

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145981	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2020
NAME OF PROVIDER OF SUPPLIER SWANSEA REHAB HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP 1405 NORTH SECOND STREET SWANSEA, 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.</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 place signage regarding isolation procedures and failed to wear appropriate Personal Protective Equipment when caring for residents with COVID-19 or persons under investigation of COVID-19, for 4 of 7 residents (R1, R5, R6 and R7) reviewed for infection control practices in the sample of 7. Findings include: 1. R1's Physician order [REDACTED]. R1 Nurse's Notes, dated 6/13/2020 at 2:15 PM, documents, Resident returned from the hospital. Resident is COVID-19 positive and was placed on COVID 19 Hall. On 6/16/2020 at 7:35 AM, V3, Assistant Director of Nursing (ADON)/Infection Control Supervisor, stated, (R1) is on the COVID-19 unit for droplet, airborne isolation. (R1's) room was a designated COVID-19 room and all residents on the unit were placed there on the unit because they all have tested positive for COVID- 19. On 6/16/2020 at 7:47 AM, V7, Certified Nursing Assistant (CNA), was in the positive COVID-19 hall and was in R1's room. V7 was feeding R1 in his room and V7 was not wearing goggles or a face shield while she was feeding him. V7 was near R1's face while she was placing his food on a spoon and placing the food inside R1's mouth. On 6/16/2020 at 7:50 AM, V7 stated, No, I did not wear any face protection while assisting with the feedings this morning. I did not realize I was supposed to wear a face protector. No, I do not have any feet protectors on either. Yes, this is how I feed everyone this morning. I guess I should have had something else on. On 6/16/2020 at 7:37 AM, V4, Licensed Practical Nurse (LPN), was working the COVID-19 hall and was not wearing any foot protection. On 6/16/2020 at 7:39 AM, V4 stated, We ran out of foot protection about a week ago. I know I am supposed to be wearing garbage bags on my feet to have some protection while working this unit. I will put them on immediately. On 6/16/2020 at 7:41 AM, V5 was working the COVID-19 unit and was not wearing any foot protection. At that time, V5 confirmed she was supposed to have foot protection when working on that hall. On 6/16/2020 at 7:42 AM, V3, Assistant Director of Nursing/Infection Control Supervisor, stated, I expect all staff working the COVID-19 halls to wear gowns, gloves, goggles and/or face shields and foot protection. Currently, we are out of feet protection, but I expect staff to wear garbage bags over their feet while in the COVID-19 unit. Yes, I would expect staff feeding COVID-19 residents to wear a face shield as they are at even greater risk as they are close to the resident's face. Staff should be wearing the face shield, gowns, gloves, and foot protection if they are on the COVID-19 units. The Facility's COVID-19 Control Measure Policy dated 2/4/2020 documents, Wear facemask, gloves, gown, goggles or face shields when entering room or when working within 6 feet of resident on droplet precautions. 2. On 6/16/2020 at 9:00 AM, V10, Housekeeper was going in and out of the hallway from the nurses' station where R5, R6, and R7 reside. V10 was not wearing any gown, goggles, or shoe protectors. V10's N95 face mask was not on correctly, and one of the strings was dangling down with the bottom strap under her chin. V10 was cleaning the units on the Hall housing potential COVID-19 residents. On 6/16/2020 at 9:05 AM, V10 stated, I only wear a mask and gloves on this unit (R5, R6, and R7's unit) to clean, but I put on a gown when I go in there (pointing to the COVID positive unit). I don't put on goggles on the COVID area, because no one told me I need to. I am not sure why these residents are here I think they might have COVID-19 but they are not for sure. R5's, R6's and R7's rooms were on the same hallway. There was no signage on this hallway indicating residents were on any type of transmission based precautions. There was no signage on the R5's, R6's and R7's doors indicating they were on any type of transmission based precautions. There was no Personal Protective Equipment on this hall for staff to wear or outside R5's, R6's and R7's rooms. On 6/16/2020 at 9:15 AM V6, Respiratory Therapist, stated, Yes, the residents on that hall (R5, R6, and R7's hall) are on quarantine for 14 days. They are on droplet precautions. They don't go out of their rooms. They get their vital signs every 4 hours. I wear the same Personal Protective Equipment (PPE) when I go into their rooms as I do on the COVID unit. There are 3 residents on that hall (R5, R6, and R7). They are housed on that hall because 2 residents were running temperatures, and one resident is a new admit from the hospital. They are not confirmed COVID-19 cases but are there for precautionary measures. On 6/16/2020 at 9:20 AM, V3, Assistant Director of Nursing/Infection Control Supervisor, stated, Yes, (R5, R6, and R7's) rooms are designated for quarantine for 14 days, and they are on Contact Droplet precautions. I expect all staff on the halls to wear a mask, gown, face shield and/or goggles and foot protection. V3 stated she would expect all N95 masks to have both strings behind the head and attached securely. V3 confirmed R5 is a new admit from the hospital and R6 and R7 were having COVID-19 symptoms and running a fever. https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html Responding to Coronavirus (COVID-19) in Nursing Homes Considerations for the Public Health Response to COVID-19 in Nursing Homes under Considerations for new admissions or readmissions to the facility documents, Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19. All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown.</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.