

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145489	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/28/2020
NAME OF PROVIDER OF SUPPLIER PIPER CITY REHAB & LIVING CTR		STREET ADDRESS, CITY, STATE, ZIP 600 MAPLE STREET, PO BOX 68 PIPER CITY, IL 60959	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Failures at this level required more than one deficiency practice statement. A. Based on interview and record review the facility failed to monitor residents for symptoms of COVID-19. This failure has the potential to affect all 42 residents residing in the facility. B. Based on record review and interview the facility failed to obtain physician's orders [REDACTED]. C. Based on observation, interview and record review the facility failed to update a resident's care plan to include Transmission Based Precautions for one of six residents (R2) reviewed for infection control in the sample list of six. Findings include: A) The facility's COVID-19 Control Measures Policy revised 8/26/20 documents 1. Monitor all residents for new onset of fever, cough, shortness of breath, sore throat, nausea, vomiting, diarrhea, extreme fatigue, muscle pain, loss of taste and/or smell. Complete vital signs and pulse oximetry two times daily. On 9/28/20 at 8:45 am, V1 Administrator/Infection Preventionist stated all residents are monitored every shift for COVID-19 with a full set of vitals to monitor for changes. The facility's Daily COVID-19 Vital Sign and S/S (Signs/Symptoms) Report Sheets for the 100 and 200 hallways were reviewed from 8/28/20 - 9/28/20. The Daily COVID-19 Vital Signs and Signs and Symptoms of Report Sheets during this time period are as follows: 8/27/20 - first shift for 100 hall - temperatures only 8/27/20 - second shift for 200 hall - full set of vitals documented but nothing documented under reported any above {fever, cough, shortness of breath, sore throat} signs or symptoms for any resident. 8/28/20 - third shift for 100 and 200 halls - temperatures only 8/29/20 - first shift for 100 hall - full set of vitals for 4 out of the 21 residents that resident on the hall and nothing for the others 8/31/20 - third shift for 200 hall - full set of vitals documented but nothing documented under reported any above {fever, cough, shortness of breath, sore throat} signs or symptoms for any resident. 9/12/20 - second shift for 100 and 200 halls - full set of vitals documented but nothing documented under reported any above {fever, cough, shortness of breath, sore throat} signs or symptoms for any resident 9/14/20 - second shift for 200 hall - full set of vitals documented but nothing documented under reported any above {fever, cough, shortness of breath, sore throat} signs or symptoms for any resident 9/27/20 - first shift for 100 and 200 halls - full set of vitals documented but nothing documented under reported any above {fever, cough, shortness of breath, sore throat} signs or symptoms for any resident On 9/28/20 at 10:15 AM V10 Registered Nurse states vitals signs and symptom monitoring of all residents are to be completed once per shift and is documented on the facility's report sheets. On 9/28/20 at 11:30 AM V1 stated, V1 thought the staff were doing vital signs and symptoms monitoring every shift. V1 confirmed the vitals signs and symptom monitoring isn't completed and that the facility would be unable to tell if a resident was symptomatic or asymptomatic with COVID due to the monitoring not being done. V1 also stated that all vitals and symptom monitoring is completed on the Report Sheets and not in the actual medical record. B) 1. The facility's Testing of Staff and Residents policy on 9/14/20 documents 1. Upon notification of a single new case of COVID-19 in any staff member or resident, all staff and residents should be tested , preferably PCR (Polymerase Chain Reaction) testing. 2. All staff and residents that test negative should be retested every 3-7 days until testing identifies no new cases of COVID-19 involving staff or residents for a period of, at least, 14 days since the most positive result. This policy documents to notify the physician to obtain orders for PCR testing, and standing orders for resident testing is optional. R1's laboratory report documents R1 tested negative for COVID-19 on 8/5/20, and then tested positive for COVID-19 on 9/17/20. R1's POS's (Physician order [REDACTED]), had refused to allow for testing and it wasn't until after orders were obtained that V6 gave consent. V1 stated V1 totally forgot about it {not having orders for COVID-19 testing for R1}, and just had it in my mind that we had consents from every resident family at that point.</p> <p>2. R3's laboratory results dated [DATE] and 9/17/20 both document R3 is negative for COVID-19. R3's POS dated 9/1-9/30/20 documents R3 has [DIAGNOSES REDACTED]. R3's medical record does not contain a physician order [REDACTED]. V1 Administrator confirmed that R3's medical record does not contain a physician order [REDACTED]. R2's Care Plan revised on 7/29/20 does not document R2 is on transmission based precautions. On 9/28/20 at 8:48 AM R2 was in R2's room being fed breakfast by V8 Certified Nursing Assistant. V8 was wearing a face shield, surgical mask, isolation gown, and gloves. There were signs on R2's door documenting R2 resides in a quarantine room, and to wear a gown, gloves, mask, and goggles prior to entering R2's room. There was an isolation cart located outside of R2's room containing gowns, gloves, and masks. On 9/28/20 at 9:14 AM V10 Registered Nurse stated R2 is on Transmission Based Precautions for 14 days due to having frequent physician appointments. On 9/28/20 at 11:41 AM V1 Administrator stated residents care plans should be updated to include Transmission Based Precautions. V1 confirmed R2's Care Plan does not document that R2 is on Transmission Based Precautions. The facility's Comprehensive Care Planning policy revised on 10/1/19 documents it is the facility's policy to assess and periodically reassess each resident, and the results of the assessments will determine each resident's strengths, needs, goals, life history and preferences to develop a comprehensive plan of care. This policy documents There shall occur times between RAI (Resident Assessment Instrument)/ MDS (Minimum Data Set) completion that ongoing clinical assessment and identification of resident need may warrant update of the CCP (Comprehensive Care Plan.)</p>		
F 0886 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to retest staff and residents following confirmed cases of COVID-19 until 14 days of negative test results have passed. This failure has the potential to affect all 42 residents residing in the facility. Findings include: The facility's Testing of Staff and Residents policy on 9/14/20 documents 1. Upon notification of a single new case of COVID-19 in any staff member or resident, all staff and residents should be tested , preferably PCR (Polymerase Chain Reaction) testing. 2. All staff and residents that test negative should be retested every 3-7 days until testing identifies no new cases of COVID-19 involving staff or residents for a period of, at least, 14 days since the most positive result. On 9/28/20 at 8:45 am, V1 Administrator/Infection Preventionist stated since May 2020, the facility has had no positive COVID-19 resident's or staff until 9/17/20. V1 stated on 9/17/2020, the facility received results from their monthly testing that was completed on 9/4/20 and 9/7/20, which showed R1, V10 RN (Registered Nurse) and V17 CNA (Certified Nursing Assistant) as being positive for COVID-19. V1 stated that both V10 and V17 work throughout the facility. V1 stated in the meantime, the facility had obtaining the [MEDICATION NAME] testing machine so that the facility could test staff and residents themselves, so on 9/18/20, all staff and residents were re-tested , and were negative for COVID-19. V1 provided R1, V10 and V17 laboratory reported dated 9/17/20 that documents they are COVID-19 positive, and their [MEDICATION NAME] testing dated 9/18/20 that documents they are COVID-19 negative. On 9/28/20 at 9:14 AM V10 Registered Nurse stated the facility has conducted COVID-19 testing for staff and residents every couple of weeks. V10 stated V10 tested positive for COVID-19 a couple weeks ago. On 9/28/20 at 10:45 am, V1 stated residents and staff have not been tested since 9/18/20, I {V1} thought we only tested until we had no more positives, and since everyone was negative, we didn't do it again.</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.