

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145273	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/16/2020
NAME OF PROVIDER OF SUPPLIER JACKSONVILLE SKLD NUR & REHAB		STREET ADDRESS, CITY, STATE, ZIP 1517 WEST WALNUT STREET JACKSONVILLE, IL 62650	
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 - Immediate jeopardy Residents Affected - Many	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This failure resulted in two deficient practice statements. 1. Based on observation, interview and record review, the facility failed to ensure adherence to infection control practices to prevent the transmission of the Coronavirus (COVID-19) as evidenced by failure to: 1) properly implement the extended use of eye protection by not providing each staff member with a dedicated eye protection (goggles or faceshield) per CDC Guidelines (Centers for Disease Control and Prevention) and failed to follow proper disinfection of the eye protection after use on R1; 2) follow proper resident cohorting (R1, R2) per CDC guidance; 3) ensure staff used approved N95 mask (particulate-filtering facepiece respirator that filters at least 95% of airborne particles), staff were fit-tested prior to use of an N95 mask and staff were trained to properly store and maintain a re-used N95 mask per CDC Guidelines and OSHA Guidelines; 4) ensure staff followed proper hand hygiene before exiting R3 and R4's room (contact and droplet isolation room). This had the potential to affect the remaining two residents, 25 nursing staff, seven housekeeping staff and three activity staff who did not test positive for COVID-19 (an infectious disease caused by a newly discovered coronavirus called [DIAGNOSES REDACTED]-CoV-2). At the time of survey, the facility had a total of 61 residents, 22 staff who tested positive for COVID-19 and there were 15 deaths among residents due to COVID-19. The facility was in a county which had sustained community transmission, especially in the nursing home setting. The Immediate Jeopardy began on 9/2/20 at 10:52am, when: 1) the facility failed to properly implement extended use of eye protection by not providing each staff member with a dedicated eye protector (goggles) per CDC Guidelines and failure to proper disinfection of the eye protection after use on R1. NA1 was observed to disinfect the used goggles with a Super Sani-cloth for 12 seconds instead of the two-minute dwell time; 2) the facility failed to ensure a resident (R1) who tested positive on 8/5/20 did not continue to share the same room with R2; 3) the facility failed to follow proper procedures for the limited reuse of a respirator, failed to ensure staff used CDC/OSHA approved N95 masks and staff were fit tested prior to the use of N95 mask; and 4) the facility failed to ensure staff observed proper hand hygiene prior to exiting R3 and R4's room (both residents were diagnosed of COVID-19) and were on contact and droplet precautions. The Administrator and Director of Nursing (DON) were informed of the Immediate Jeopardy on 9/3/20 at 12:57pm. The Immediacy was removed when the removal plan was accepted on 9/8/20 at 7:17pm and was verified as implemented on 9/10/20 at 2:10pm. Findings include: A. During the entrance interview on 9/2/20 at 10:30am, the Administrator stated that they have adequate PPE (personal protective equipment) supply. The Administrator stated We have no issues or problems with supplies. We have tons of supplies. The Administrator stated that they were not doing any PPE conservation strategy at that time. During observation on 9/2/20 at 10:45am, activity staff (E1) was wearing an N95 mask, gown, goggles and gloves when she entered room [ROOM NUMBER]. E1 passed out juice and dessert to R1 in room [ROOM NUMBER]. At 10:52am, E1 handed a pair of used goggles to nursing assistant (NA1) who was standing outside of the room. NA1 took one Super Sanicloth disinfecting wipe and wiped the goggles for 12 seconds, then placed them inside a plastic container and covered it with the lid, on top of the isolation cart. NA1 failed to ensure that the goggles remained wet for the recommended contact time. When asked how long the goggles should stay wet with the disinfectant, NA1 stated, I don't know. NA1 proceeded to check the label on the Super Sanicloth tub. Further observation revealed that there were two plastic containers for the goggles on top of the isolation cart that were not labeled, outside of R1's room. NA1 confirmed that the plastic container was where staff kept the shared protective eyewear after