

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145926	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2020
NAME OF PROVIDER OF SUPPLIER GARDENVIEW MANOR		STREET ADDRESS, CITY, STATE, ZIP 14792 CATLIN TILTON ROAD DANVILLE, IL 61834	
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 0656 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to develop a comprehensive care plan and failed to obtain physician orders for two (R6, R12) of three residents reviewed for stoma care. Findings include: 1. R6's undated Face Sheet documents a [DIAGNOSES REDACTED]. R6's Minimum Data Set (MDS), dated [DATE], documents R6's cognitive skills for daily decision making as severely impaired. R6's MDS, dated [DATE], documents a [DIAGNOSES REDACTED]. R6's Careplan, dated 5/6/20, does not include focus area, goals nor intervention for R6's [MEDICAL CONDITION] or Percutaneous Endoscopic Gastrostomy (PEG) tube. R6's Physician Orders did not include orders for monitoring, assessing, cleansing, or changing of stoma dressing. 2. R12's undated Face Sheet documents [DIAGNOSES REDACTED]. Nurse Progress note, dated 7/27/20, documents R12 requires a feeding tube for nutritional support. R12's Care Plan, dated 7/29/20, does not include focus area, goals nor intervention for R12's Percutaneous Endoscopic Gastrostomy (PEG) tube. R12's Physician Orders did not include orders for monitoring, assessing, cleansing, or changing of stoma dressing. On 8/11/20 at 11:10 AM, V1, Administrator, stated every resident should have physician orders and a care plan to address the needs of a resident with a [MEDICAL CONDITION] and Percutaneous Endoscopic Gastrostomy (PEG) tube. On 8/11/20 at 11:20 AM, V4, Nurse Manager, stated every resident should have a care plan in place to address the resident individual needs. V4 stated a resident with a [MEDICAL CONDITION] or Percutaneous Endoscopic Gastrostomy (PEG) tube should have a careplan to address the needs of the [MEDICAL CONDITION] or PEG tube. V4 stated any resident who has a [MEDICAL CONDITION] or PEG tube should also have physician orders to address the care of the stoma sites, rate of feeding, change schedule, etc V4 confirmed that a nurse caring for a resident with a [MEDICAL CONDITION] or PEG tube should follow physician orders and care plan for care of devices including skin care at stoma site.		
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 record review, observation, and interview, the facility failed to follow physician orders [REDACTED]. Findings include: R10's undated Face Sheet documents [DIAGNOSES REDACTED]. R10's Care Plan, dated 12/13/17, documents staff to conduct a systematic skin inspection weekly and as needed and to pay particular attention to the bony areas. R10's Minimum Data Set (MDS), dated [DATE], documents R10's Brief Interview of Mental Status score of 15 (cognitively intact). This same MDS documents R10 as requiring extensive assistance of one staff member for bed mobility, transfers, and dressing. R10's Wound Evaluation and Management Summary, dated 7/8/20, documents a Stage 3 Pressure Ulcer to R10's right heel. R10's Physician order [REDACTED]. This order has no end date. There have been three weekly skin checks documented since 6/1/20 to present. Weekly skin checks completed are dated 6/1/20, 7/4/20 and 8/1/20. R10's Pressure Ulcer Risk Assessment, dated 7/13/20, documents R10 as high risk for development of pressure ulcers. This same Pressure Risk Assessment is the only one completed from 1/1/20-8/12/20. On 8/7/20 at 10:00 AM, V5, Registered Nurse, administered medications to multiple residents consecutively wearing a cloth isolation gown and not wearing gloves. After V5 completed medication administration, V5 immediately completed dressing change of R12's stoma site wearing same cloth isolation gown. R12 is on contact isolation related [MEDICAL CONDITION] due to [MEDICAL CONDITION] (MRSA) in wounds. V5 then immediately completed R10's Stage 3 Pressure Ulcer dressing change to right heel without changing cloth isolation gown. V5 gathered supplies with bare hands, wearing same contaminated cloth gown, touching multiple areas of two separate treatment carts, and without changing gown, then completed R10's Stage 3 pressure ulcer dressing change to right heel. On 8/7/20 at 10:20 AM, V5 stated should have changed PPE and washed hands/used Alcohol Based Hand Rub (ABHR) between medication administration and each dressing change. On 8/7/20 at 12:00 PM, V4, Nurse Manager, stated nurses should use Alcohol Based Hand Rub (ABHR) or wash hands between residents when administering medications. V4 stated nurse should follow Infection Control Policy when caring for someone on isolation, including changing Personal Protective Equipment when entering and exiting resident isolation room. V4 stated nurses should maintain clean field when completing non-sterile dressing changes to any type of wound. V4 stated nurses should not complete multiple tasks with different residents including medication administration and two separate dressing changes on different residents without changing PPE and using hand hygiene such as washing hands or using ABHR. V4, Nurse Manager, stated nurse should complete and document skin assessments on every resident in facility weekly. V4 stated residents who are at high risk for pressure ulcers should have a pressure ulcer risk assessment completed per facility policy. The facility policy titled Pressure Ulcer Risk Assessment, revised November 2015, documents the following: Purpose: The purpose of this procedure is to provide guidelines for the assessment and identification of residents as risk of developing pressure ulcers. 