

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145668	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/03/2020
NAME OF PROVIDER OF SUPPLIER BRIA OF BELLEVILLE		STREET ADDRESS, CITY, STATE, ZIP 150 NORTH 27TH STREET BELLEVILLE, IL 62226	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to wipe high touch areas with appropriate disinfectant, perform hand hygiene and utilize appropriate personal protective equipment (PPE) to prevent the spread of infections such as COVID-19 for 8 of 8 residents (R1-R8) reviewed for infection control in the sample of 8. Findings include: 1. The facility's Daily Census sheets, dated 6/2/20, document R1-R8 reside on the COVID-19/Person's Under Investigation (PUI) unit with 51 additional residents. 2. During observations on the 400 hall on 6/2/20 from 9:07 AM until 12:10 PM, no disinfection of the high touch hand rails or door knobs was noted. Several times during this observation period, R3 coughed into her hands, wiped the nose area and then grabbed the hand rails to self propel in the wheelchair. Other residents on the 400 hall were also observed using the handrails to self propel in their wheelchairs with no disinfection completed during entire observation period.</p> <p>3. On 6/2/2020 at 10:00 AM, V22 (Housekeeper) was wiping down surface areas on the 300 hall, which is a designated area for Patients Under Investigation (PUI) for COVID 19. On 6/2/20 at 10:00 AM, V11 (Housekeeping Supervisor) stated, Housekeeping staff clean the halls every 2 hours. They use a Quat (Quaternary) disinfectant to clean the surfaces. On 6/2/20 at 10:20 AM, V22 used a cloth that was submerged in a bucket of liquid on her cart to wipe surfaces on the 300 hall including the door frames, door knobs, walls and light fixtures. There were no disinfectant bottles visible on the cart. When asked what disinfectant she uses, and if it was on the cart, V22 stated, We mix our solution before we come down the hall to clean, and we are supposed to clean the hall every 2 hours. V22 demonstrated wiping the areas with the same wet cloth repeatedly submerged in the liquid in the bucket. On 6/2/2020 at 10:30 AM, V22 removed the bucket of liquid off of the cart and took it into a shower room designated for staff to hang up gowns and face shields. V22 then brought the bucket back out and placed it back on the cart. V22 stated, Yes, I dumped the water in the shower room and filled it with more water, then I add more cleaner. V22 unlocked a box on the cart, pulled out a spray bottle labeled Quat and sprayed several squirts from the bottle into the water in the bucket. On 6/2/20 at 10:45 AM, V11 stated, The Quat solution is already pre-diluted. It is to be sprayed directly to the rag to clean surfaces. On 6/2/20 at 12:10 PM, V11 stated, I would not expect the housekeepers to dilute the disinfectant because it is pre-diluted. I already spoke with (V22) about how she was using it. I would not expect her to dilute it with water. On 6/2/2020 at 12:25 PM, V1 (Administrator) and V2 (Director of Nursing/DON) stated housekeeping staff are responsible for cleaning high touch areas in the facility every 2 hours. Product information provided by V1 documents, Quat Disinfectant Cleaner Ready-To-Use is an EPA (Environmental Protection Agency) registered hospital disinfectant. Leave surface wet, contact time [MEDICAL CONDITION](human immunodeficiency virus) is 60 seconds and HBV ([MEDICAL CONDITION] virus) is 10 minutes. There are no instructions on the label to mix the disinfectant with water.</p> <p>4. On 6/2/2020 at 11:45 AM, V8 (Certified Nursing Assistant/CNA) and V23 (Nursing Assistant/NA) obtained new face shields out of the top drawer of a PPE supply bin located outside of the room. Both V8 and V23 donned their face shields and entered R7's and R8's room. Both R7 and R8 were on Contact and Droplet precautions due to exposure to COVID-19 by an infected staff. Upon exiting the room, V8 and V23 doffed the used face shields and placed them back into the same top drawer of the PPE supply bin without disinfecting them. On 6/2/2020 at 11:50 AM, V2 stated, I would expect the CNA's to disinfect their face shields after using them. On 6/2/2020 at 11:55 AM, regarding the protocol for disinfection of face shields, V8 stated, Yes, we would take them to the Nurses Station and wipe them off with a bleach wipe. V8 stated, Yes, we forgot to disinfect them.</p> <p>5. On 6/2/20 at 10:30 AM, V8 (CNA) entered a room to open a carton of milk for R5 without donning gloves. V8 then left the room without performing hand hygiene, walked down the hall past two alcohol based hand sanitizer dispensers, and went into the shower room to wash her hands. V8 stated, I should have worn gloves when I went into (R5's) room. 6. On 6/2/20 at 11:33 AM, V13 (Licensed Practical Nurse/LPN) entered R6's room without donning gloves, carrying a medication cup with medication for R6. R6 asked V13 to check the oxygen concentrator in her room, which V13 did, touching the machine. R6 requested another medication and V13 carried the same medication cup, still with R6's medications in it, back out to her medication cart, set it on top of the cart, used the keys to unlock the lock box and popped out a pill from a card from the lock box, closed the lock box, and again entered R6's room without sanitizing her hands or donning gloves. Upon questioning if she should wear gloves when going into R6's room, V13 stated she did not need to wear gloves because the residents on this hall are not actually on isolation, they are just being monitored because they had possibly been exposed to COVID-19 by a staff who tested positive. V13 stated she did check the oxygen concentrator in R6's room, and the water bottle was on the floor, but it was ok now. A sign posted on the outside of R6's door included the following instructions: Droplet and Contact Precautions: Everyone must clean your hands, including before entering and when leaving the room. Make sure your eyes, nose, and mouth are fully covered as well as gown and gloves are properly in place before room entry. Remove all soiled PPE before room exit. On 6/2/20 at 11:55 AM, V2 stated all PPE including gloves, gown, face shield and mask, should be worn when entering residents' rooms because all of the residents on the 300, 400, and 500 halls are on contact and droplet precautions due to being exposed to COVID-19 by a COVID-19 positive staff. The Facility's (Facility) Healthcare Services Policies and Procedures for COVID-19, revised 5/19/20, documents, Purpose: to reduce the risk of transmission of the Coronavirus Disease (COVID-2019) in this healthcare setting. This facility will conduct education, surveillance, and infection control and prevention strategies to reduce the risk of transmission of COVID-19. The facility will follow and implement recommendations and guidelines in accordance with the Centers for Disease Control and Prevention (CDC), CMS (Centers for Medicare & Medicaid Services), Wisconsin Department of Health, and the Illinois Department of Health (IDPH), to include identification and isolation of any suspected case. Under How the Facility will monitor residents: documents, d. Maintain Standard, Contact and Droplet Precautions (including eye protection when warranted) and place CDC Droplet Precautions poster on the resident room door. Under Housekeeping, the same policy documents, Housekeeping staff will disinfect high touch areas using bleach or bleach wipes twice per day. High touch areas include hallway handrails, individual resident and non-resident room door knobs, door knobs to entrance of the facility, all toilets, tables and chairs in common areas, and light switches. The Facility's contracted Housekeeping Services policy, Interim recommendations for Routine and Terminal COVID-19 Isolation Room/Unit Cleaning documents, It is important that for each infectious disease an EPA (Environmental Protection Agency) approved solution is used to disinfect the patient room. Disinfection is a best practice measure for prevention of COVID-19 and other [MEDICAL CONDITION] respiratory illnesses.</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.