disinfection. Observations made during the tour of the South and Medicare Hall between 10:55am to 11:14am on 9/2/20, revealed two unlabeled plastic containers with goggles on top of isolation carts outside of R5's room and one unlabeled plastic container outside of R4's room. During an interview on 9/2/20 at 12:55pm, the Assistant Director of Nursing (ADON) stated that staff can share protective eyewear or goggles after it had been disinfected. During an interview with the Director of Nursing (DON) on 9/2/20 at 2:28pm, the DON stated Generally when they are leaving the isolation room, another staff outside the room will wear gloves, take goggles from the staff inside the room, take the wipe and clean before placing it in the container. When asked if they are dedicated for one healthcare personnel after it was disinfected, the DON stated They can share. During a follow-up interview with the DON at 11:00 am on 9/3/20, the DON stated that they were optimizing their supply of PPE. The DON stated The PPE we are trying to conserve like the goggles with the reuse because those kind of run back and forth. When asked about the disinfection of eye protection, the DON explained This person would be wearing gloves at that time. They are using the wipes to wipe them down based on the manufacturer's guidance for how long. Then they placed it back in the container. She repeated that staff could share the same goggles after disinfection. Review of facility's SRS-CoV-2 Detection Test Summary revealed 15 nursing staff and one housekeeping staff tested positive for COVID-19, from 7/20/20 to 8/21/20. Review of facility policy titled Protective Eyewear (Use) dated 9/15/19 revealed, Protective eyewear will be used per Standard Precautions, Droplet Precautions, and facility policy .It is the responsibility of the D.O.N./Infection Control Nurse to ensure that all staff are trained and educated regarding the appropriate use of protective eyewear .5. Put on masks, then put on eyewear, goggles or face shield per manufacturer's instructions .7. Dispose of or clean eyewear as applicable. The policy did not contain additional documentation on the steps for the extended use of eye protection. Review of facility's policy titled Cleaning Contaminated Equipment with revised date of 3/25/20 revealed, To provide staff with procedures for cleaning and disinfecting reusable resident equipment properly, in order to avoid cross contamination .10. Eye protection/goggles .Eye protection needs to be taken off immediately before/at the time of exiting a resident room and sanitized with EPA appropriate wipes prior to placing in the isolation set-up. Review of facility's policy titled Strategies to Prevent Coronavirus dated 6/15/20 revealed The facility will follow CDC guidelines to reduce the risk and prevent of COVID-19. Provide the right supplies to ensure easy and correct use of PPE. Under Updates, revealed, The facility will use IDPH/CDC guidelines on testing and proper PPE. Review of CDC article titled Strategies for Optimizing the Supply of Eye Protection dated July 15, 2020 revealed under Implement extended use of eye protection revealed, Extended use of eye protection can be applied to disposable and reusable devices. Eye protection should be removed and reprocessed if it becomes visibly soiled or difficult to see through. If a disposable face shield is reprocessed, it should be dedicated to one HCP and reprocessed whenever it is visibly soiled or removed (e.g., when leaving the isolation area) prior to putting it back on . https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html Review of Super Sani-cloth Germicidal Disposable wipe user guide revealed under Description, Effective against 30 microorganisms in 2 minutes. Under General guidelines for use revealed, 3b. Unfold a clean wipe and thoroughly wet surface. 4. Allow treated surface to remain wet for two (2) minutes. Let air dry. https://pdihc.com/products/environment-of-care/super-sani-cloth-germicidal-disposable-wipe/ Review of EPA (United States Environmental Protection Agency) article titled List N: Disinfectants for Use Against [DIAGNOSES REDACTED]-CoV-2 (COVID-19) revealed under Follow the Label, When using an EPA-registered, follow the label directions for safe, effective use. Make sure to follow the contact time, which is the amount of time the surface should be visibly wet, listed in the table below. https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-[DIAGNOSES REDACTED]-cov-2-covid-19 B. Review</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.

