

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145519	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/17/2020
NAME OF PROVIDER OF SUPPLIER WHITE HALL NURSING & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP 620 WEST BRIDGEPORT WHITE HALL, IL 62092	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to prevent the spread of infections such as COVID-19 by failing to adhere to infection control practices, failing to assist residents with donning face masks, and failing to keep the doors closed for residents who were COVID-19 positive. These practices had the potential to affect all 96 residents who reside in the facility. Findings include: 1. On 9/15/2020 at 9:00 am, R50 was sitting out in the hallway in his wheelchair, without a mask on. V10, Certified Nurses' Assistant, (CNA), V12, CNA, V2, Director of Nursing, (DON), and V13, CNA, all walked by him several times without redirecting or assisting him to don a face mask. Then at 9:45 am, R50, wheeled himself into his room. R50's Minimum Data Set, (MDS), dated [DATE], documents that R50's Brief Interview for Mental Status, (BIMS), was not performed because R50 is rarely understood. R50's Care Plan, dated 07/2020, documents, Resident is non-compliant with wearing face mask. If BIMS, (Brief Interview for Mental Status), is less than 13 then assist Resident when observed to properly place mask in correct placement. 2. On 9/15/2020 at 9:00 am until 10:00 am, R51 was sitting out in the hallway in his wheelchair, without a face mask on. V2, DON, V10, V12, and V13 CNA's, all walked by him several times without redirecting or assisting him to don a face mask. R51's MDS, dated [DATE], documents that R51 has a BIMS score of 15 and that he is cognitively intact. R51's Care Plan, dated 6/18/2020, documents, Resident is non-compliant with wearing face mask. If BIMS is greater than 13, then educate resident of potential adverse outcome of contracting COVID19. On 9/14/2020 at 10:20 am, R51 stated if he goes out of his room or outside, he will wear a mask or his bandana over his mouth and nose. 3. On 9/14/2020 from 10:30 am to 10:45 am, R52 was up in her wheelchair, propelling herself up and down the hallway without a face mask or being directed and assisted to place face mask on herself. V9, Social Service Director (SSD), nor V10, CNA, did not ask her or assist her to don a mask. R52's MDS, dated [DATE], documents a BIMS score of 00 which means R52's cognition is severely impaired. R52's Care Plan, dated 7/2020, documents, Resident is non-compliant with wearing face mask. If BIMS is less than 13, then assist Resident when observed to properly place mask in correct placement. 4. On 9/15/2020 from 9:50 am to 10:10 am, R53 was sitting on the floor in the hallway, no face mask was on her. V19, Laundry Aide, walked up to R53 and looked at her and asked her how she was doing. R53 did not respond. Then V19 walked away and did not assist R53 to don a face mask. V11, CNA, saw R53 and yelled out to her, Hi (R53) but, did not approach her to place her mask on her face. R53's MDS, dated [DATE], documents a BIMS score indicating R53 is severely impaired. R53's Care Plan, dated 8/19/2020, documents, Resident is non-compliant with wearing face mask. If BIMS less than 13 then assist resident, when observed to properly place mask in correct placement. 5. On 9/16/2020 at 11:00 pm, V16, RN, stated, that yes, he was on vacation in early March, on a cruise, and that he did work 2 shifts before he and the facility realized he was to be quarantined and not working. V16 continued to state that he was quarantined for 14 days after they realized it. On 9/14/2020 at 9:30 am, V1, Executive Director, stated the current facility census is 96 residents. They have 2 COVID-19 units with positive residents. The facility has 43 positive COVID-19 residents and 25 COVID-19 positive employees. All 25 employees that are positive COVID-19 are now quarantined. On 9/14/2020 at 12:00 pm, V1, Executive Director and V14, RN of Clinical Operations, both stated, that R51, R52 and R53 all refuse to wear face mask but it is Care Planned, but yes, the staff should assist and redirect residents to put a face mask on if they are out in the hall way. On 9/15/2020, V10, V11, V12 and V13, CNA's, all stated all residents should be wearing a face mask when out in the hallway and not in their room but, sometimes the resident will refuse. The Facility's Coronavirus, (COVID) Policy, dated 07/07/2020, documents, 13. Staff member who have signs and symptoms of respiratory infection while on-the-job, should: 1. Immediately stop work, apply a facemask and self-isolate at home.</p> <p>6. R15's Care Plan, dated 4/6/2020, documents, Resident is non-compliant with wearing face mask. If BIMS is less than 13 then assist Resident when observed to properly place mask in correct placement. R15's MDS, dated [DATE], documents severe cognitive impairment. On 9/14/2020 at 9:40 am, R15, who is located on the Designated 3 Area, was observed walking in the hallway, no mask in place. V4 did redirect R15 to her room. At 10:20 am, R15 was observed walking in the hall, no mask in place. V5 did redirect R15 to her room. At 10:40 am, R15 was observed walking in the hall, no mask in place. V6 did redirect R15 to her room. During the multiple redirections V4, V5, and V6, did not offer R15 or assist her with applying a mask. 7. On 9/14/2020 at 9:40 am, upon arrival to the Designated 3 Area, (North Hall), R1, R2, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15, R16, R17, R18, R19, R20, R21, R22, R23, R24, R25, R26, R27, R28, R29, R30, R31, R32, R33, and R34 resident room doors were left open and remained open based on 15 minute observations until 11:30 am. On 9/14/2020 at 10:10 am, V5, CNA, stated, The doors to the resident's rooms are kept open at all times unless we are providing care. On 9/14/2020 at 11:36 am, when asked about the resident's doors staying open, V2, Director of Nursing, stated, The doors should be shut. The staff should try to keep them shut but we do have residents that don't like them that way and won't keep them closed. 8. On 9/15/2020 at 8:50 am, upon arrival to the Designated 2 and Designated 3 Area (Rapid Recovery), R35, R36, R37, R38, R39, R40, R41, R42, R43, R44, R45, R46, R47, R48, and R49 resident room doors were left open and remained open based on 15 minute observations until 10:26 am. On 9/15/2020 at 8:55 am, when asked if the resident's doors are kept open, V17, CNA, stated, Yes the doors are kept open. Only time they are closed is when we are in the rooms. The Facility's Designated Unit Guidelines, dated 9/10/20, documents AREA 2 New admissions/readmissions, no COVID symptoms/monitoring. AREA 3 Residents with symptoms, suspect or test positive for COVID. The Facility's Coronavirus (COVID) Policy, dated 07/07/2020, documents in part It shall be the policy to utilize accepted infection control methods to prevent and control the spread of a respiratory illness caused by novel Coronavirus (COVID). Control Measures 4. The infected resident will remain in his/her own room on precautions with the door closed, if possible. 8. The resident is to wear a face mask or face covering .</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.