

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145012</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/12/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HEARTLAND OF GALESBURG</b>		STREET ADDRESS, CITY, STATE, ZIP <b>280 EAST LOSEY STREET GALESBURG, IL 61401</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><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 require staff and residents to wear appropriate Personal Protective Equipment and failed to revise and update Infection Control policies. These failures have the potential to affect four of four residents (R1, R2, R3 and R4) reviewed for transmission-based precautions in the sample of four. Findings include: On 6/11/2020 at 9:00am V1, Administrator stated that there were no COVID positive residents and no symptomatic residents in the facility. 1. Facility Policy/Transmission Based Precautions dated 5/2013 documents: In addition to Standard Precautions, the following measures are necessary for Contact Precautions: Gloves, Hand Hygiene, Gown. On 6/11/2020 at 9:10am, a tour of the facility found R1, R2, R3, R4, R5, R6 and R7's rooms with red paper posted on the door with direction to See the Nurse. At this time, there was no PPE (Personal Protective Equipment) located outside of these resident rooms. Staff were observed in the hallways wearing masks and some staff were wearing eye goggles. At that time V5, (Registered Nurse/RN) stated that they wear the goggles when going into the COVID quarantine rooms and that Any new admit of any kind is quarantined for 14 days in Contact Isolation. V5 also stated that there is no PPE outside of the resident rooms because staff don't need gowns, only need gloves, surgical mask and eyegear. On 6/11/2020 at 10:30am V2, (Director of Nursing/DON) stated that they were directed by Corporate to quarantine new admissions and place them into Admission Contact Isolation and staff were directed to use a (surgical) mask, gloves and goggles No gown. CDC (Centers for Disease Control and Prevention Considerations for New Admissions or Readmissions to the Facility dated May 18, 2020 documents: All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher respirator, eye protection, gloves and gown. R1-R4's Medical Records were reviewed and documented the following: R1 was admitted to the facility on [DATE] R2 was admitted to the facility on [DATE] R3 was admitted to the facility on [DATE] R4 was admitted to the facility on [DATE] 2. Admission Nursing/Respiratory Notes indicate R1, R2, R3 and R4 were placed into Airborne Respiratory Isolation on admission. Nursing/Respiratory Notes for R1, R2, R3 and R4 all indicate ongoing documentation of Airborne Isolation. Facility Policy/Transmission Based Precautions dated 5/2013 indicates: Special air handling and ventilation is required for airborne precautions if a center's physical environment does not comply with airborne precautions (a resident) is transferred to a location with negative air pressure rooms. On 6/11/2020 at 9:50am V2, DON stated the facility does not have rooms designated with special air handling. On 6/11/2020 V2, DON stated that nurses should not be documenting Airborne isolation because the residents were in Admission Contact Isolation per Corporate instructions. 3. On 6/11/2020 at 9:05am residents were observed in hallways, therapy rooms and in the communal dining area. None of the residents observed at this time were wearing any type of face coverings or facemasks. On 6/11/2020 at 9:50am V2, DON (Director of Nursing) stated that the facility just received masks for the residents a couple days ago. V2 stated We didn't give masks out from the beginning, we are starting to give them out now. CDC (Centers for Disease Control and Prevention) - Preparing for COVID-19 in Nursing Homes, Core Practices dated 5/19/2020 documents: Residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room, including for procedures outside the facility. On 6/12/2020 at 1:15pm V2, DON stated they were not aware of the CDC guidance (dated 5/19/2020), and that they just received supplies and just received instruction from Corporate to provide them to residents. Infection Control/COVID -19 Policies and Facility Assessment presented by the facility did not include providing residents with masks or instructing/encouraging use when out of their rooms.</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.