify those who are infected but otherwise without symptoms and might help direct placement of asymptomatic [DIAGNOSES REDACTED]-CoV-2-infected residents into the COVID-19 care unit. However, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE. Testing should not be required prior to transfer of a resident from an acute-care facility to a nursing home. New residents could be transferred out of the observation area or from a single to a multi-resident room if they remain afebrile and without symptoms for 14 days after their last exposure (e.g., date of admission). Testing at the end of this period could be considered to increase certainty. 10. On 6/11/20 at 8:30 AM, V1, Administrator, stated there were 96 residents residing in the facility.</p>		