

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 146115	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/02/2020
NAME OF PROVIDER OF SUPPLIER NEW ATHENS HOME FOR THE AGED		STREET ADDRESS, CITY, STATE, ZIP 203 SOUTH JOHNSON STREET NEW ATHENS, IL 62264	
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	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to assess visitors for symptoms prior to entry, encourage residents to wear face masks and maintain social distancing to prevent the spread of infections such as COVID-19. This practice has the potential to affect all 33 residents residing in the facility. Findings include: 1. On 07/01/2020 at 8:50 AM, V1, Administrator, and V2, Assistant Administrator, escorted surveyor through the facility past multiple resident rooms to the nurses' station where the surveyor's temperature was taken. No screening questions were asked or screening questionnaire was provided for completion. 2. On 07/01/2020, from 9:30 AM to 10:00 AM, R2, R5, R6 and R7 were sitting in the hallway within 3 feet of each other. None of them were wearing face masks. During this time, V5, Activities Assistant, spoke with R2, R5, and R7. V5 did not encourage them to wear face masks encourage social distancing. On 07/01/2020 at 9:25 AM, R5 was sitting in her wheelchair in between the 100 hallway and the front door without a face covering on. When asked if she wore a face mask when out of her room, R5 stated, I don't like to wear those things. 3. On 07/01/2020 at 9:40 AM, R7 was up in her wheelchair, propelling herself on the 100 hallway without a face covering on. When asked if she wore a face mask when out of her room, R7 stated, I don't know anything about it. V5, Activity assistant, walked near R7. There were no attempts from V5 to assist R7 to don a face mask. 4. On 07/01/2020 at 9:50 AM, R2 entered the facility from outside through the side door into the 100 hallway, removed her face covering and was sitting in the hallway. R2 stated that she wears her face mask when she goes outside to visit with her family, but she doesn't wear it inside of the facility and no one has told her to. At no time throughout the observation period of 07/01/2020, were staff noted offering to provide or encouraging residents to don face coverings. On 07/01/2020 at 9:15 AM, V1, Administrator, stated, They will not keep their facemask on even if they are reminded to keep it on. It's just really hard with some of these residents. On 07/01/2020 at 10:05 AM, V2, ADON/ Infection Control Nurse, stated, If a resident comes out of their room, then they should have a face mask on, but a lot of these residents refuse. On 07/01/2020 at 9:35 AM, V5, Activities Assistant, stated, All residents are to wear a facemask when they are out of their rooms, but it is hard to get most of them to wear them. On 07/01/2020 at 10:10 AM, V6, Certified Nurse Assistant (CNA), stated, The residents don't wear a face mask if they come out of their rooms because this is their home. On 07/01/2020 at 10:40 AM, V10, CNA, stated, The residents don't wear masks in the building because this is their home. Despite repeated requests, V1, Administrator, did not provide any policies or resident records prior to exit of this survey. https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html under Core Practices then under Implement Source Control Measures, documents, Residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room, including for procedures outside the facility. Cloth face coverings should not be placed on anyone who has trouble breathing, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance. It further documents under Have a Plan for Visitor Restrictions documents, Post signs at the entrances to the facility advising visitors to check-in with the front desk to be assessed for symptoms prior to entry. Screen visitors for fever (T=100.0 F), symptoms consistent with COVID-19, or known exposure to someone with COVID-19. Restrict anyone with fever, symptoms, or known exposure from entering the facility. On 7/1/2020 at 8:50 AM, V1, Administrator, stated the facility census was 33.</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.