STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146076	A. BUILDING _____ B. WING _____	06/22/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MANOR COURT OF CLINTON	1 PARK LANE WEST CLINTON, IL 61727

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	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on the unprecedented coronavirus global pandemic that resulted in the Presidential Declaration of a State of National Emergency dated 3/13/20, the Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) Memo QSO-20-14-NH revised on 3/13/20, Nursing Home guidance from the Centers for Disease Control and Prevention (CDC), observation, interview and record review, the facility failed to prevent the spread of infections such as COVID-19 as evidenced by failure to adhere to infection control practices related to: hand hygiene, glove use; proper disinfection of shared equipment and reusable eye protection; isolation precautions including donning of PPE (personal protective equipment); and proper storage of clean linens. These findings had the potential to affect all 85 of residents in the facility. Findings include: 1. A. On 6/11/20 at 12:00pm, housekeeping staff (E1) was observed assisting R1 by pushing her wheelchair back in R1's room. E1 did not perform hand hygiene when she exited R1's room. She proceeded to pick up the mop and entered R2's room. Without gloves, E1 began mopping the floor and then E1 removed two dirty mop cloths she used in R2's room and placed them in a plastic bag. She proceeded to use the dust pan to lift the remaining dirt off the floor. When asked what she missed after assisting R1 and before entering R2's room, E1 stated, Clean my hands. During interview with the interim Director of Nursing (DON) on 6/11/20 at 2:37pm, when asked about her expectation from staff after coming in contact with resident's equipment and prior to entering another resident's room, the interim DON stated, Wash hands or use a sanitizer. When asked if housekeeping staff should perform handwashing or hand sanitizer after touching the dirty mop, the DON stated, Either one is okay. B. On 6/11/20 at 12:42pm, housekeeping staff (E2) was observed exiting R3's room wearing gloves. E2 then took the keys from her pocket and unlocked her cleaning cart. With the same gloves, E2 went back to R3's room and collected the trash bag inside R3's bathroom. E2 proceeded to walk the hallway and stopped in front of the locked soiled utility room. With her gloved hand, she took the key located near the door frame and opened the soiled utility room. E2 disposed the trash bag and her gloves inside the soiled utility room. E2 failed to perform hand hygiene. E2 proceeded to walk back to her cleaning cart and put on a new pair of clean gloves. When asked if she practices hand hygiene after glove use, E2 stated, Not normally. During interview with the interim DON on 6/11/20 at 2:37pm, when asked about her expectation from staff on glove use and when exiting a resident's room, the interim DON stated Remove their gloves, and do hand hygiene. When asked if staff can wear gloves in the hallway, the interim DON stated, Most of the time, they shouldn't be carrying or have any gloves. Review of facility's in-service titled Hand Hygiene dated 3/11/2020 revealed, [MEDICATION NAME] hand hygiene is a simple yet effective way to prevent infections .Ensure staff clean their hands according to CDC guidelines, including before and after contact with all residents, after contact with contaminated surfaces or equipment, and after removing personal protective equipment .Per CDC: Healthcare personnel should use an alcohol-based hand rub or wash with soap and water for the following clinical indications .after touching a patient or the patient's immediate environment, after contact with blood, body fluids, or contaminated surfaces, immediately after glove removal. Review of facility's policy titled Standard Precautions dated 8/09 revealed under Procedure, c. Hand Hygiene should be performed immediately after gloves are removed, between resident contacts, and when otherwise indicated to avoid transfer of microorganisms to other residents or environment. Under Gloves, it revealed, a. Wear gloves when touching blood, body fluids, secretions, excretions, and contaminated items .d. Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces, and before going to another resident. Wash hands immediately to avoid transfer of infectious agents to other residents or environments. Review of facility's policy titled How to safely remove Personal Protective Equipment (PPE) Example 1 revealed, Remove all PPE before exiting the patient room except a respirator, if worn. In a CDC article titled Hand Hygiene Guidance dated Jan. 30, 2020 revealed, The Core Infection Prevention and Control Practices for Safe Care Delivery in all Healthcare Settings recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC) include the following strong recommendations for hand hygiene in healthcare settings. Healthcare personnel should use an alcohol-based hand rub or wash with soap and water for the following indications .after touching a patient or the patient's immediate environment, after contact with blood, body fluids, or contaminated surfaces, immediately after glove removal. https://www.cdc.gov/handhygiene/providers/guideline.html In a CDC article titled Cleaning and Disinfecting Your Facility dated April 28, 2020 revealed, How to clean and disinfect .Wear disposable gloves to clean and disinfect .When cleaning .Wear disposable gloves and gowns for all tasks in the cleaning process . https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html 2. A. On 6/11/20 at 12:13pm, Certified Nursing Assistant1 (NA1) was observed checking the blood pressure and oxygen saturation (a measurement of blood oxygen) of R4 in room [ROOM NUMBER]. NA1 took one Micro-Kill One Germicidal wipe (disinfectant wipes) and wiped the pulse oximeter (a small device used to measure the amount of oxygen in the blood) for 10 seconds and 27 seconds for the blood pressure cuff using the timer app on the computer. NA1 failed to observe that the equipment remained wet for the required time for disinfection. During interview with the interim DON on 6/11/20 at 2:37pm, when asked on the disinfection of shared equipment, the interim DON stated, They (staff) should be following the directions of the product unless otherwise specified. B. On 6/11/20 at 1:28pm, while inside the observation unit, NA2 was observed taking out one Micro-Kill One Germicidal wipe to clean and disinfect a used