1. Risk Assessment. A pressure ulcer risk assessment will be completed upon admission, with each additional assessment; quarterly, annually and with significant changes. 2. Skin Assessment. Skin will be assessed for the presence of developing pressure ulcers on a weekly basis or more frequently if indicated. The facility policy titled Handwashing, revised 7/19/10, documents the following: Policy: It is the policy of this facility that handwashing shall be regarded as the single most important means of preventing the spread of infection. All personnel shall wash their hands to prevent the spread of infection and disease to other residents, personnel and visitors. Implementation: 2. Appropriate fifteen (15) second handwashing must be performed under the following conditions: p.Before preparing or handling medications; q.Before performing treatments; r. n/a; s. After having any prolonged contact with a resident; t. After contact with residents on isolation precautions; u. n/a; v. n/a; w. After having contact with or handling items possible contaminated with blood, urine, feces, oral secretions, mucous membranes or broken skin; x. n/a; y.n/a; z. Before and after the use of gloves; 2. The use of gloves does not replace handwashing. 4. In the event of an outbreak situation or a resident on precautions an antiseptic handwashing solution may be used as an adjunct to routine handwashing. The facility policy titled Treatment-Clean, revised 7/2/07, documents the following: Policy: It is the policy of this facility to prevent infection and deterioration of ulcer/wounds, promote skin regeneration, absorb drainage and fluid wastes and prevent spread of infectious diseases through appropriate dressing techniques. Procedure: 2.Clean work area, if needed and wash hands. 3. Gather supplies 8. Wash hands		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation, and interview, the facility failed to prevent cross contamination by not changing Personal Protective Equipment or using hand hygiene for two (R12, R35) of three residents reviewed for infection control. Findings include: 1. R12's undated Face Sheet documents [DIAGNOSES REDACTED]. R12's hospital record, dated 7/15/20,		
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 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 1) documents [DIAGNOSES REDACTED]. R12's Physician order [REDACTED]. R12 is on contact isolation precautions [MEDICAL CONDITION] in wounds. ON 8/7/20 at 9:20 AM, V5, Registered Nurse, completed stoma dressing change for R12. V5 had previously been administering medication to multiple residents while wearing face mask, face shield, cloth gown, and not wearing gloves. V5, using bare hands and without changing gown, washing hands or using Alcohol Based Hand Rub (ABHR) after administering medications, V5 gathered supplies from two separate treatment carts and supply room. V5 touched multiple areas of each community treatment cart and supply room without using ABHR or washing hands, while continuing to wear same cloth gown. V5, Registered Nurse, entered R12 room who is on contact isolation [MEDICAL CONDITION] due [MEDICAL CONDITION] in wounds, without changing Personal Protective Equipment (PPE), using ABHR or washing hands. V5 set up clean field on soiled, cluttered bedside table without washing hands, using ABHR, and continuing to wear same cloth gown. V5 wore same cloth gown while completing dressing change to open stoma wound. V5 used pieces of gauze that V5 had gathered with soiled hands to clean R12's open wound. On 8/7/20 at 9:50 AM, V8, Certified Nurse Aide, wore cloth gown and mask to assist other residents then entered R12's room without using Alcohol Based Hand Rub (ABHR), washing hands or changing isolation gown. V8 was not wearing gloves. V8 removed R12's cup of coffee from R12's room without using ABHR, washing hands, or changing PPE when exiting R12's room. On 8/7/20 at 9:25 AM, V5, Registered Nurse, stated V5 should have changed PPE when entering and exiting isolation room and used proper hand hygiene. On 8/7/20 at 9:55 AM, V8, Certified Nurse Aide, stated V8 should change PPE and use hand hygiene when entering and exiting resident room who is on isolation. 2. R35's undated Face Sheet documents [DIAGNOSES REDACTED]. R35's Minimum Data Set, dated [DATE], documents R35 as requiring total assistance for bathing and transfers. This same MDS documents R35 as requiring extensive assistance for bed mobility and personal hygiene. R35's Care Plan, dated 7/29/20, does not include focus area, goals nor interventions regarding Infection Control or isolation precautions. R35's Physician order [REDACTED]. ON 8/11/20 at 9:15 AM, V19, Certified Nurse Aide, was wearing a cloth gown and mask exited a resident room. V19 then entered R35's room without changing isolation gown, washing hands or using Alcohol Based Hand Rub (ABHR). V19 removed R35's linens from Rx's bed and placed them in a clear plastic bag without wearing gloves. V19 exited R35's room without washing hands, using ABHR, or changing isolation gown while carrying isolation garbage to