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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 146046 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/20/2020 |
| NAME OF PROVIDER OF SUPPLIER MARSHALL REHAB & NURSING | | STREET ADDRESS, CITY, STATE, ZIP 410 NORTH SECOND STREET MARSHALL, IL 62441 | |
| 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 - Some | <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 update their infection control policy to include current guidelines for COVID 19 and failed to maintain recommended transmission based precautions for three residents, (R1,R2, R3) of three residents reviewed for infection control in a sample of three residents. Findings Include: The facility's policy Coronavirus Disease (CoVid 19) revised 8/12/20 under Admission/Readmission of Residents states c. Shall be on standard precautions unless other illness requires a higher level of precaution. The facility's policy also states New admissions or returning residents with unknown Co-Vid 19 status: Refer to IDPH (Illinois Department of Public Health) guidance in Appendix A for direction. Transmission based precautions referenced in appendix refers to Contact and Droplet precautions. Illinois Department of Public Health (IDPH) Interim Guidance: Accepting transfers from Acute Care Settings to Long Term Care Facilities dated 8/5/20 states Co-Vid Status is unknown: Transmission based precautions for 14 days since last exposure (which is the date of admission) 1. R1's care plan updated 8/6/20 includes the following Diagnoses: [REDACTED]. On 8/17/20 at 9:45AM R1 was in his room on the facility identified isolation hall with the door open to the hall. A sign was posted on R1's door listing Standard Precautions. R1's Care Plan dated 8/12/20 documents I will comply with facility Contact and Droplet precautions and isolation to my room for 24 hours if I am running a temp (temperature) greater than 99.6. (greater than) 7 days after illness onset, and (greater than) 3 days after resolution of fever without the use of fever-reducing medications, and resolution or improvement in respiratory symptoms. R1's Care Plan documents R1 was admitted [DATE]. R1's Care Plan does not address contact/droplet (transmission based) precautions to be followed for 14 days following admission as per current guidance quoted above. 2. R2's Hospital Transfer record dated 8/14/20 documents the following Diagnoses: [REDACTED]. R2's Baseline Care Plan dated 8/14/20 does not document isolation precautions. R2's Progress note dated 8/14/20 at 8:30PM documents R2 was admitted at that time, but does not address isolation precautions. On 8/17/20 at 9:45AM R2 was in her room on the facility identified isolation hall with the door open to the hall. A sign was posted on R1's door listing Standard Precautions. V3, Certified Nurse's Aide entered R2's room without gloves, wearing a surgical mask without eye protection or a gown. V3 closed the room door to deliver care. 3. R3's Progress Notes printed 8/20/20 includes the following Diagnoses: [REDACTED]. R3's medical record does not document a baseline care plan. R3's progress note dated 8/13/20 at 5:25PM documents R3 was admitted at that time. There is no documentation to indicate isolation precautions initiated for R3's Salmonella or for R3's transition for prevention of CoVid19. On 8/17/20 at 9:45AM R3 was in his room on the facility identified isolation hall with the door open to the hall. A sign was posted on R1's door listing Contact Precautions. On 8/17/20 at 10:00AM V1, Administrator stated (R3) is on Contact precautions because he has Salmonella. As long as the new admissions or readmissions are not symptomatic, it is our policy to just use standard precautions. We make sure they have been tested before we admit the new or readmitted resident. When asked if she was aware of the criteria two negative tests at least 24 hours apart, V1 stated Our consultant and I used public health guidelines when we developed our policy. When asked what standard precautions include V1 stated gloves, hand washing, and we wear masks with all residents. On 8/17/20 at 10:10AM V2 Director of Nursing stated It is our policy to put new residents on standard precautions unless they are symptomatic.</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.