

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145404</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/23/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>FARMINGTON COUNTRY MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>701 SOUTH MAIN STREET FARMINGTON, IL 61531</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)		
E 0024  <b>Level of harm</b> - Potential for minimal harm  <b>Residents Affected</b> - Many	<b>Establish policies and procedures for volunteers.</b>  Based on interview, and record review, the facility failed to include the use of volunteers in their emergency staffing for COVID-19. This has the potential to affect all 70 residents living in the facility. Findings include: The Facility's Activation of Emergency Preparedness Plan, signed 4/10/20 was reviewed and contains no documentation on the use of volunteers in an emergency. On 6/19/20 at 10:35am, V1 (Administrator) stated I do not have a plan for volunteers to come in as part of my emergency staffing. The facility Resident Roster, dated 6/19/2020, documents 70 residents currently reside in the facility.		
F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<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 follow CDC (Centers for Disease Control) guidelines for new, and readmitted residents for four of four residents (R1, R2, R3, and R4) reviewed for infection control in the sample of four. Findings include: The CDC (Centers for Disease Control) update for 5/19/20 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 (Personal Protective Equipment) 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] (Severe Acute Respiratory Syndrome)-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. The facility's Infection Control policy and procedure, dated 6/10/20, documents New admissions will remain in quarantine for 10 to 14 days if asymptomatic. This policy does not include a plan for isolation precautions for new and readmitted residents. 1. R4's Face Sheet, documents R4 was admitted to the facility on [DATE] from a local hospital. R4's admission care plan, documents an intervention to Isolate per CDC guidelines. On 6/19/20 at 9:15 am, R4 was sitting in a wheel chair in R4's room. There was no isolation set-up inside or outside of R4's room and no signage to R4's door. V7 (Housekeeper) was cleaning in R4's room with a mask and gloves on. V7 exited R4's room with soiled mask and soiled gloves on and did not perform hand hygiene. On 6/19/20 at 12:10 pm, R4 stated she has not been tested for COVID-19 at the facility and she has not seen anyone come into her room with a gown, goggles, or face shield on. 2. R1's Face Sheet, documents R1 was admitted to the facility on [DATE] from a local hospital. R1's admission care plan, documents an intervention to Isolate per CDC guidelines. On 6/19/20 at 9:15 am, R1 was sitting in his wheel chair in his room. There was no isolation set-up or signage inside or outside of R1's room. On 6/19/20 at 12:00 pm R1 stated the staff wear a mask and sometimes gloves into his room but no gown or goggles.  3. R2's facesheet documents R2 was admitted to the facility on [DATE]. R2's care plan, dated 6/12/20, documents Isolation per CDC guidelines. On 6/19/20 at 9:30am, R2 was in her room with no isolation set-up outside or inside of her door, and no signage posted anywhere inside or outside of room for resident to be on isolation. 4. R3's facesheet documents R3 was admitted to the facility on [DATE]. R3's care plan, dated 6/12/20, documents Isolation per CDC guidelines. On 6/19/20 at 10:00am, R3 was not in her room and no isolation set-up outside or inside of her door, and no signage posted anywhere inside or outside of room for resident to be on isolation. On 6/19/20 at 11:45am, R3 was in her room eating lunch and no isolation set-up outside or inside of her door, and no signage posted anywhere inside or outside of room for resident to be on isolation. On 6/19/20 at 11:52am, V12 COTA (Certified Occupational Therapy Assistant) was in R3's room wearing a mask only while assisting R3 with her meal. On 6/19/20, between 9:00 am and 12:00 pm V3 Infection Preventionist, V4 Housekeeping Supervisor, V7 Housekeeper, V9 CNA (Certified Nursing Assistant), V10 CNA, and V11 Laundry Supervisor all stated they have been instructed to wear a mask into resident rooms and there are currently no residents in the facility receiving isolation precautions. On 6/19/20 at 9:00 am, V2 DON (Director of Nursing) stated we have a few new admissions on the 200 hall, quarantined to their rooms but do not have any special isolation precautions in place for them.		
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.