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F 0880 Level of harm - Immediate jeopardy Residents Affected - Many	<p>(continued... from page 1)</p> <p>of R1's medical record on 9/2/20 revealed [DIAGNOSES REDACTED]. Per R1's census note dated 8/4/20 revealed that R1 was staying in room [ROOM NUMBER] until 8/12/20. Per [DIAGNOSES REDACTED]-CoV-2 ([MEDICAL CONDITION]) that causes COVID-19)</p> <p>Detection Summary note dated 8/5/20, R1 was positive for COVID-19. Review of R1's progress notes did not provide evidence that R1 was transferred to a private room, or moved to cohort with other residents positive with COVID or transferred to a designated COVID unit or wing after becoming positive for COVID-19. Review of R2's medical record on 9/2/20 revealed [DIAGNOSES REDACTED]. R2 was [AGE] years old. Per R2's census note dated 8/4/20 indicated that R2 was staying in room [ROOM NUMBER] until 8/12/20. R1 and R2 shared the same room from 8/4/20 to 8/12/20. Review of R2's progress note dated 8/12/20 at 4:34am revealed, SPO2=81, applied oxygen. Per [DIAGNOSES REDACTED]-CoV-2 Detection Summary note dated 8/12/20, R2 was positive for COVID-19. R2's medical [DIAGNOSES REDACTED]. During an interview with the DON at 11:00am on 9/3/20, when asked about the cohorting of residents, the DON stated, When we would have one, we had that happen a couple of times on the West and we had moved both down since Medicare end up as designated COVID Hall, we moved them down or if we moved to the West Hall. But if one is negative there is a chance that one will be moved to the private room and the positive would stay in the current room. The DON confirmed that the negative resident will be moved to the private room. Review of facility policy on 9/4/20 titled Strategies to prevent Coronavirus, with revised date 6/15/20 revealed under updates, The Facility will refer to the Infection Control Policies: Standard Precautions CC8.17 or Transmission Based Precautions CC8.10 depending what type of resident room they are entering to ensure proper PPE. Review of facility policy on 9/3/20 titled Infection Control: Isolation Categories of Transmission-Based Precautions dated 9/15/19 revealed, Transmission Based Precaution shall be used when caring for residents who are documented or suspected to have communicable diseases or infections that can be transmitted to others. Transmission-Based Precautions will be used whenever measures more stringent than Standard Precautions are needed to prevent or control the spread of infection. Under Contact Precautions, it revealed, B. Resident Placement (1) Place the individual in a private room if it is not feasible to contain drainage, excretions, blood or body fluids (2) If a private room is not available, the Infection Control Coordinator will assess various risks associated with other resident placement options (e.g., cohorting). Under Droplet Precautions, it revealed, B. Resident Placement (1) Place the resident in a private room. (2) When the private room is not available, residents with the same infections with the same microorganism but with no other infection may be cohorted. Review of facility staff in-service on 9/4/20 titled COVID-19 with revision date of 4/16/20 and 4/17/20 revealed, If patients have been screened and their testing is positive for COVID-19 or if patients have signs/symptoms of a respiratory [MEDICAL CONDITION] infection: a) full vitals and pulse oximetry every 4 hours (Q4 hours) twice a shift b) Private room or cohort with another symptomatic or positive patient c) maintain standard, contact and droplet precautions (including eye protection). According to CDC article titled People with certain Medical Conditions updated Sept. 11, 2020 revealed under risk for severe illness increases with age, As you get older, your risk for severe illness from COVID-19 increases. Similarly, people in their 60s or 70s are in general, at higher risk for severe illness than people in their 50s. The greatest risk for severe illness from COVID-19 is among those aged 85 or older. https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html According to CDC article titled People with Certain Medical Conditions updated Sept. 11, 2020 revealed, People of any age with the following conditions are at increased risk of severe illness from COVID-19: cancer [MEDICAL CONDITION], serious heart conditions, such as heart failure, [MEDICAL CONDITION] or [MEDICAL CONDITION].</p> <p>https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html According to a CDC article titled Preparing for COVID-19 in Nursing Homes updated June 25, 2020 revealed, Identify space in the facility that could be dedicated to care for residents with confirmed COVID-19. This could be a dedicated floor, unit, or wing in the facility or a group of rooms at the end of the unit that will be used to cohort residents with COVID-19. Have a plan for how residents in the facility who develop COVID-19 will be handled (e.g., transfer to single room, implement use of Transmission-Based Precautions, prioritize for testing, transfer to COVID-19 unit if positive). Have a plan for how roommates, other residents, and HCP who may have been exposed to an individual with COVID-19 will be handled (e.g., monitor closely, avoid placing unexposed residents into a shared space with them). Residents with COVID-19 should, ideally, be cared for in a dedicated unit or section of the facility.</p> <p>https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html According to CDC article titled Responding to Coronavirus (COVID-19) in Nursing Homes updated April 30, 2020 under Response to Newly Identified [DIAGNOSES REDACTED]-CoV-2-infected</p> <p>HCP or residents revealed, If the resident is confirmed to have COVID-19, regardless of symptoms, they should be transferred to the designated COVID-19 care unit. 