

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012322	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/26/2020
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NAME OF PROVIDER OR SUPPLIER MOWEAQUA REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 525 SOUTH MACON STREET MOWEAQUA, IL 62550
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments	S 000		
	COVID 19 Focused Infection Control Survey			
S9999	Final Observations	S9999		
	<p>Statement of Licensure Violations:</p> <p>300.610 a) 300.696 a) 300.696 c)6) 300.696 c)7) 300.1210 d)3) 300.1220 b)1) 300.1220 b)3) 300.3240 a)</p> <p>Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.696 Infection Control a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and Control of Sexually Transmissible</p>			
			Attachment A Statement of Licensure Violations	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed.</p> <p>c) Each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services (see Section 300.340):</p> <p>6) Guideline for Isolation Precautions in Hospitals</p> <p>7) Guidelines for Infection Control in Health Care Personnel</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>1) Assigning and directing the activities of nursing service personnel</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These regulations are not met as evidenced by:</p> <p>Failures identified required more than one deficient practice statement.</p> <p>A.) Based on observation, interview, and record review, the facility failed to follow facility policy and local health department guidance to designate staff to work on the COVID-19 (human coronavirus infection) unit, and restrict employees with COVID-19 symptoms from working and exposing residents to infection. This failure resulted in all 39 residents residing in the facility being unnecessarily exposed to an infectious disease. The facility failed to follow facility policy and local health department guidance to promptly separate COVID-19 symptomatic residents away from non-infected residents for two of 40 residents (R1 and R4) reviewed for infection control in the sample of 41 residents.</p> <p>Findings include:</p> <p>The facility's Action Plan - Covid-19 policy, dated 9/24/20, documents the transition (isolation) unit is utilized for residents who are: newly admitted or</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>re-admitted to the facility; who have new onset of fever greater than 100 degrees Fahrenheit or respiratory/COVID-19 symptoms but have not tested positive for COVID-19; or had roommates that were transferred to the transition or recovery units. This policy documents the facility's recovery unit will be utilized for residents who have tested positive for COVID-19. This policy documents residents who have a new onset of fever of greater than 100 degrees Fahrenheit or respiratory COVID-19 symptoms who have not tested positive for COVID-19, will be immediately transferred to the transition unit, immediately tested for COVID-19, placed on droplet precautions with isolation setup including gowns, face masks, face shield or goggles, and recommends the use of an N95 mask or higher level respirator. This policy documents residents who reside on the transition and recovery units should have vital signs taken every shift and oxygen saturations taken every 4 hours. This policy documents the facility will have a plan to designate consistent staffing on the transition and recovery units. This policy documents employees should stay home if they are feeling ill and employees will be screened for symptoms prior to each shift. This policy documents, "If an employee experiences any of the following symptoms, then they are to notify their supervisor, immediately leave the community and obtain onsite COVID-19 testing if resources are available. 1. Fever (Greater than 100 degrees Fahrenheit) or chills 2. Cough 3. Shortness of breath or difficulty breathing 4. Fatigue 5. Muscle or body aches 6. Headache 7. New loss of taste or smell 8. Sore throat 9. Congestion or runny nose 10. Nausea or vomiting 11. Diarrhea."</p> <p>a.)1.) On 10/19/20 at 12:47 PM, V5, Certified Nursing Assistant (CNA), was working the 100</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>and Lotus units. V5 stated V5 is currently assigned to work the Lotus and 100 units, and V5 has also worked on the 200 unit (where COVID-19 positive residents reside.)