

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>146134</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/13/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SALINE CARE NURSING &amp; REHAB</b>		STREET ADDRESS, CITY, STATE, ZIP <b>120 SOUTH LAND STREET, PO BOX 468 HARRISBURG, IL 62946</b>	
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 0641  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Ensure each resident receives an accurate assessment.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview, observation, and record review the facility failed to complete an accurate Minimum Data Sets (MDS) Assessment for 1 of 3 resident's (R28) evaluated for ADL (Activities of Daily Living) decline in a sample of 81. Findings include: An annual MDS for R28 dated 7/5/19 lists R28 as needing extensive assistance of 2 persons with Bed Mobility, Transfers, Dressing, and Toilet Use. This same MDS also lists R28 as needing extensive assistance of one person with Locomotion on Unit, Eating, and Personal Hygiene. The Quarterly MDS dated [DATE] lists R28 as totally dependent with 2 persons physically assisting with Bed Mobility, Transfers, and Toilet Use and codes R28 as being totally dependent with one person physically assisting with Dressing, Eating, and Personal Hygiene, indicating a decrease in R28's abilities in the areas of Bed Mobility, Transfer, Dressing, Eating, Toilet Use and Personal Hygiene. On 3/13/20 at 9:45 AM V6 (Licensed Practical Nurse/LPN) said she was not aware of R28 having a decrease in her activity of daily living abilities since V6 returned to work in August 2019. On 3/13/20 at 10:10 AM, V14 (MDS Coordinator) said she was new to the MDS position and was unfamiliar with the accurate coding in October, 2019. After reviewing the ADL sheets provided by the Certified Nurse Aides for October, 2019, she felt she did not put the correct codes on the October, 2019 MDS for R28. V14 also said she was not aware of a decrease in R28's ADL scores from the Annual MDS in July, 2019 to the quarterly MDS in October, 2019. V14 also said she would submit a correction for that period of time. On 3/12/20 at 2:35 PM V15 (Regional MDS) said the facility uses the RAI (Resident Assessment Instrument) manual significant change instructions as their policy as to when to complete a significant change assessment. The RAI 3.0 manual dated October, 2018 states on page 2-22 A significant change is a major decline or improvement in a resident's status that: 1. Will not normally resolve itself without intervention by staff or by implementing standard disease related clinical interventions, the decline is not considered 'self-limiting'; 2. Impacts more than one area of the resident's health status; and 3. Requires interdisciplinary review and/or revision of the care plan. This same document states Some Guidelines to assist in deciding if a change is significant or not. Decline in two or more of the following: Any decline in an ADL physical functioning area (at least 1) where a resident is newly coded as Extensive assistance, Total dependence, or Activity did not occur since last assessment and does not reflect normal fluctuations in that individual's functioning. On 3/12/20 at 12:30 PM R28 was sitting in a geri chair in the dining room being fed by a Certified Nurses Aide and holding a cup during lunch, and at 3:03 PM R28 was observed lying in bed during peri care and was able to assist with bed mobility.		
F 0812  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<b>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</b> Based on observation, interview, and record review the facility failed to maintain an effective sanitizing solution to keep kitchen surfaces sanitized. This failure had the potential to affect all 103 residents living in the facility. Findings include: On 03/10/20 at 8:45 AM, when asked to check the sanitizer level in the hand wash bucket V16 (Dietary Assistant) picked up a bottle of stick test strips and placed it in the bucket. After a few seconds (approximately 10) V16 looked at the test strip and said There is nothing showing. V16 stepped over to the window seal and picked up another test strip dispenser, pulled off approximately 1/2 inch of strip and dipped the test strip into the water and said This is not showing either. V16 picked up the bucket of water and poured the water down the sink and put new water in the bucket, adjusted knobs over the sink faucet entitled Pro-fill-1 and placed more water in the bucket along with a hose attached to the Pro-fill dispenser. V16 then placed another 1/2 inch test strip into the water and the test strip remained white without color. V16 then said There is something wrong with the sanitizer in here; this is a new system, let me call maintenance. V16 reached under the sink and picked up the bleach bottle, poured some bleach into the bucket of water, then put another test strip into the bucket. The test strip remained without color and V12 (Dietary Manager) stated they need to notify maintenance that the sanitizer is not working and said We just started using a new company. On 3/11/20 at 9:30 AM, V12 (Dietary Manager) was asked to have the bucket sanitizer level checked that is used to wipe down surfaces in the kitchen. The initial read was 0 PPM indicating no sanitizer was found in the solution. V12 then went to make sure that the correct strips were being used. V13 (Dietary Aide) then walked over and stated after placing her hands in the bucket that she would just make a new solution because it was cold water. At this time, V12 was asked if there was a log they used to log the sanitizer level and/or a policy on how often this bucket sanitizer was checked and new solution made. V12 stated that there is not a log that they have for this, and that they just change it when it is needed. V13 stated then that they know to change the solution when the water becomes cold. V13 then made a new sanitizing solution in the bucket by adding a lid (from the bleach container) full of bleach to the water in the bucket. V12 would intermittently check the level of concentration with the strips as the bucket was filling. V13 dumped half the water out due to the concentration being too high, and after adding more water the level finally was at the acceptable range as indicated by the manufacturer of a range of 50-100 parts per million. The Resident Census and Conditions of Residents, dated 3/10/20, documented 103 residents reside in the facility.		