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). Exposed residents may be permitted to room share with other exposed residents if space is not available for them to remain in a single room.</p> <p>https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html C. During the entrance interview on 9/2/20 at approximately 10:45am, the Administrator was asked about the facility's personal protective equipment (PPE) inventory. The Administrator verbalized, We are lucky to have more than enough. Our corporate office sends us whatever we need. The Administrator added, And that's for all PPEs, gowns, N95masks, gloves When asked what the facility's PPE's operating capacity. The Administrator confirmed they were operating under normal standard of practice and reiterated they had enough PPE to operate otherwise. When specifically asked about the availability of their N95 masks, the Administrator stated they currently had tons of N95 masks. Later, during the unit tour, the Administrator showed a room converted into a storage room full of PPE supplies. The Administrator explained the room was for the PPE overflow and they had more in the main supply room. During the initial tour of all the units (Medicare, South and West wings) on 9/2/20 at approximately 11:15am, staff members were observed to use different types of N95masks as evidenced by different shapes, colors and mask markings. On 9/2/20 at 11:55am, the Assistant Director of Nursing (ADON) was asked about the above-mentioned observation. The ADON stated the facility had approximately four different types of N95 masks that were concurrently in use. When asked what type of N95 mask he had on, the ADON stated he could not remember the name but later provided the name of the N95 mask as Inovox 3000 Series N95. When asked if he was fit tested for this mask. The ADON confirmed that he was not. The ADON added that he was fit tested on a different type of N95 mask sometime during the early days of the pandemic however; he could not remember the name of that particular N95 mask. In a concurrent interview on 9/2/20 at approximately 2:20pm, with the Director of Nursing (DON), the ADON and the Administrator, the latter was asked about the N95 mask she had on. The Administrator's N95 mask was different from what the ADON and other staff members used on the floor. The Administrator showed the markings on her mask that reads Uniair San Huei SH3500 NIOSH N95 TC- 84A- 4313. When asked whether she was fit tested for the mask, the Administrator verbalized, No, I was not. When asked about the various N95 masks used on the floor. The Administrator confirmed staff members concurrently used four different N95 masks throughout the building. In addition to the two N95 masks mentioned above the facility also used the 3M8000 N95 mask and the Dasheng N95 respirator mask DTC3x. Of these masks, only 3M 8000 N95 was approved by the Centers for Disease Control and Prevention (CDC), the National Institute for Occupational Safety and Health (NIOSH); the National Personal Protective Technology Laboratory (NPPTL), the Food and Drug Administration (FDA) and the Occupational Safety and Health Administration (OSHA). When asked whether staff members were fit tested for the above-mentioned N95 masks. The Administrator confirmed staff members were not fit tested. The Administrator claimed staff were fit tested only once in May but for a different N95 mask. When asked what the facility's process was prior to the use of N95 masks. The DON stated that ideally a fit testing would be conducted prior to the use of any N95 masks. The DON explained they were often provided with different N95 masks and had difficulty fit testing staff upon receipt of the new ones. When asked what the facility's procedure for the use of N95 mask was. The ADON responded that each staff member was given one N95 mask and the mask was re-used for five working days. When asked if they had consulted with the N95 mask manufacturers regarding its proper reuse procedure. The Administrator stated they had not reached out to the manufacturers. When asked if staff were trained on how to properly store and re-use the N95 mask in order to maintain its integrity. The three did not provide an answer and there was no documented N95 mask re-use training provided prior to the survey's exit. It was clarified with the Administrator that the process of reusing the N95 mask contradicted to their prior claim of operating under normal standard of practice. The reusing of N95 mask fell under the surge capacity strata. An excerpt from the CDC's website reads, Because crisis capacity strategies are not compatible with US standards of care, crisis capacity strategies should only be implemented when there are known shortages of N95 Filtering Face Respirators (FFRs) and only after conventional and contingency strategies have been implemented. When asked about the aforementioned steps and strategies. The Administrator did not provide an answer. In a concurrent interview on</p>		