</p> <p>On 10/19/20 at 1:30 PM, V7, Licensed Practical Nurse (LPN), stated a nurse is assigned to work on the 200 unit, but that nurse has to come out of the unit to the nurses' station (located between Lotus and 100 units) to use the phone and fax machine. V7 stated the facility does not have designated staff to work on the 200 unit. V7 stated last week V5, CNA, worked on the 200 unit, and today V5 is working the Lotus and 100 units.</p> <p>On 10/19/20 at 2:00 PM, V10, Licensed Practical Nurse (LPN), was working the 200 unit. V10 stated V10 was tested for COVID-19 and V10 had symptoms of a cough and sore throat on 10/9/20. V10 stated V10 worked at the facility on 10/9, and V10 had reported V10's symptoms on the employee symptom screening form and to V1, Administrator. V10 stated V1 told V10 since V10 did not have a fever V10 could continue to work. V10 stated V10 continued to work until V10 received V10's COVID-19 positive test results 6 days later. V10 stated V10 had worked on all 3 of the units within the facility, providing direct resident care (for COVID-19 positive and susceptible residents), after V10 developed symptoms on 10/9.</p> <p>The facility's Census, dated 10/9/20, documents COVID-19 positive residents R3, R8-R17, R31, and COVID-19 negative resident R32 resided on the 200 unit. The facility's Census, dated 10/10/20, documents COVID-19 negative residents R1, R2, R4-R7, R19, R21-R30, R34-R41 resided on the 100 and Lotus units. The</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>facility's Census, dated 10/10/20 and 10/13/20, document R3, R8-R18, R20, R31, and R32 resided on the 200 unit. The facility's Census, dated 10/15/20, documents COVID-19 positive residents R3, R6, R8-R18, and R20-R23 resided on the 200 unit.</p> <p>V10, LPN's Employee Screening Tool/Health Assessment, dated 10/9/20 documents V10 answered "yes" to experiencing a new onset of cough and sore throat. This assessment documents a handwritten note that V2, Director of Nursing (DON), found V10 appropriate to work and V10 should contact V2 if V10's symptom's worsened.</p> <p>V10's COVID-19 test, with a collection date 10/9/20 and test date 10/14/20, documents V10 tested positive for COVID-19. V5's COVID-19 test, with a collection date 10/19/20 and test date 10/20/20, documents V5 tested positive for COVID-19.</p> <p>The facility's Nursing and CNA schedules document V10, LPN, worked on 10/9 on the 200 unit and 10/10/20. The schedules document V5, CNA, worked on 10/10 6:00 AM to 2:00 PM on the 200 unit, 2:00 PM to 6:00 PM on the 100/Lotus units, 10/11, 10/16, 10/19, and 10/20 on the 100/Lotus units, 10/13, and 10/15 on the 200 unit. R38's COVID-19 Daily Resident Screening, dated 10/10/20 at 6:28 PM, documents the screening was completed by V10, LPN, (indicating V10 worked on the 100 and Lotus units on 10/10/20.)</p> <p>The facility's October 2020 Infection Control Logs document 18 residents and 7 employees have tested positive for COVID-19. These logs document V5, CNA, had symptoms of</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>nausea/vomiting, cough, and body aches on 10/20/20, and V10, LPN, had symptoms of cough and sore throat on 10/9/20.</p> <p>R18's COVID-19 test, dated 10/5/20, documents R18 tested positive for COVID-19. R11-R17's COVID-19 tests, with a collection date of 10/6 and test date of 10/8/20, document R11-R17 tested positive for COVID-19. R3, R6, R8-R10's, and R19's COVID-19 tests, with a collection date of 10/6 and test date of 10/7/20, document R3, and R8-R10 tested positive, and R6, R19, and R24 tested negative for COVID-19. R21-R23's COVID-19 tests, with a collection date 10/6 and test date of 10/8/20, document R21-R23 were negative for COVID-19.</p> <p>R4's, R6's, R19-R22's, R24's, and R32's COVID-19 tests, with a collection date 10/12 and test date 10/14/20, document R6, R19-R22 tested positive, and R4, and R24 tested negative for COVID-19. R32's COVID-19 test collected on 10/8 documents R32 was negative for COVID-19.</p> <p>R24's COVID-19 test, dated 10/18/20, documents R24 tested positive for COVID-19. R32's and R4's COVID-19 tests, with a collection date 10/19 and report date 10/20/20, document R32 and R4 tested positive for COVID-19.</p> <p>On 10/19/20 at 12:28 PM, V1, Administrator, stated the facility currently has 17 residents residing in the facility who have tested positive for COVID-19, and R24 had went to the hospital on 10/18/20 and tested positive for COVID-19.