

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 146124	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2020
NAME OF PROVIDER OF SUPPLIER CARMI MANOR REHAB & NRSG CTR		STREET ADDRESS, CITY, STATE, ZIP 615 WEST WEBB STREET, PO BOX 133 CARMI, IL 62821	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review the facility failed to 1.) follow recommended procedures for staff screening and 2) properly disinfect community activity game pieces between resident use. This failure has the potential to affect all 54 residents who reside in the facility. The Findings Include: 1. The facility's Coronavirus Disease (COVID 19) policy with an initiation date of 3/29/20 and revision date of 6/16/20 was reviewed. Policy Interpretation and Implementation of Resident screening states Every persons wanting to enter the facility, regardless of reason, (including staff, residents, visitors, outside healthcare workers, vendors, etc.) and employees entering work regardless of whether they have had a known [DIAGNOSES REDACTED]-CoV2 exposure, are to be screened by taking their temperature and assessing for COVID 19 like symptoms prior to entry. Employees must be screened at the beginning of shift and again at mid-shift. On 6/23/20 at 9:10 AM, V3 (Medical Records) stated that her office is right at the front of the building and if she is there she screens everyone who comes through the door. At this time V1 (Administrator) stated that someone is up front to screen staff coming in through the front doors. On 6/23/20 at 9:25 AM, V7 (Activities Assistant) stated that she screens herself when she enters work at the front door, and tries to remember to screen her temperature again at mid-shift. On 6/23/20 at 9:40 AM, V8 (Laundry) states that she screens herself when she enters the facility at the beginning of her shift, and if she remembers she will check her temperature again mid shift because she is supposed to. On 6/23/20 at 9:50 AM, V9 (Dietary Supervisor) stated that all staff come in through the front door and screen themselves. This includes taking temperature and filling out the questionnaire. They are to check their temperature again mid shift On 6/24/20 at 8:30 AM, V1 stated that V3's shift does not start until 7 AM so she would not be there to screen staff who start at 6 AM. She stated that V3 is also transport, so there are times when she is not available to screen the employees when they come in, or mid shift. The staff then are left to screen themselves. Review of the CDC guidance titled Preparing for COVID-19 in Nursing Homes found at https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html under Evaluate and Manage Healthcare Personnel states the following: Screen all HCP (Health Care Providers) at the beginning of their shift for fever and symptoms of COVID-19. Actively take their temperature and document absence of symptoms consistent with COVID-19. If they are ill, have them keep their cloth face covering or facemask on and leave the workplace. 2. From 9:30 AM-10:30 AM on 6/23/20 observations were made in the dining room of residents spaced 1 per table and involved in an activity/game with dice. V6 (Volunteer) was noted going from table to table with the dice and a scorecard, without sanitizing dice between residents. On 6/24/20 at 8:30 AM, V1 stated that V6 should either not play a game with residents touching the same dice, or he should have them sanitize their hands after touching them.</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.