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<p>F 0880</p> <p>Level of harm - Immediate jeopardy</p> <p>Residents Affected - Many</p>	<p>(continued... from page 2)</p> <p>9/10/20 at approximately 11:30am with NA2 and NA3 both were asked whether they were fit tested for the N95 masks they previously used. NA2 responded, I do not think so. I know when this (referring to the pandemic) first started we were fit tested but that was for a different mask. When asked for the number of N95 masks they had used since then. NA3 responded, Three or four. Not sure but I know more than two. NA2 explained they were instructed to reuse the facemask for five working days. When asked what the process was, NA2 further explained that she kept her N95 mask on her workbag when she was not working and reused the mask every time she worked. NA2 added they would get a new mask after it was used for five days. When asked what training both received in proper storing and or maintaining the integrity of the N95. NA3 responded that they did not receive any training specific to the aforementioned but rather on the proper sequence in putting on and taking off the PPE. Review of the facility's Respirator Fit Test Record dated 5/5/20 revealed some parts of the form were left blank. The missing sections included but were not limited to type of testing whether it was qualitative or quantitative, missing signatures of staff who completed the test, lacked the name and signature of the person who conducted the fit testing, and whether staff passed or failed the fit testing. Review of the facility's policy titled N95 Masks PPE Conservation/ Respirator revised on 4/21/20 under Procedure indicated When a N95 mask is being used, it will be used for patient care and stored in a paper bag when not in use. Each mask should be worn for a time period of three to five days after being issued to staff member. If the integrity of the N95 masks fails or becomes soiled, it should be returned to the facility Administrator or Director of Nursing to have a new mask fitted and issued. Staff are mandated by the company to wear N95 masks when providing patient care. According to the CDC, Respirators, when required to protect HCP from airborne contaminants such as some infectious agents, must be used in the context of a comprehensive, written respiratory protection program that meets the requirements of OSHA's Respiratory Protection standard external icon. The program should include medical evaluations, training, and fit testing. Retrieved on September 3, 2020 from https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html According to the CDC's Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Face piece Respirators in Healthcare Settings under Respirator Extended Use Recommendations revealed, Extended use is favored over reuse because it is expected to involve less touching of the respirator and therefore less risk of contact transmission. If extended use of N95 respirators is permitted, respiratory protection program administrators should ensure adherence to administrative and engineering controls to limit potential N95 respirator surface contamination (e.g., use of barriers to prevent droplet spray contamination) Further review of the same document under Respirator Reuse Recommendations revealed .Safe N95 reuse is affected by a number of variables that impact respirator function and contamination over time.(18, 19) However, manufacturers of N95 respirators may have specific guidance regarding reuse of their product .If reuse of N95 respirators is permitted, respiratory protection program administrators should ensure adherence to administrative and engineering controls to limit potential N95 respirator surface contamination .Healthcare facilities should develop clearly written procedures to advise staff to take the following steps to reduce contact transmission . Hang used respirators in a designated storage area or keep them in a clean, breathable container such as a paper bag between uses. To minimize potential cross-contamination, store respirators so that they do not touch each other and the person using the respirator is clearly identified. Storage containers should be disposed of or cleaned regularly .To reduce the chances of decreased protection caused by a loss of respirator functionality, respiratory protection program managers should consult with the respirator manufacturer regarding the maximum number of donnings or uses they recommend for the N95 respirator model(s) used in that facility .Management should consider additional training and/or reminders for users to reinforce the need for proper respirator donning techniques including inspection of the device for physical damage (e.g., Are the straps stretched out so much that they no longer provide enough tension for the respirator to seal to the face? . Is the nosepiece or other fit enhancements broken? etc.). Healthcare facilities should provide staff clearly written procedures . www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html According to OSHA, .1910.134(c)(1) In any workplace where respirators are necessary to protect the health of the employee or whenever respirators are required by the employer, the employer shall establish and implement a written respiratory protection program with worksite-specific procedures . The employer shall include in the program the following provisions of this section, as applicable .1910.134(c)(1)(v) Procedures and schedules for cleaning, disinfecting, storing, inspecting, repairing, discarding, and otherwise maintaining respirators .If an employee is required to use a tight- fitting respirator at work, such as a surgical N95 mask, then the employee must be fit tested with the mask prior to use. Fit testing is done to be sure that the respirator's face piece fits the user's face, and must be assessed at least annually (note that Federal OSHA has waived annual fit-testing requirements during the COVID-19 pandemic, but initial fit testing is still required). Fit testing can be qualitative (recommended) or quantitative. In addition, fit tests should be performed: Whenever a different size, style, model or make of respirator is used. When any facial changes occur that could affect fit, such as significant weight fluctuation or dental work .Mask users can be fit tested in house by trained personnel (see do-it-yourself procedures below) or by an outside vendor, usually an expert in industrial