

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145547</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/15/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>DEKALB COUNTY REHAB &amp; NURSING</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2600 NORTH ANNIE GLIDDEN ROAD DEKALB, IL 60115</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<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 ensure staff wore face coverings appropriately and failed to ensure residents wore face coverings when out of their room for fourteen of eighteen residents (R1-3, R5-15) reviewed for infection control in the sample of 18. The findings include: On August 15, 2020 at 10:00 AM, V4 (Activity Aide) was sitting on a bench outside the facility's front entrance. V4's face mask was under her chin. R5 was in a chair next to V4. R5 was not wearing a face mask. V4 was holding R5's arm. R5 was touching V4's arm. R1 was in a wheelchair outside the facility visiting with V14 (family member). R1's face mask was under her nose. Entering the east hallway, R6 and R7 were next to each other in wheelchairs. R6 and R7 did not have face masks on. R6 was talking to R7 and then self-propelled in his chair down the hall. R8 was in a chair in the hallway without a face mask on. V6 (Certified Nursing Assistant, CNA) was in the hallway with her face mask under her nose. V11 (Housekeeping) went in and out of resident rooms with her face mask under her nose. R9 was in a chair in the hallway without a face mask on. At 10:15 AM, R10-14 were in chairs in a hallway without face masks and less than 6 feet apart. V7 (Dietary Aide) entered the kitchen with her face mask under her nose. V8, Dietary Aide, stood next to V7 talking with her face mask under her nose. At 10:30 AM, R15 was in the hallway without a face mask on, and less than 6 feet from R12. At 10:35 AM, V9, Housekeeper, walked down the west hallway and into a resident room with her face mask under her nose. V10, CNA, exited a resident room (R2's room) went into a storage room, and then into another resident room while her face mask was under her nose. R2 and his roommate were not wearing face coverings. V11 was now on the west hallway cleaning with her face mask under her nose. At 11:30 AM, V9 exited R3's bathroom assisting R3 to walk. V9's face mask was below her nose and R3 did not have a face mask on. R3 was assisted into the hallway to sit in a chair where he remained without a face mask. At 12:35 PM, this surveyor was accompanied by V2, Infection Preventionist, to another area of the building. A resident was sitting across from the nurses' station without a mask on. V2 asked the nurse to apply a face mask on the resident. On August 15, 2020 at 11:15 AM, R2 said not all of the staff wear masks when they come into his room. At 11:45 AM, V1, Administrator, and V2, Infection Preventionist, said if staff are seen not wearing PPE appropriately they are reminded immediately and reeducated. Everyone is attentive to this. All staff have been educated to wear their masks to cover their nose and mouth. There are posters demonstrating the proper way to wear a mask throughout the facility. Residents are to wear masks when out of their rooms. If a resident cannot wear a mask they should have a face shield or be in their room. The August 14, 2020 Illinois Department of Public Health (IDPH) guidance for nursing homes showed everyone entering the facility must wear face masks or respirator, as appropriate, and additional PPE (personal protective equipment), as appropriate, except during breaks in designated break areas. All residents must wear a cloth face covering or face mask when outside of their rooms and when staff enter their rooms. The Centers for Disease Control and Prevention (CDC) guidance dated August 7, 2020 showed to wear a mask correctly put it over your nose and mouth and secure it under your chin. Wear a mask that covers your nose and mouth to help to protect others in case you're infected with COVID-19 but don't have symptoms. The facility's July 23, 2020 Personal Protective Equipment Policy showed PPE to be worn at all times by staff when around residents include: procedure mask or if appropriate, an N-95 respirator mask.</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.