

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145514	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/11/2020
NAME OF PROVIDER OF SUPPLIER EFFINGHAM REHAB & HEALTH C CTR		STREET ADDRESS, CITY, STATE, ZIP 1610 NORTH LAKEWOOD DRIVE EFFINGHAM, IL 62401	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review the facility failed to ensure staff compliance with wearing face masks while caring for residents in accordance with the facility's Covid-19 Prevention Plan. This has the potential to affect all 39 residents living in the facility. Findings include: On 8-10-2020 at 5:10am, V4 (Certified Nursing Assistant) was observed in R7's room providing care for R7. V4 was changing R7's soiled bed linens and providing incontinence care for R7. V4 was not wearing a surgical face mask. At that time, V4 said she knows she is supposed to wear the face mask while at work, but the mask is really hot and she only took it off for a few minutes and intended to put the mask back on. On 8/10/20 at 5:15 AM, V5 (Certified Nursing Assistant) was observed coming out of room [ROOM NUMBER] while carrying soiled bed linens and entering a soiled linen room. V5 was not wearing a surgical mask. V5 said she just was sprayed and her mask became wet so she removed it and did not have a chance to put a clean one back on. V5 admitted she is supposed to be wearing a surgical face mask when coming into close contact with the residents but did not. On 8/10/20 at 5:18 AM, V6 (Registered Nurse) was observed exiting room [ROOM NUMBER]. V6 was not wearing a surgical face mask. V6 said he has severe [MEDICAL CONDITION] (Chronic Obstructed [MEDICAL CONDITION] Disease) and cannot breath while wearing the mask. V6 admitted he is supposed to be wearing a surgical face mask when coming into close contact with the residents but did not. On 8/10/20 at 7:00am, V1 (Administrator) said all staff should be wearing a surgical face mask when providing care for the residents or when coming into close contact with them (less than 6 feet). V1 said the staff have been educated and in-serviced several times regarding the use of surgical face masks and the most recent occurred on 7-29-2020. V1 said the facility has not had any Covid-19 positive residents or staff. V1 said the residents and staff were all tested on [DATE] and all tests results were negative. V1 said the facility's current census is 39 The facility's Infection Control Policy titled Covid-19 Control Measures (last revised 7-29-2020) states the facility require(s) direct care staff and other staff members that may have close contact with residents to wear face masks (and) eye protection. A Facility In-service Attendance sheet dated 7-29-2020 has the signature of V4 (Certified Nursing Assistant) and V6 (Registered Nurse) showing they attended the training. A facility form titled Resident Census and Conditions of Residents dated 8-10-2020 lists the facility as having 39 residents in house at the time of this survey.</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.