soiled utility room. V19 then answered R15's call light without washing hands, using ABHR or changing isolation gowns. On 8/7/20 at 12:00 PM, V4, Nurse Manager, stated nurses should use Alcohol Based Hand Rub (ABHR) or wash hands between residents when administering medications. V4 stated staff should follow Infection Control Policy when caring for someone on isolation, including changing Personal Protective Equipment when entering and exiting resident isolation room. V4 stated nurses should maintain clean field when completing non-sterile dressing changes to any type of wound. V4 stated nurses should not complete multiple tasks with different residents including medication administration and two separate dressing changes on different residents without changing PPE and using hand hygiene such as washing hands or using ABHR. On 8/11/20 at 9:20 AM, V19, Certified Nurse Aide, verified R35 as being on contact isolation. V19 stated should follow infection control policies when caring for a resident on isolation. V19 stated should have changed Personal Protective Equipment (PPE) when entering and exiting R35's room and completed hand hygiene. V19 stated not changing PPE and performing hand hygiene could cause the spread of germs to other residents. The facility policy titled Handwashing, revised 7/19/10, documents the following: Policy: It is the policy of this facility that handwashing shall be regarded as the single most important means of preventing the spread of infection. All personnel shall wash their hands to prevent the spread of infection and disease to other residents, personnel and visitors. Implementation: 1. Appropriate fifteen (15) second handwashing must be performed under the following conditions: d. Before preparing or handling medications; e. Before performing treatments;f.n/a; g. After having any prolonged contact with a resident;h.After contact with residents on isolation precautions;i.n/a;j.n/a; k.After having contact with or handling items possible contaminated with blood, urine, feces, oral secretions, mucous membranes or broken skin;l.n/a;m.n/a;n.n/a; o.Before and after the use of gloves; 2. The use of gloves does not replace handwashing. 4. In the event of an outbreak situation or a resident on precautions an antiseptic handwashing solution may be used as an adjunct to routine handwashing.</p> <p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>Based on observation, interview, and record review, the facility failed to maintain functional call lights. This failure affects 4 residents(R1, R22, R27, R28) of 13 residents reviewed for call lights in the sample list of 34. Findings include: On 8/7/2020, throughout the day, call light function was observed. During this same timeframe, call lights in rooms 1A, 2B, 3B, 4B, 5, 6B, 7B, 8A, 9B, 10, 11B, 13B, and 14A were observed to be covered with tape and not working. On 8/7/2020, at 10:00 AM, R1 stated the call lights on the wall do not work. I (R1) have tried to use them. On 8/11/2020, at 9:03 AM, R27 stated, The call light hasn't been working since Friday or Saturday, the staff is aware and they told me just to yell if I needed help. R27 also stated, It's an inconvenience for me when I need to use the bathroom. R27 also stated R27 was not given a bell to use in place of the call light. On 8/11/2020, at 9:07 AM, R28 was seen sitting on the toilet in R28's bathroom. R28 stated, I need assistance getting cleaned up but the call light does not work. R28 stated no bell was given to R28 in place of the call light. On 8/11/2020, at 9:10 AM, R22 was observed sitting on the toilet in R22's bathroom. R22 stated, I'm ready to get off the toilet but the call light isn't working. I need help. R22 stated R22 was not given a bell in place of the call light. On 8/7/2020, at 11:12 AM, V1, Administrator, stated the call lights work, they just fall off. V1 stated V15, Maintenance, is try to get replacement parts and that the call lights have been taped since at least March 2020. V1 stated V1 could but bells and put one in each room and have staff monitor the residents closely. On 8/7/2020, at 11:50 AM, V4, Nurse Manager, stated V4 is aware the call light are not working and have not been working before V4 started working there which was April 2020. V4 stated there is an order put in for new call lights. On 8/11/2020, at 9:45 AM, V15, Maintenance, stated V15 found out about the bedroom call light not working Sunday (8/9/2020) or Monday (8/10/2020) when V15 came to work. V15 stated V15 has been trying to find out what is wrong but does not know, so V15 called an electrician. V15 stated the electrician will not come until previous bills are paid. V15 stated no bells were given to the residents in place of call lights. On 8/11/2020, at 9:55 AM, V1, Administrator, stated V1 was not aware of the bedroom call lights not working now. V1 stated V15 had called an electrician to come. V1 stated V1 did not get bells for residents to use in place of call lights. The facility's The Use of Call Light Policy, dated Revised October 2010, documents the staff will respond promptly to the resident's call lights to assure the call system is in proper working order. This same policy also states if a call light is not functional, give the resident another means to call for assistance (i.e. bell).</p>		
F 0919 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some			