F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to practice proper hand hygiene for 1 of 5 (R59) residents reviewed for pressure ulcer treatment in the sample of 81. Findings include: R59's Physician order [REDACTED]. On 03/12/20 at 12:57 PM, V6 (Licensed Practical Nurse/LPN) was observed pushing R59 down the hall in his wheelchair while pulling the treatment cart behind her. V6 took R59 into his room and put the treatment cart outside of his room. V6 put gloves on, put normal saline on gauze, removed the band-aid from R59's left elbow, and cleaned the area with the normal saline soaked gauze. V6 removed her gloves and put new gloves on. V6 then put antibiotic ointment on her gloved finger and wiped it on the area on R59's left elbow. V6 was not observed washing her hands or using hand sanitizer prior to beginning the treatment or during the treatment. On 3/12/2020 at 12:57 PM when asked if she had used hand sanitizer between glove changes, V6 stated, No, I forgot to do that. When asked if she had washed her hands prior to beginning the treatment, V6 stated she had washed them at the nurse's station before bringing R59 and the treatment cart to the room. The facility handwashing/hand hygiene policy dated 8/2015 documents, The facility considers hand hygiene the primary means to prevent the spread of infections. Under section 7 the policy documents, Use an alcohol-based hand rub containing at least 62% alcohol; or alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: . g. before handling clean or soiled dressings, gauze pads, etc.; . k. after handling contaminated equipment, etc.; l. after contact with objects (e.g., medical equipment) in the immediate vicinity of the resident; m. after removing gloves. Under Applying and removing gloves the facility policy documents hand hygiene is to be performed before applying and after removing. Under		
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.

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F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few  F 0912  <b>Level of harm</b> - Potential for minimal harm  <b>Residents Affected</b> - Many	<p>(continued... from page 1) section 9 the facility policy documents, The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections.</p> <p><b>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to provide 80 square feet of floor space per resident bed for 51 of 51 (R1, R3, R4-R6, R8, R10, R11, R14, R17, R19, R22, R25-29, R32, R38, R40, R41, R44-47, R50, R52, R55-60, R65-67, R69, R73, R79, R80-83, R85, R88, R89, R90, R95, R96, R101, R102) residents reviewed for adequate room size in the sample of 81. Findings include: On 3/12/20 at 1:30 PM, the following rooms (3-6, 9, 11-12, 15-20, 22-27, 29-31, 34-35, 38-39, 41-42, 44-48) were observed to provide only 72 square feet of floor space per bed. On 3/13/20 at 10:00 AM, rooms [ROOM NUMBERS] were observed to provide only 78 square feet of floor space per bed. V2 (Regional Director of Operations) confirmed on 3/13/20 at 10:00 AM that rooms 108-109 are Medicare/Medicaid certified, and the remaining rooms 3-6, 9, 11-12, 15-20, 22-27, 29-31, 34-35, 38-39, 41-42, 44-48 are Medicaid only certified. Throughout this survey there were no negative resident or family interviews regarding room size. At the time of the survey the space provided in these rooms were adequate to meet the needs of the residents. The facility provided a census sheet on 3/10/20 documenting that R1, R3, R4-R6, R8, R10, R11, R14, R17, R19, R22, R25-29, R32, R38, R40, R41, R44-47, R50, R52, R55-60, R65-67, R69, R73, R79, R80-83, R85, R88, R89, R90, R95, R96, R101, and R102 reside in rooms 108, 109 and 3-6, 9, 11-12, 15-20, 22-27, 29-31, 34-35, 38-39, 41-42, 44-48.</p>		