hygiene or occupational safety. Retrieved from https://www.osha.gov/lawsregs/regulations/standardnumber/1910/1910.134 D. On 9/2/20 at approximately 11:15am, the Physical Therapy Aide (PTA) was observed to exit R3 and R4's room (both residents were on contact and droplet precautions due to COVID19) with gloves on. The PTA stood next to the isolation cart outside R3 and R4's room and quickly applied a small amount of alcohol gel on his gloved hands. It was further observed that the PTA had used two pairs of gloves (double gloved). The ADON who was nearby was informed about the observation and stopped the PTA from going to another room On 9/2/20 at approximately 11:55am, the ADON was asked about the observation. The ADON stated (Name of PTA) should have removed his gloves prior to exiting the isolation room. The ADON added that double gloving was not acceptable and it was not the facility's practice. In a concurrent interview with the Administrator, the DON and the ADON on 9/2/20 at approximately 2:35pm, the DON was asked about the above-mentioned observation. The DON concurred with the ADON's statement earlier that it was not the facility's policy to double glove. The DON further explained she expected staff to remove gloves and perform hand hygiene before exiting a resident's room whether it was an isolation room or not. On 9/9/20 at approximately 11:50am, the PTA was asked about the above-mentioned observation. The PTA stated, It's a misunderstanding. I misunderstood our gloving procedure. The PTA further stated that he should have removed his gloves prior to exiting the room and should have not donned two pairs of gloves. Review of the facility's Hand Hygiene policy revised 9/15/19 under Procedure indicated .5 Employees must wash their hands for fifteen (15) to twenty (20) seconds using antimicrobial or non-antimicrobial soap and water under the following conditions: Before and after direct contact with residents .6.If hands are not visibly soiled, use Instant FOAM hand sanitizer .j. after removing gloves .7. Hand hygiene is always the final step after removing and disposing of personal protective equipment. 8. The use of gloves does not replace handwashing/hand hygiene . The Immediacy was accepted on 9/8/20 at 7:17pm and was verified 9/10/20 at 2:10pm that the facility implemented the following actions: 1) staff were educated on the new policies related to the use of disposable goggles and disposable N95 mask that included provisions to discard both PPE after each use and procedures when the facility would operate under surge capacity; 2) R2 was moved to another room; 3) staff were fit tested and used only N95 masks approved by CDC/OSHA; 4) staff were re-educated on proper hand washing, use of gloves and alcohol based hand rub; 5) management team were re-educated on following the CDC guidelines on proper cohorting of COVID-19 residents; and 6) educated staff in charge of PPE procurement on following the CDC guidelines on procuring approved PPEs. 2. Based on observation, interview and record review, the facility failed to prevent potential infection and transmission of COVID-19 by failing to ensure adherence to infection control practices to prevent the transmission of the Coronavirus (COVID-19) as evidenced by failure to perform hand hygiene after contact with an N95 mask and before handling clean linens. This could affect NA4 and two residents in South Hall who had not tested positive for COVID-19. Observations made during the tour in the South Hall at 10:55am on 9/2/20, noted that NA4 touched the front of his N95 and continued to walk the hallway. NA4 proceeded to take some clean towels and NA4 then touched the front of his N95 mask. NA4 walked back towards the South Hall and touched the front of his N95 mask for the third time. NA4 failed to perform hand hygiene after touching his N95 and before taking clean linens. During an interview with the DON on 9/2/20 at 2:28pm, when asked about her expectation from staff when they touched their N95 mask, the DON Wash their hands or use the hand sanitizer and if it (mask) is soiled, get a new mask. Review of facility's in-service policy titled Handwashing/ Mask Etiquette dated 3/31/20 revealed Hand Hygiene should be performed before putting on a mask, and after touching, adjusting or removing a mask. Review of facility's policy titled Handling Linen dated 9/15/19 revealed 10. Wash hands before contact with clean linen and after contact with soiled linen. According to a CDC article titled Using Personal Protective Equipment updated Aug. 19, 2020, under Respirator on/Respirator off revealed, Do not touch the front of the respirator during or after use. It may be contaminated. https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/fs-respirator-on-off.pdf According to a CDC article titled Interim</p>		

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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)		
<p>F 0880</p> <p>Level of harm - Immediate jeopardy</p> <p>Residents Affected - Many</p>	<p>(continued... from page 3)</p> <p>Infection Prevention and Control Recommendations for Healthcare Personnel during the Coronavirus Disease 2019 (COVID-19) Pandemic updated July 15, 2020 revealed, Educate patients, visitors, and HCP about the importance of performing hand hygiene immediately before and after any contact with their facemask or cloth face covering. https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html According to a CDC article titled Appendix D - Linen and laundry management dated March 27, 2020 revealed, Sort, package, transport and store linens in a manner that prevents risk of contamination by dust, debris, soiled linen or other soiled items. https://www.cdc.gov/hai/prevent/resource-limited/laundry.html</p>		