

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 146075	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/09/2020
NAME OF PROVIDER OF SUPPLIER GRANITE NURSING & REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 3500 CENTURY DRIVE GRANITE CITY, IL 62040	
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 - Some	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to perform hand hygiene, properly handle soiled linens and trash, and use PPE (personal protective equipment) to prevent the spread of infection for 9 of 9 residents (R1-R9) reviewed for infection control in the sample of 9. Findings include: 1. The Census List, dated 6/8/20, documents R1-R9 reside on the COVID area 2 of the facility. On 6/8/20 at 9:00 AM, V2 (Director of Nursing) stated they have a designated unit for new admissions or readmits from the hospital. 2. On 06/08/2020 at 10:30 AM, V4 (Certified Nurse Assistant/CNA) took pitcher of red colored fluid into R6's and R8's room, showed it to R6 and then came back out of the room into the hallway. V3 (Director of Quality) brought R6's styrofoam cup to the doorway where V4 poured the liquid into the cup and returned the pitcher back to the drink cart. V4 wore the same gloves when she entered and exited the room and placed the pitcher back on the drink cart. The pitcher was not disinfected before being placed back on the drink cart. 3. On 06/08/2020 at 9:55 AM, V7 (Housekeeper) stated that she puts a new cloth gown on over her plastic one when she goes in a different room and that she washes her hands and puts on new gloves in between residents and before and after she takes the trash or dirty linens out of the room. V7 continued to state that she feels she has enough PPE to do her job. On 06/08/2020 at 11:00 AM, V7 opened the door to outside of the building, grabbed red barrel marked biohazard and brought it inside of the facility. V7 was not wearing gloves and did not perform hand hygiene afterward. V5 (Physical Therapy) asked V7 to get a straw for the resident (R7) he was working with. V7 went to the drink cart, got a straw from the cart, gave it to V5, without benefit of hand hygiene or donning of gloves. V7 took a roll of large red biohazard bags from the hall cart into R7's and R9's bathroom, still without benefit of hand hygiene or donning gloves. V5 was standing outside of R7's door way with gloved hands, mask and double gown. V7 called out to V5 to come and take a filled large red biohazard bag from her. V7 was holding filled red biohazard bag without gloves, handed it to V5, who opened up the red biohazard barrel and placed the filled red biohazard bag in it and placed lid back on it. V5 entered R7's room, removed gloves and donned new pair of gloves without benefit of hand hygiene. V7 swept the dirt on the floor to the doorway, used dust pan off of cart, and placed dirt in trash. V7 returned to R7's and R9's room, took cloth gown off in bathroom and placed it in red biohazard bag in the can. V7 stepped out into the hallway, used alcohol based hand rub (ABHR) and then placed the roll of large red biohazard bags back on the hall cart. On 06/08/2020 at 12:25 PM, V6 (Housekeeper Supervisor) stated that he would expect his housekeepers to wear gloves when they are removing trash or dirty linens from a room, especially on the designated unit. V6 continued to state that he would expect the housekeepers to perform hand hygiene in between the glove changes and that they should be wearing gloves when they are bringing in the red barrel for the isolation trash and linens from outside. V6 continued to state that he would expect the housekeepers to take in 1 or 2 large red biohazard bags into a residents room and not the whole roll. 4. On 06/08/2020 at 11:45 AM, V4 (CNA) entered R4's and R5's room with 2 bags of clean linen, donned a cloth gown over plastic gown, walked out into the hallway and entered R6's room. V4 then placed the bags of linens on R6's bed, performed personal care shaving R6. V4 then exited R6's room, did not remove cloth gown, entered R4's room, set 2nd bag of clean linens on R4's bed, exited room. V4 had continued to wear the same gloves throughout this time. V4 then removed gloves, performed hand hygiene, donned gloves and removed cloth gown in the hallway and hung it on the door outside of R3's room. On 06/08/2020 at 9:40 AM, V4 stated We wear the cloth gowns over these (plastic isolation gowns) and we wear different ones in each room. We do not wear the same one from room to room.</p> <p>5. On 06/08/2020 at 12:15 PM, V4 exited R5's room after performing care. V4 then passed meal trays to R4, R5, R7, and R9. V4 entered and exited each individual's rooms without changing personal protective equipment. On 06/08/2020 at 10:50 AM, V3 stated, We have enough supplies. Restocking supplies at this time. Have not ran out. When entering a room, a temporary gown is applied on top of the reusable gown and (temporary gown) is removed prior to leaving the room. On 06/08/2020 at 11:05 AM, V5 (Physical Therapist) stated, The second gown is secondary protection. It's put on over the reusable gown and stays in the resident room after care if I'm coming back to the room. It's removed and hung up before leaving the room. If not, it is placed in the barrel in the bathroom. Also clean hands before leaving the room. Wash them or hand gel. Have enough gowns, gloves, masks and goggles. The Facility's COVID-19 Policy and Procedures, dated 3/10/2020, documents, It shall be the policy to utilize accepted infection control methods to prevent and control the spread of a respiratory illness caused by novel Coronavirus (COVID-19). Also documents 5. Personal Protective Equipment (PPE) including gloves, gowns, N95 respirator or equivalent (if available), eye protection (goggles or face shield) are to be utilize for every healthcare worker entering resident's room. The policy documents Preventing illness 1. The best way to prevent illness is to avoid being exposed to this virus and properly using/wearing PPE when needed. The Facility's Droplet Policy and Procedures, dated 9/2019, documents 3 a. Gloves-utilized during the course of providing care. Change gloves when having contact with infective material as they may contain high concentrations of micro-organisms (fecal matter, wound drainage). Remove gloves before leaving resident's room and wash hands. It continues, c. Apply gown before entering the room. Remove the gown before leaving the room. https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html 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 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.</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.