

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/19/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HEARTLAND OF MOLINE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>833 SIXTEENTH AVENUE MOLINE, IL 61265</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> - Some	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, interview, and record review, the facility failed to develop a cleaning protocol for the COVID-19 Unit. This failure has the potential to affect 20 residents (R2, R4 - R22) who reside on the COVID-19 unit. Findings include: On 8/18/20 at 9:50am, a housekeeping cart was parked against the wall inside the clean area of the COVID-19 unit. The clean area is where staff put on PPE (Personal Protective Equipment), store equipment and supplies. On top of the housekeeping cart were three different types of cleaning disinfectants. On 8/18/20 at 10:00am V7, LPN (Licensed Practical Nurse) stated that the housekeeping staff do not go into the COVID unit - nursing staff do the unit cleaning along with their nursing duties. V7 stated that they wipe down high touch surfaces with one of the spray cleaners. V7 stated that there was no written procedure or schedule for cleaning for the nurses to follow. On 8/18/20, V7, LPN and V8, CNA (Certified Nursing Assistant) stated that the nurses and CNAs both do cleaning on the unit, however were unable to explain how they determine who will do the cleaning and how often the rooms and the unit get cleaned. On 8/18/20 at 10:15am V2, DON (Director of Nursing) stated that she told the nursing staff to clean, however admitted there were no written instructions or procedure for the nurses to follow. V2 stated the nursing staff should have a schedule and protocol to follow. Facility Policy/Housekeeping Procedures During COVID-19 dated May 29th, 2020 documents: Use (our) current isolation Daily, Discharge and Bathroom Cleaning Procedures. Isolation Resident Room and Bathroom Daily Cleaning Policy documents: Housekeeping staff will clean and disinfect an isolation room and bathroom in a manner as to protect the housekeeping and all staff from contamination and prevent the spread of disease. On 8/18/20 and 8/19/20, the facility was unable to provide documentation to indicate nursing staff were trained to provide housekeeping duties on the COVID unit or how nursing was to incorporate housekeeping duties along with their nursing care duties.		

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.