

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145937</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/15/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>FOREST CITY REHAB &amp; NRSG CTR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>321 ARNOLD AVENUE ROCKFORD, IL 61108</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, interview, and record review the facility failed to implement infection control practices consistent with Centers for Disease Control guidelines for residents with confirmed or suspected COVID 19 infections. This applies to all 165 residents residing in the building. The facility's Detailed Census Report printed on July 14, 2020 documents there are 165 residents residing in the facility. 1. On 7/14/2020 at 10:20 AM, V3 Director of Nursing (DON) stated the facility had six residents (R1-R6) in isolation for confirmed COVID 19 infections. V3 stated the 400 wing of the first floor was the COVID unit. On 7/14/2020 at 10:51 AM, V11 Housekeeping, entered R5's room to clean the floor and came within six feet of R5. V11 was only wearing a single surgical mask at that time. On 7/14/2020 at 11:52 AM, V12 Restorative Aide was standing outside R3's room holding his lunch tray. Another staff member was inside R3's room taking the food off the tray and entering R3's room. The staff member in the room was wearing a gown, gloves, goggle, and only a surgical mask. At 11:56 AM, V12 stated that the staff member in R3's room was going to provide feeding assistance to R3. On 7/14/2020 at 9:35 AM, V13 Restorative Nurse stated she does provide restorative services to COVID-19 residents when it is needed. V13 stated, We only have to wear surgical masks for COVID positive residents. V13 said the facility was not out of N95 respirators and we have been given the N95 as a choice to wear with COVID positive residents; they encourage it but do not require it. On 7/14/2020 at 10:20 AM, V3 DON stated N95 is required unless the staff have breathing problems then they can wear two surgical masks. V3 stated this guideline came from V14 Corporate Nurse. On 7/14/2020 at 11:30 AM, V14 stated N95's are only required when caring for COVID 19 positive residents if a treatment is being done that produces an aerosol such as a nebulizer treatment. (Documentation regarding this guideline was requested, reviewed and did not show that two surgical masks are an appropriate substitution for an N95 respirator.) The Centers for Disease Control and Prevention (CDC) website for Preparing for COVID-19 in Nursing Homes updated on June 25, 2020 defined a respirator as a personal protective device that is worn on the face, covers at least the nose and mouth, and is used to reduce the wearer's risk of inhaling hazardous airborne particles (including dust particles and infectious agents), gases, or vapors. Respirators are certified by the CDC/NIOSH, including those intended for use in healthcare. The document showed under the heading Identify Space in the Facility that Could be Dedicated to Monitor and Care for Residents with COVID-19 that, While awaiting results of testing, HCP (Health Care Provider) should wear an N95 or higher-level respirator. Under the heading Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown, the HCP should wear an N95 or higher-level respirator. Lastly, under the heading Evaluate and Manage Resident with Symptoms of COVID-19 showed Residents with known or suspected COVID-19 should be cared for using all recommended PPE, which includes use of an N95 or higher-level respirator. On 7/14/2020 at 11:40 AM, V10 MDS Assistant stated the facility had approximately 200 N95 masks and approximately another 200 KN95 masks. 2. On 7/14/2020 at 10:15 AM V7 Licensed Practical Nurse (LPN) was observed caring for residents on the COVID wing as well as unaffected residents. On 7/14/2020 at 12:05 PM, V17 LPN stated she was also caring for COVID-19 positive residents in addition to unaffected residents. (On 7/14/2020 the facility had only six COVID-19 positive residents) V17 stated, I think it would be possible to do the schedule so only one nurse would have to be on the isolation/COVID-19 unit. On 7/14/2020 at 11:30 AM, V14 Corporate Nurse stated, Ideally there would be just one nurse for the six (COVID-19 positive) residents (R1-R6). There should be just one to prevent the cross-contamination to unaffected residents. The CDC website titled Considerations for the Public Health Response to COVID-19 in Nursing Homes updated April 30, 2020 showed, Assign dedicated HCP to work only on the COVID-19 care unit. At a minimum this should include the primary nursing assistants (NAs) and nurses assigned to care for these residents. HCP working on the COVID-19 care unit should ideally have a restroom, break room, and work area that are separate from HCP working in other areas of the facility.</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.