

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145000</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/10/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WASHINGTON SENIOR LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1201 NEWCASTLE WASHINGTON, IL 61571</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> - Some	<p><b>Provide and implement an infection prevention and control program.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to follow most recent CDC (Centers for Disease Control) guidelines to screen visitors prior to entering the facility, failed to ensure new admissions and readmissions are isolated and monitored for COVID-19 for three of 11 admitted residents (R1, R2, and R3), and failed to follow their Contact Isolation procedures for one of one residents (R1) reviewed for Contact Isolation in the sample of four. Findings include: The CDC (Centers for Disease Control), updated recommendations for 5/19/20, documents Long-Term Care Facilities are to 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]-CoV-2 (Severe Acute Respiratory Syndrome-COVID-19) - 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 Admission/Discharge Report, dated 6/9/20, documents 11 residents admitted to the facility within the last 14 days. On 6/9/20 at 9:30 am, V2 (Director of Nursing) stated, There are no residents on Isolation or Droplet Precautions currently, due to having no one with positive COVID-19 and all staff are to wear masks while in the facility. If we had anyone in droplet isolation they would be wearing a N95, gowns, gloves, face shield or goggles, and shoe coverings. V2 stated new residents and readmissions are in quarantine for 14 days and the residents stay in their rooms during this time. V2 also stated staff are not dressing in PPE (Gown, Gloves, N95 Facemask and Faceshield) for these residents. 1. The facility's Guideline for Screening Visitors and Employees, dated March 2020, documents 5. All visitors and staff are screened prior to entering campus .7. Screeners will complete a screening form for each person, visitor or employee as indicated . If determination is made that they can enter they will be given a card that they completed the screening. On 6/9/20 at 8:45 am, Surveyors entered the double doors at the entrance of the facility. V4 (Licensed Practical Nurse/LPN) checked the surveyors temperatures however, did not complete the screening questions or screening form and no cards were given regarding COVID-19. On 6/10/20 at 9:45 am, V2 stated V4 should have screened the two visitors prior to them entering the facility and is unsure why she didn't.</p> <p>2. The facility's Infection Control Policy and Procedure, Revised February 2020, documents under Gloves and Handwashing staff are to change gloves after having contact with infective material, Remove gloves before leaving the room and wash hands immediately with an antimicrobial agent or a waterless antiseptic agent, and After removing gloves and washing hands, do not touch potentially contaminated environmental surfaces or items in the resident's room. This same policy documents under 'Gown,' In addition to standard precautions '1. wear a gown (clean, nonsterile) when entering the room if you anticipate that your clothing will have substantial contact with an actively infected resident, with environmental surfaces, items in the resident's room, or if the actively infected individual is incontinent, has diarrhea, an [MEDICAL CONDITION], a [MEDICAL CONDITION], or wound drainage not contained by a dressing. 2. Remove the gown before leaving the resident's environment. 3. After removing the gown, do not allow clothing to contact potentially contaminated environmental surfaces'. The facility's Handling of Contaminated Linen Policy, dated February 2014, documents, 1. The staff member handling contaminated linen shall wear appropriate barriers consisting of, but not limited to: a. gown b. gloves. R1's electronic health record documents R1 was readmitted to the facility on [DATE]. There is no documentation in R1's electronic health record of R1 being tested for COVID-19 prior to admission or since admission, and there is no monitoring for signs and symptoms of COVID-19. On 6/9/2020 at 9:35AM, R1 was lying in bed in a Contact Isolation level room, on the Southwest hall, with Isolation set-up for soiled linens and used paper products. There were clean isolation gowns, gloves and container bags on the isolation set-up container hanging on the outside of R1's door. V5 (Certified Nurse Aide/CNA) was inside R1's room. V5's mask was pulled down around her neck, not covering her nose and mouth. V5 was wearing gloves but no gown. V5 was emptying the isolation containers by first lifting out the red isolation bag containing disposable products. She set this bag on R1's floor and tied the bag shut. V5 walked to the isolation set-up