</p> <p>On 10/20/20 at 2:35 PM, V3, Corporate Registered Nurse, stated all residents were tested on 10/6 and by 10/8 the facility received positive COVID-19 test results for R3 and</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>R8-R17. V3 stated R18 had tested positive after being sent to the hospital on 10/5/20, and on 10/14/20 R6 and R19-R23 tested positive for COVID-19. V3 confirmed V10, LPN, and V5, CNA, have worked on all units in the facility, providing direct resident care, and stated the facility has had to utilize staff to cover call offs. V3 stated V5, CNA, worked day shift on 10/20/20 and developed COVID-19 symptoms after the start of V5's shift and was sent home.</p> <p>On 10/20/20 at 3:18 PM V1, Administrator, stated V2, Director of Nursing (DON), had approved V10, LPN, to work on 10/9/20 with a cough and sore throat. V1 stated at that time we were all wearing full PPE (Personal Protective Equipment) and if V10 had a fever we would have sent V10 home. V2 told V10 to report back to V2 if V10's symptoms worsened. V1 confirmed V10 worked in the facility on 10/10/20, providing direct resident care.</p> <p>On 10/21/20 at 3:46 PM, V2, DON, stated it was reported to V2 that V10 had a new onset of cough and sore throat at the beginning of V10's shift on 10/9/20. V2 stated V10 did not have a fever, so V2 told V10 to wear full PPE and report back to V2 if V10's symptoms worsened. V2 confirmed V10 also worked on 10/10/20. V2 stated staff are not allowed to work if they have a fever or their symptoms "are bad," and "it is cold season."</p> <p>On 10/21/20 at 8:06 AM, V14, Supervising Nurse County Health Department, stated V14 has been providing CDC (Centers for Disease Control and Prevention) and IDPH (Illinois Department of Public Health) written guidance updates on COVID-19 to the facility regularly. V14 stated the facility should not allow a staff person who has a cough and sore throat to work, since those</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>symptoms can be symptoms of COVID-19. V14 stated the facility should have designated staff who work only on the COVID-19 positive units, and they should not have staff working on the positive unit and then later caring for residents who are asymptomatic.</p> <p>On 10/21/20 at 11:12 AM, V1 stated rooms 209 and 208 were the designated COVID-19 positive rooms, and Lotus Unit and the first 6 rooms of 200: 201, 202, 203, 213, 214, and 215 were the transition rooms until 10/7/20. V1 stated on 10/14/20 the facility extended the entire 200 unit to be the designated unit for COVID-19 positive residents, and Lotus unit (rooms 143-148) and rooms 105-111 became the transition rooms. V1 stated V1 received COVID-19 positive test results on 10/20/20 for R32, R4, V6, Maintenance Supervisor, V5, CNA, and V15, Housekeeper. V1 stated the facility tries to have the same staff stay on the Lotus unit, but they do cross over to help on the 100 unit if needed. V1 stated V10, LPN, had came in to cover a call off on 10/10/20, and confirmed V10 worked on the 100 and Lotus units after working with COVID-19 symptoms on the 200 unit on 10/9/20. V1 confirmed the facility's schedule documents V5, CNA, worked 10/10 6:00 AM to 2:00 PM on the 200 unit, 2:00 PM to 6:00 PM on the 100/Lotus units, 10/11, 10/16, 10/19, and 10/20 on the 100/Lotus units, 10/13, and 10/15 on the 200 unit. V1 stated, "Ideally we want staff to work on the recovery unit, but we have had call offs and have needed to fill the shifts on the other units."</p> <p>a.)2.) On 10/19/20 at 1:44 PM, R1 and R4 were sharing a room. Their room was not located on the transition unit, but located in an area of the building where non-infected susceptible residents reside.</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>R4's COVID-19 Daily Resident Screening ,dated 10/19/20 at 9:38 AM, documents R4 had a runny nose and R4 complained of "congestion." R4's COVID-19 Daily Resident Screening, dated 10/18/20 at 9:59 AM, documents R4 had a cough. R4's Progress Note, dated 10/16/20 at 3:02 AM, by V16, Registered Nurse, documents R4 had complaints of mild shortness of breath and V16 noted crackles to R4's left lower lung. R4's COVID-19 test, with a collection date of 10/12 and test date 10/14/20, documents R4 tested negative for COVID-19. R4's COVID-19 test, with a collection date 10/19 and report date 10/20/20, document R4 tested positive for COVID-19.