

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145937</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/27/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>FOREST CITY REHAB &amp; NRSG CTR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>321 ARNOLD AVENUE ROCKFORD, IL 61108</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 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review the facility failed to prevent cross contamination by not wearing PPE (Personal Protective Equipment) when entering a residents room who is positive for COVID-19. This applies to one of three residents (R2) reviewed for infection control. The findings include: On 5/26/2020 at 9:45 AM, V11 housekeeper left R2's room (R2 is positive for COVID-19). V11 was wearing a face shield and face mask. V11 was not wearing a gown or gloves. The sign on R2's door shows a nurse is to be contacted before entering the room. V11 said he was told to post signs in the residents' rooms reminding them to stay in their rooms. V11 said he was aware that some residents in the building have COVID-19 but he was unsure which residents were positive and which were not. V11 said he was never told he would need to put on a gown or gloves when entering some rooms. On 5/26/2020 at 9:35 AM, V6 housekeeping director said her staff are to wear a gown, gloves, mask and face shield when entering a resident's room who was positive with COVID-19. On May 26, 2020 at 10:55 AM, V2, Director of Nursing (DON) said all staff entering rooms of COVID positive residents must wear the proper PPE, including gown, gloves, mask, and face shield or safety glasses. V2 continued to state staff should remove gown and gloves and perform hand hygiene before leaving the COVID positive resident's room. V2 said every isolation room should have a trash bin or cardboard box for disposal of soiled PPE. V2 stated, If the staff do not remove their PPE before leaving the room, then they could spread COVID 19 to other areas of the facility. R2's May 2020 Physicians Order Sheet (POS) shows a [DIAGNOSES REDACTED]. The POS also shows that R2 is to be on droplet isolation. The undated facility policy for infection control shows the facility will conduct education, surveillance and infection control and prevention strategies to reduce the risk of transmission of COVID-19 . 9. Utilize personal protective equipment (PPE) appropriately-- gloves, mask, face shields, and gowns . 4. Ensure adherence to standard, contact and droplet isolation. b.Use personal protective equipment appropriately i. Don gown before entering room and remove prior to leaving the room. The sequence for donning PPE provided by the facility with the policy shows for standard, and contact, droplet isolation a gown should be worn to fully cover torso from neck to knees, arms to end of wrists and wrap around the back.</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.