

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 146083	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/31/2020
NAME OF PROVIDER OF SUPPLIER MANOR COURT OF PRINCETON		STREET ADDRESS, CITY, STATE, ZIP 140 NORTH SIXTH STREET PRINCETON, IL 61356	
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 - Few	Provide and implement an infection prevention and control program. Based on interview, observation, and record review, the facility failed to ensure staff donned and doffed proper protective equipment (PPE) for one resident (R3) in Droplet and Contact Isolation of four residents reviewed for Covid-19 Infection Control in a sample of four. Findings include: The facility's Infection Control - Communicable Disease Testing policy, revised 7-20-2020, documents 14. Any new admission or readmission will be placed on contact/droplet precautions with eye protection in designated area for at least 14 days, depending on symptoms and tested prior to moving off that area. The facility's Infection Control policy, dated 12-17-2019, documents Transmission-based Precautions: The purpose of isolation techniques is to protect the resident and personnel from infection and to halt the spread of the infectious agent. Emphasis will be placed on isolating the disease - - not the resident. All isolation precautions will fall into one of the following categories: 1. Airborne Precautions 2. Contact Precautions 3. Droplet Precautions. This policy continues to state Gowns are worn by all personnel when they enter a strict isolation room and by those coming in direct contact with residents who require airborne, droplet, and contact (if necessary) precautions. Gowns are worn only once and then discarded in appropriate containers before leaving contaminated area. Mask should cover the nose and mouth. They are to be used once. A mask is discarded when moist and not worn longer than thirty (30) minutes. Gloves, disposable in nature, will be worn unless sterile gloves are necessary. Gloves will be changed after direct contact with resident's secretions or excretions, even if care of resident has not been completed. On 7-30-2020, at 11:35am, a sign posted on R3's door stated Gown, Mask, Goggles or Face shield. Gloves. Contact and Droplet Precautions signage was noted on the top of R3's isolation cart located outside R3's door. At this time, V5 Registered Nurse/RN, already wearing a cloth gown, mask, and face shield donned gloves and entered R3's isolation room to check on R3. When V5 exited R3's room, V5 pulled the door shut with a gloved hand, then removed V5's gloves in the hallway. V5 did not remove cloth gown, face mask or face shield. On 7-30-2020, at 11:37am, V5 stated I just messed up and touched (R3's) door handle. V5 stated that V5's gown, mask, and face shield do not need to be changed since R3 is asymptomatic. On 7-30-2020, at 11:43am, V5 RN, wearing the same cloth gown, mask, face shield, and new gloves entered R2's room with R2's meal tray. V5 RN exited R2's room and did not remove cloth gown, mask, or face shield. On 7-30-2020, at 11:47am, V5 RN, wearing the same cloth gown, mask, face shield, and new gloves entered R4's room with R4's meal tray. On 7-30-2020, at 11:50am, V2 Director of Nursing/DON stated We wear full PPE (proper protective equipment) for (R3). (R3) had unknown exposure when family took (R3) to different places so (R3) is on full isolation, contact and droplet. When staff come out of (R3's) room they should remove their gown at the doorway and put it in a bin, remove their face shield or goggles and put them in a bag, remove their gloves, sanitize their hands and don new gloves here then go into the room set up for sanitizing their face shield or goggles and sanitize them. V2 confirmed at this time that V5 was wearing the same cloth gown, face shield and mask after exiting R3's room. V2 stated Staff should remove and dispose of their gloves, mask and a disposable gown upon exit.		
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.