

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145031	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/29/2020
NAME OF PROVIDER OF SUPPLIER LOFT REHAB & NURSING OF NORMAL		STREET ADDRESS, CITY, STATE, ZIP 510 BROADWAY NORMAL, IL 61761	
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 - Few	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to implement their Infection Control procedures by failing to place signage on a residents door and by staff failing to perform transmission based precautions for one of three residents (R1) reviewed for infection control on the sample list of three. Findings include: The facility's policy, with a revision date of 9/1/20, titled Management of C.Difficile Infection documents, Policy: This facility implements facility-wide strategies for the prevention and spread of Clostridioides difficile (C. difficile) infections. Definitions: Clostridioides difficile, formerly known as [MEDICAL CONDITION] and often-called [DIAGNOSES REDACTED]icile or [DIAGNOSES REDACTED], is a bacterium that causes diarrhea and [MEDICAL CONDITION] (an inflammation of the colon). It is shed in feces and is spread by direct contact with contaminated objects or the hands of persons who have touched a contaminated object. Policy Explanation and Compliance Guidelines Policy Explanation and Compliance Guidelines: 4. Once confirmed, contact precautions shall be implemented in accordance with a physician order [REDACTED]. 5. General principles related to contact precautions for [DIAGNOSES REDACTED]icile: a. All staff are to wear gloves and a gown upon entry into the resident's room and while providing care for the resident with [DIAGNOSES REDACTED]icile infection. R1's hospital discharge summary, dated 9/2/2020, documents discharge Diagnosis: [REDACTED]. R1's physician orders [REDACTED]. On 9/28/2020 at 9:25 AM, located outside of R1's room beside doorway was an isolation tower. This isolation tower contained gowns, gloves and disposable bags. On top of the isolation tower was a fitted linen sheet. No isolation signage was posted on R1's door. On 9/28/2020 at 9:40 AM, V8, Registered Nurse (RN), was observed entering R1's room wearing a surgical mask. Moments later, V8 came out of R1's room to R1's door way without gloves or gown, grabbed a fitted linen sheet off of the top of the isolation tower, and re-entered R1's room. On 9/28/2020 at 9:45 AM, V8, RN, stated R1 is no longer in isolation. There is a isolation tower, but no sign. They may just not have removed the tower yet. On 9/28/2020 at 10:00 AM, V3, DON, stated R1 is in contact isolation for C.Difficile. On 9/28/2020 at 10:36 AM, R1's door frame had signage posted with a stop sign that stated contact isolation the back of the sign documented gown and gloves. On 9/28/2020 at 10:45 AM, V3, DON, confirmed R1 has an isolation sign now. V3 stated staff should have worn a gown and gloves into R1's room.</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.