pair of goggles. NA2 spent 16 seconds wiping the goggles using the timer app on the computer. The interim DON was present during observation. When asked how long she should wipe the goggles with the Micro-Kill One disinfecting wipes, NA2 stated, 30 seconds. The interim DON stated, It has to be one full minute. During interview with the interim DON on 6/11/20 at 2:37pm, when asked about her expectation from staff on disinfecting goggles or face shields and the disinfecting wipes' contact time, the DON stated, They (staff) have to follow the required wet or contact time. Review of facility's policy titled Standard Precautions dated 8/09 revealed under Resident Care Equipment, b. Ensure that reusable equipment is not used for the care of another resident until it has been appropriately cleaned and single use items are properly discarded. Review of facility's copy of Micro-Kill One information revealed, Micro-Kill One Germicidal Alcohol Wipes kills 25 microorganisms within one minute, including gram positive, gram negative and multi-drug resistant bacteria; mycobacteria (microorganism that causes [MEDICAL CONDITION]); enveloped and non-enveloped, large and [MEDICAL CONDITION]; and fungi. Review of Micro-Kill One literature revealed, Effective in one minute .Micro-Kill One is a durable, low lint [MEDICATION NAME] cloth that features a quaternary ammonium and alcohol solution .Kill (i.e. contact) time for a disinfectant is the amount of time a surface must remain wet with the product to achieve disinfection. https://www.medline.com/media/catalog/Docs/MKT/LIT998_CAT_Healthcare%20Disinfectant%20W.pdf In a CDC article titled Interim Infection Prevention and Control Recommendations for Healthcare Personnel during the Coronavirus Disease 2019 (COVID-19) Pandemic dated May 22, 2020 revealed under Eye Protection, Reusable eye protection (e.g. goggles) must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use. Under Environmental Infection Control, it revealed, All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facilities policies. https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html 3. Review of R5's medical record

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 -** Many	(continued... from page 1) revealed under Progress Notes dated 6/10/2020 at 1:41pm, Call from (R5's Medical Doctor) resident has [MEDICAL CONDITION] ([MEDICAL CONDITION] also known as Clostridioides difficile is a a bacterium that can cause symptoms ranging from diarrhea to life-threatening inflammation of the colon) to start isolation and to start [MEDICATION NAME] (antibiotic that fights bacteria) liquid 250 mg (milligrams) Q (every) 6 hours for 10 days. Resident to be moved to room [ROOM NUMBER] for isolation. R5's progress note dated 6/11/20 at 12:44pm revealed, Resident continues on isolation for[DIAGNOSES REDACTED]. On 6/11/20 at 12:18pm, a contact isolation signage was observed on the door frame outside of R5's room. Activity staff (E3) was observed going to room [ROOM NUMBER] to bring a lunch tray to R5. E3 entered R5's room without putting on gloves and gown. E3 was wearing a face mask. E3 exited the room and walked to the end of the hallway. When asked what she missed, E3 stated she did not put any PPE before entering R5's room. She further stated that she should have paid attention on the signage. E3 added she walked to the end of the hallway and washed her hands using the dining area sink. During interview with the interim DON on 6/11/20 at 2:37pm, when asked about her expectation from staff when entering a contact precaution room, the interim DON stated, If they enter, do handwashing, wear appropriate PPE. In between, hand hygiene when changing gloves if needed, and hand hygiene before they leave the room. Review of facility's policy titled Infection Control dated 12/17/19 revealed under Transmission-Based Precautions, The purpose of isolation techniques is to protect the resident and personnel from infection and to halt the spread of infectious agent. Emphasis will be placed on isolating the disease - not the resident .Gowns are worn by all personnel when they enter a strict isolation room and by those coming in direct contact with residents who require airborne, droplet, and contact (if necessary) precautions .Gloves, disposable in nature, will be worn unless sterile gloves are necessary. Gloves will be changed after direct contact with resident's secretions or excretions, even if care of resident has not been completed. Review of facility's procedure titled Sequence for Putting on Personal Protective Equipment (PPE) revealed, The type of PPE used vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. In a CDC article titled FAQs for Clinicians about [DIAGNOSES REDACTED] dated March 27, 2020 revealed, Use contact precautions for patients with known or suspected CDI .Use gloves when entering patient's room and during patient care .Using gloves to prevent hand contamination remains the cornerstone for preventing [DIAGNOSES REDACTED] transmission via the hands of the healthcare personnel .Use gowns when entering patients' rooms and during patient care. https://www.cdc.gov/cdiff/clinicians/faq.html 4. A. On 6/11/20 at 12:49pm, 22 pieces of folded blankets and comforters were observed on top of the tall linen cart exposed and without a covering. Housekeeping Supervisor (E4) and the Administrator were present during observation. B. On 6/11/20 at 1:50pm, while inside the Observation Unit, a clean linen cart was observed along the hallway. The cover to the linen cart was partially open. Gloves and two packages of personal wipes were observed next to the folded clean gowns and linens. A pillow was observed on top of the cart exposed, without a covering. The interim DON was present during observation. During interview with the interim DON on 6/11/20 at 2:37pm, when asked about storage of clean linen, the interim DON stated, Everything should be inside the linen cart, in the shelves. The interim DON stated that linen cart should be covered. Review of facility's policy titled Laundry and Linens Department Policy dated 1/03 revealed, Clean linen and clothing are stored in clean, dry, dust-free areas and easily accessible to the nurse's station. In a CDC article titled Appendix D - Linen and laundry management dated March 27, 2020 revealed under Best practices for management of clean linen, Sort, package, and store clean linens in a manner that prevents risk of contamination by dust, debris, soled linens or other soiled items. https://www.cdc.gov/hai/prevent/resource-limited/laundry.html