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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                                                                   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>145656</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                     | (X3) DATE SURVEY COMPLETED<br><b>06/18/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>INTEGRITY HC OF GODFREY</b>                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP<br><b>1623 29 WEST DELMAR<br/>GODFREY, IL 62035</b> |                                                 |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| (X4) ID PREFIX TAG                                                                                                                 | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| F 0880<br><br><b>Level of harm - Minimal harm or potential for actual harm</b><br><br><b>Residents Affected - Many</b>             | <p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review, the facility failed to follow the Centers for Disease Control and Prevention (CDC) Guidance on placement of new and returning residents of unknown status in transmission-based contact and droplet precautions to prevent the spread of infection such as COVID-19. This has the potential to affect the health and safety of all of 54 residents in the facility. Findings include: The Facility Admission/Discharge from 6/3/2020 to 6/17/2020 Report, dated 6/17/2020, documents there were 6 residents, R1, R2, R3, R4, R5, R6 admitted to the facility during this period. The Report documents R1, R3, R4, R5, and R6 were admitted from 3 different acute care facilities, and R2 was admitted from a private home. On 6/17/2020 at 8:19 AM, during a brief tour of the facility, it was noted R1, R2, and R3 live at Hall 2, and R4, R5, and R6 live at Hall 3. 1. R1's Face Sheet, dated 6/11/2020, documents R1 was readmitted to the facility on [DATE]. On 6/17/2020 at 8:16 AM, no signage on the use of specific Personal Protective Equipment (PPE) was posted outside of R1's room. On 6/17/2020 at 8:23 AM, V8, Licensed Practical Nurse (LPN), entered R1's room and gave R1 his medication. V8 wore a disposable surgical face mask as her PPE upon entering R1's room. 2. R2's Face Sheet, dated 6/5/2020, documents R2 was admitted to the facility on [DATE] from a private home. On 6/17/2020 at 8:18 AM, no signage on the use of specific PPE was posted outside R2's room. 3. R3's Physician order [REDACTED]. On 6/17/2020 at 8:35 AM, V12, Certified Nursing Aide (CNA), entered R3's room with only a disposable surgical mask on. There was no signage posted outside R3's room on the use of specific PPE to be worn when entering R3's room. On 6/17/2020 at 8:36 AM, V8, Licensed Practical Nurse (LPN), stated she only works part time in the facility. V8 stated R1, R2, R3, and R6 are not on any type of transmission-based precautions, but they are on 14-day quarantine because they either returned from the hospital or were newly admitted. V8 stated R1, R2, and R3 have roommates who are not on quarantine, and staff keep the privacy curtain pulled between residents. V8 stated she only wears a disposable surgical mask when entering their rooms, and puts on gloves when anticipating contact with body fluids. 4. R4's POS, dated 6/16/2020, documents R4 was readmitted to the facility on [DATE]. R4's Hospital to Post-Acute Care Transfer COVID-19 Assessment, dated 6/16/2020, documents R4 was not tested, test was not indicated and may transfer. 5. R5's Hospital Form COVID-19 Post Acute Care Questions, dated 6/2/2020, documents, No active infections. Patient is not suspected of having infection and not in isolation. COVID-19 test result: Not detected. R5's POS, dated 6/9/2020, documents R5 was readmitted to the facility on [DATE]. There was no signage posted outside R4's and R5's room on the use of specific PPE to be worn when entering room. On 6/17/2020 at 9:28 AM, V5, LPN, stated R4 and R5 share a room and both are on 14-day quarantine having returned from the hospital. V5 stated she wears a disposable surgical mask when she enters their room. V5 stated if they were on transmission-based precaution she would be wearing an N95 mask, goggles, isolation gown and gloves. V5 stated the facility does not have any COVID-19 related isolation precaution at this time. 6. R6's Hospital Severe Acute Respiratory Syndrome Coronavirus-2 (DIAGNOSES [REDACTED]-COV-2) Nasopharyngeal Swab Result, dated 6/10/2020, documents, Not detected. R6's POS dated 6/14/2020 documents</p> <p>R6 was readmitted to the facility on [DATE]. There was no signage posted outside R6's room on the use of specific PPE to be worn when entering R3's room. On 6/17/2020 at 7:50 AM, V6, Screener/Housekeeping Supervisor, stated there are few residents on 14-day quarantine but no residents on isolation related to COVID-19 in the building. On 6/17/2020 at 8:31 AM, V10, CNA, stated residents who are newly admitted or returned from the hospital are quarantined in their rooms for 14 days. V10 stated these residents are not allowed to leave their room. V10 stated she wears a face mask when she enters the room and puts on a pair of gloves when providing care to them. On 6/17/2020 at 8:34 AM, V11, CNA, stated she wears a mask and gloves as needed when caring for R1, R2 and R3. V11 stated she is aware R1, R2, and R3 are on 14-day quarantine because they just came back from the hospital. On 