

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 146052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2020
NAME OF PROVIDER OF SUPPLIER ALHAMBRA REHAB & HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 417 EAST MAIN STREET, BOX 310 ALHAMBRA, IL 62001	
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>Based on observation, interview, and record review, the facility failed to adhere to infection control practices to encourage residents to wear masks, ensure social distancing, and cancel communal dining and communal activities to prevent the spread of infections such as COVID-19. This failure has the potential to affect all 37 residents in the facility.</p> <p>Findings Include: 1. On 6/17/2020 at 10:12 AM, R8 was sitting in her high back chair on A Hall. R8 did not have on a face mask. Staff were noted walking past R8 and no offers to don a mask for R8 were provided. 2. On 6/17/2020 at 10:18 AM, V13, Activity Assistant, sat at a table in the main dining room reading from a book. R3, R4, R5, R9, R10, R11, and R12 were positioned in chairs at the dining room tables. All residents were sitting 6 feet apart. R13 was noted ambulating in the dining room, going from table to table, talking to R3, R4, R9 and R19 while not maintaining 6 feet of social distancing. At no time during the activity was R13 encouraged to return to his table and/or leave the dining room while not maintaining social distancing. In the activity, R2 sat at a table alone using oxygen on per nasal cannula, coughing into a tissue, and not wearing a mask. R2, R3, R4, R9, R10, R11, R12, and R13 were not wearing a mask. At no time during the entire observation period of the activity, did V13, Activity Assistant, offer to provide a face mask to any of the residents in the dining room. 3. On 6/17/2020 at 10:12 AM, R6 sat in her wheelchair on A Hall and was not wearing a mask. Staff were noted answering call lights and walking in the halls and at no time during the observation was a mask offered to R6 by staff. 4. On 6/17/2020 at 10:26 AM, R7 sat in her wheelchair with her eyes closed with her hands resting on her soft lap cushion in the middle of Hall B. She did not have a mask on. No attempts by staff to offer R7 a face mask. 5. On 6/17/2020 at 11:00 AM, just outside the main dining room door, when asked why R13 was not maintaining social distancing and why residents weren't wearing masks, V16, Activity Director, stated staff attempt to keep residents 6 feet apart, admitted to having activities in groups as well as dining in groups both in the main dining room and the caf dining room for all meals. V16 stated when residents are observed not adhering to the 6 feet of social distancing they are asked to leave the activity. V16 admits residents are not required to wear face masks, but offered no explanation as to why they weren't offered even though she stated there were ample supplies of Personal Protective Equipment (PPE), which included masks. Facility information, untitled, documents, Dining in Caf (the assist room which is (25 x 28) is 6 people at time separated by each table. Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings, updated 5/18/2020, documents, Patients and visitors should, ideally, be wearing their own cloth face covering upon arrival to the facility. If not, they should be offered a facemask or cloth face covering as supplies allow, which should be worn while they are in the facility. Patients may remove their cloth face covering when in their rooms but should put them back on when leaving their room or when others (e.g., HCP (Health Care Provider), visitors) enter the room. Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings, entitled Implement Social Distancing Measures, updated 5/19/2020, documents, Implement aggressive social distancing measures (remaining at least 6 feet apart from others): Cancel communal dining and group activities, such as internal and external activities. Remind residents to practice social distancing, wear a cloth face covering (if tolerated), and perform hand hygiene. Remind HCP to practice social distancing and wear a facemask (for source control) when in break rooms or common areas.</p> <p>6. On 6/17/2020 at 10:40 AM, R15 and R14 were in the TV room with no mask on, and no social distancing of 6 feet or greater. R15 stated that staff do not ask her to wear a mask. At 10:46 AM, V1, Administrator, walked up and down the hall by the TV room. V1 did not encourage residents to put on a mask or practice social distancing. 7. On 6/17/2020 at 11:16 AM, R3 stated the facility does have activities in the dining room. R3 stated that she does not eat in her room. R3 stated that she eats in the dining room, but they are 6 feet apart. R3 stated she does not wear a mask, because staff told her she does not have to wear one. 8. On 6/17/2020 at 11:50 AM, V6, Dietary Aide, stated that residents do eat in the dining room and the cafe. V6 stated a second setting had been added so residents could be kept 6 feet apart. 9. On 6/17/2020 at 12:15 PM, V1, Administrator, stated that residents have been offered masks and they don't wear them or they will take the masks off. V1 also stated there were 37 residents in the facility.</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.