hanging on the outside of R1's door. V5 reached into the clean isolation set-up container on the door and took out a new bag with her same soiled gloves. V5 opened the bag up and placed it into the isolation container in R1's room. V5 lifted out the isolation bag containing linens and placed this bag on the floor and tied a knot in the top of the bag. V5 then retrieved a water-soluble bag and a plastic bag from the clean isolation set-up on R1's door, opened them and placed them inside the container. With the same soiled gloves, V5 picked up both the bags of soiled isolation supplies, left R1's room and walked down the Southwest hall. V5 continued down the Center hall and into an access hall. She removed her left glove. Placing her soiled glove in her right hand, she took a key from the hanger on the upper door frame and opened the door with her left hand. She disposed of the soiled linen bag, closed the door, hung up the key and left the access hall carrying the other soiled isolation bag. V5 walked down the Center hall to another closet. V5 used her left ungloved hand and keyed in the code to open the closet door. V5 placed the soiled isolation trash into a red bag lined box along with both gloves. Before cleansing her hands, V5 then set up a new box in the hall. She briefly left the area and came back with a tape dispenser to tape the box and place it for use in the closet. V5 then closed the door and walked back down Center hall to the Employee break room. V5 entered the door code and went inside to the sink to wash her hands. On 6/9/20 at 9:40AM V5 stated, I should have been wearing my mask and a gown while changing out the isolation boxes. I should have washed my hands and changed my gloves after touching the soiled bags in (R1's) room. I should always have my mask on. I am not sure what R1 is in isolation for. They just told me she was in Contact Isolation. On 6/9/20 at 9:30 am, V2 stated staff should be wearing a mask, gloves, and gown when they go into Contact Isolation rooms. 3. R2's electronic health record documents R2 was readmitted to the facility on [DATE]. There is no documentation in R2's electronic health record of R2 being tested for COVID-19 prior to admission or since admission, and there is no monitoring for signs and symptoms of COVID-19. R2 was residing on the Southwest hall and did not have an isolation set-up or signage in or outside her room even though she had been admitted within the last 14 days. On 6/9/2020 at 10:05AM V9 (Speech Pathologist/SLP) was in R2's room with a surgical mask on. V9 stated, I wear one mask all day. I do not change masks. I only wear gloves if I am handling food</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.

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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p>(continued... from page 1)</p> <p>during therapy. On 6/9/2020 at 9:42AM V6 (Registered Nurse/RN) stated, There is only one person in Isolation at this time and that is (R1). I am not sure what she is in Isolation for. I just got that she was from Shift Report this morning. We are supposed to isolate everyone who comes in as a new admit for a week but I am not sure if that is happening or not. It is my understanding that everyone has a 'negative' COVID-19 test before they are admitted. If they have a 'pending (COVID) test' they are isolated. Other than that all the residents are 'quarantined' and just staying in their rooms for meals and activities. There is not really a difference between those residents who are newly admitted and those who have been here for awhile. I am not aware of any other changes. 4. R3's electronic health record documents R3 was admitted to the facility, nine days ago, on 5/29/20. There is no documentation in R3's electronic health record of R3 being tested for COVID-19 prior to admission or since admission, and there is no monitoring for signs and symptoms of COVID-19 On 6/9/20 at 9:55 am and 11:30 am, R3 was lying in her bed on the Southwest hall with her eyes shut. There was no isolation set-up or signage on R3's door. 5. R4's electronic health record documents R4 was admitted to the facility 21 days ago, on 5/19/20. R4's electronic health record does not include any documentation regarding R4 having been monitored for signs and symptoms of COVID-19 after admission to the facility and no documentation of COVID-19 testing having been done. On 6/9/20 at 9:55 am and 11:30 am, R4 was lying in her bed on the Southwest hall with her eyes shut. R4 was currently sharing a room with R3 who was admitted to the facility nine days ago. On 6/9/20 at 11:55 am, V3 (Corporate Consultant) stated My understanding is new admissions and readmissions should be treated as if they are COVID-19 positive and staff should be wearing a mask, gloves, gown and face shields until confirmed negative or after the 14 days of quarantine.</p>		