

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145136	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/02/2020
NAME OF PROVIDER OF SUPPLIER AUBURN REHAB & HCC		STREET ADDRESS, CITY, STATE, ZIP 304 MAPLE AVENUE AUBURN, IL 62615	
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 interview, and record review, the facility failed to implement transmission-based precautions/procedures for residents who are potentially exposed to COVID-19 to prevent the spread of infection. This has the potential to affect all 42 residents living in the facility. Findings include: 1. R6's Electronic Medical Record (EMR) dated 8/20/20 documents he had the following Diagnoses: [REDACTED]. R6's EMR documented he was tested for COVID-19 on 8/18/20. His laboratory results, dated 8/19/20, documented he tested positive for COVID-19. R6's Physician Order, dated 8/19/20, documented he was placed on droplet precautions isolation related to testing positive for COVID-19. R6's Care Plan dated 8/18/20 documents R6 was currently under surveillance awaiting clearance from potential COVID-19 or has been diagnosed with [REDACTED]. The Care Plan documented Staff will adhere to current COVID-19 infection control precautions per CDC guidelines, including use of proper PPE. R3's (EMR) dated 9/2/20 documents R3's had the following Diagnoses: [REDACTED]. R3's EMR documented he resided in a room with R6 on 8/17/20. R3's Care Plan dated 8/18/20 documents Resident is currently under surveillance awaiting clearance from potential COVID-19 or has been diagnosed with [REDACTED]. Staff will adhere to current COVID-19 infection control precautions per CDC guidelines, including use of proper PPE. On 9/2/20 at 9:22 AM, V2, Director of Nurses (DON) stated, On 8/17/20 (R6) had diarrhea, since that is a symptom (of COVID-19) we moved him and his roommate (R3) to room (room #) in the Transition Unit. All of the residents were tested on [DATE]. On 8/18/20 (R6) test came back positive so we moved him to the Recovery Unit. On 8/19/20, (R3) test came back negative so we moved him back to his original room. On 9/1/20 at 10:40 AM, V1, Administrator stated, If a resident is positive for COVID-19 they get transferred to our recovery unit (COVID), if they have a roommate that resident gets sent to transition and is there until they test negative then we would move them back to their original room even though they have been exposed, or if they test positive we would move them to recovery unit. On 9/1/20 at 10:46 AM, V12, Interim Regional Nurse, stated, if a resident was exposed to COVID-19 they should be placed on the Transition Unit for 14 days for observation. V12 stated that if that resident then tests positive for COVID-19, they would be moved from the Transition Unit to the Recovery Unit. The facility's Policy and Procedure for Infection Control COVID-19, dated 8/6/20, documents PREVENTING THE SPREAD OF COVID-19.</p> <p>In the effort to prevent the potential spread of disease, the following will be implemented for each SNF (skilled nursing facility) community. The policy documents the Transition Area should be utilized for residents with the following :Current residents that have had a sudden onset of fever> (greater than) 100.0 degrees F (Fahrenheit) and/or respiratory/COVID-19symptoms, but have not tested POSITIVE for COVID-19; and any resident that is residing in a room that is being occupied by another resident (roommate) who has been moved to the TRANSITION or RECOVERY AREAS. The Policy documents when the facility can discontinue droplet precautions for residents in the TRANSITION AREA include the following: A symptom based or time-based strategy is now the recommended approach dependent upon individual immunocompetent or immunocompromised status. The CDC website page Responding to Coronavirus (COVID-19) in Nursing Homes, updated on 4/30/20, documents Roommates of residents with COVID-19 should be considered exposed and potentially infected and, if at all possible, should not share rooms with other residents unless they remain asymptomatic and/or have tested negative for [DIAGNOSES REDACTED]-CoV-2 14 days after their last exposure (e.g., date their roommate was moved to the COVID-19 care unit). The CDC website page, Overview of Testing for [DIAGNOSES REDACTED]-CoV-2 (COVID-19) revised on 7/17/20, documented</p> <p>Except for rare situations, a test-based strategy is no longer recommended to determine when an individual with a COVID-19 infection is no longer infectious (i.e., to discontinue Transmission-Based Precautions or home isolation). 2. On 8/31/20, V1, Administrator, stated the current resident census in the facility was 42.</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.