6/17/2020 at 8:38 AM, V12, CNA, stated she was aware R1, R2, and R3 are on 14-day quarantine after arriving at the facility. V12 stated she wears a mask and gloves when entering their rooms. On 6/17/2020 at 9:22 AM, V13, CNA, stated she wears her mask and gloves when taking care of residents who are new admissions or just returned from the facility like R1, R2, R3. On 6/17/2020 at 3:29 PM, V17, CNA stated he wears mask and gloves when taking care of R1, R2, and R3. V17 stated if residents are on isolation for COVID-19 then he would wear a gown, mask, gloves, face shield when providing care. On 6/17/2020 at 3:50 PM, V19, LPN, stated R1, R2, R3, and R6 are on 14-day quarantine and have to stay in their rooms at all times during this period. V19 stated she wears gloves and mask and gowns when taking care of them. On 6/17/2020 at 3:58 PM, V20, LPN, stated R4 and R5 are on 14-day quarantine since their return from the hospital. V20 stated she wears mask and gloves when caring for R4 and R5. On 6/17/2020 at 9:15 AM, V4, Regional Nurse and Infection Control Preventionist, stated R1, R3, R4, R5, and R6 are readmitted residents from the hospital and tested negative for COVID-19 in the hospital. V4 stated these residents were assessed to be medically stable when discharged and were placed on 14-day quarantine upon arrival at the facility and standard precautions, wearing masks at all times in the facility and wearing masks and gloves during resident care by staff are done. V4 stated the facility follows the COVID-19 IDPH Interim Guidance: Accepting Transfers from Acute Care Settings to LTCF (Long Term Care Facility) dated 5/4/2020. V4 stated per the 5/4/2020 guidance new residents and readmitted residents who were clinically stable are not required to be on contact/droplet infection, so the facility placed them on 14-day quarantine. V4 stated there are no positive or confirmed cases in the facility. On 6/17/2020 at 4:08 PM, V2, Director of Nursing (DON) and Infection Control Preventionist, stated residents who came back from the hospital or newly admitted are placed on 14-day quarantine upon admission. V2 stated they will be placed in private rooms if available or share a room with another resident with the privacy curtain drawn. R1, R3, R4, R5, and R6 are readmissions from the hospital and R2 is a new admission from home and all were placed on 14-day quarantine in their rooms, with staff wearing gloves and masks when they enter the rooms and when providing care. The Facility Policy on Visitation and Infection Control (Updated to Address the COVID-19 dated 3/2020 documents (in part), d. The Facility monitors the Federal Centers for Disease Control and Prevention (CDC) website and state public health sources to understand COVID-19 activity in their community to help inform their evaluation of individuals with unknown respiratory illness. If there is transmission of COVID-19 in the community, in addition to implementing the precautions described above for residents with acute respiratory infection, the facility shall also consult with public health authorities for additional guidance. The latest CDC Guidance on Accepting New Admissions and Readmissions, undated, documents: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html</a> Responding to Coronavirus (COVID-19) in Nursing Homes Considerations for the Public Health Response to COVID-19 in Nursing Homes under Considerations for new admissions or readmissions to the facility documents, Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19. All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. Testing residents upon admission could identify those who are infected but otherwise without symptoms and might help direct placement of asymptomatic [DIAGNOSES REDACTED]-CoV-2-infected residents into the COVID-19 care unit. However, a</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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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                                                                   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>145656</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                     | (X3) DATE SURVEY COMPLETED<br><b>06/18/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>INTEGRITY HC OF GODFREY</b>                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP<br><b>1623 29 WEST DELMAR<br/>GODFREY, IL 62035</b> |                                                 |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                                 |
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| <p>F 0880</p> <p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Many</p>      | <p>(continued... from page 1)</p> <p>single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE. Testing should not be required prior to transfer of a resident from an acute-care facility to a nursing home. New residents could be transferred out of the observation area or from a single to a multi-resident room if they remain afebrile and without symptoms for 14 days after their last exposure (e.g., date of admission). Testing at the end of this period could be considered to increase certainty. The Facility Resident Roster dated 6/17/2020 documents there are 54 residents living in the facility.</p> |                                                                                      |                                                 |