</p> <p>R1's Census, dated 10/20/20, and R4's Census, dated 10/21/20, documents R1 and R4 resided in the same room from 10/1 until 10/20/20. R1's Admission Record, dated 10/20/20, documents R1 admitted to the facility on 8/5/20 with diagnoses of End Stage Renal Disease, Chronic Obstructive Pulmonary Disease, Type 2 Diabetes Mellitus, and Atherosclerotic Heart Disease. R1's medical record documents R1 had no observed or reported respiratory during this period of time. R1's COVID-19 test with a collection date 10/14 and test date 10/17/20, documents R1 was negative for COVID-19.</p> <p>On 10/20/20 at 2:35 PM, V3, Corporate Registered Nurse, stated if a resident has respiratory symptoms or COVID-19 symptoms, the resident should be moved to the transition unit.</p> <p>On 10/21/20 at 3:46 PM, V2, DON, stated resident COVID-19 symptom monitoring and vital signs should be done every shift, and if a resident has any respiratory or COVID-19 symptoms they</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>should be moved to the transition unit. V2 stated V2 was not aware that R4 was having symptoms of a runny nose, cough, or shortness of breath. V2 confirmed R4 should have been moved to the transition unit when R4 began having respiratory symptoms.</p> <p>On 10/21/20 at 8:06 AM, V14, Supervising Nurse County Health Department, stated V14 has been providing CDC (Centers for Disease Control and Prevention) and IDPH (Illinois Department of Public Health) written guidance updates on COVID-19 to the facility regularly. V14 stated if a resident has symptoms of COVID-19 such as a cough, runny nose, or shortness of breath, the resident should be transferred to the transition unit and placed on Transmission Based Precautions.</p> <p>On 10/21/20 at 11:12 AM, V1 confirmed R4 (R2's roommate) was not moved to the transition unit until 10/20/20 when the facility received R4's COVID-19 positive test result. When V1 was asked why R4 was not moved to the transition unit prior to 10/20/20, V1 stated V1 was not aware that R4 was having respiratory symptoms prior to receiving R4's test results.</p> <p>The facility's Resident List Report, dated 10/19/20, documents 39 residents reside in the facility.</p> <p>B. Based on observation, interview, and record review, the facility staff failed to wear appropriate Personal Protective Equipment (PPE) and remove PPE, failed to complete COVID-19 symptom monitoring and obtain vital signs per facility policy, and update Care Plans to include Transmission Based Precautions for five of 41</p>	S9999		
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 11</p> <p>residents (R1-R5) reviewed for infection control in the sample of 41.</p> <p>Findings include:</p> <p>The facility's Action Plan - Covid-19 policy, dated 9/24/20, documents the transition (isolation) unit is utilized for residents who are: newly admitted or re-admitted to the facility; who have new onset of fever greater than 100 degrees Fahrenheit or respiratory/COVID-19 symptoms but have not tested positive for COVID-19; or had roommates that were transferred to the transition or recovery units. This policy documents the facility's recovery unit will be utilized for residents who have tested positive for COVID-19. This policy documents residents who have a new onset of fever of greater than 100 degrees Fahrenheit or respiratory COVID-19 symptoms who have not tested positive for COVID-19, will be immediately transferred to the transition unit, immediately tested for COVID-19, placed on droplet precautions with isolation setup including gowns, face masks, face shield or goggles, and recommends the use of an N95 mask or higher level respirator. This policy documents residents who reside on the transition and recovery units should have vital signs taken every shift and oxygen saturations taken every 4 hours.</p> <p>b.)1.) On 10/19/20 at 12:47 PM, V5, Certified Nursing Assistant (CNA) was working on the Lotus and 100 units. V5 stated an N95 mask, face shield, and isolation gown are worn into non-isolation resident rooms, and V5 stated isolation gowns are not changed between entering and leaving the rooms. V5 stated the residents who reside on the transition unit (Lotus) have an isolation gown hanging in their room for staff to wear upon entering the isolation room. V5</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>stated the gown is shared between staff and it is applied over top of the gown V5 was currently wearing. V5 stated the gown should be hung back up in the isolation room upon leaving the room.</p> <p>On 10/19/20 at 1:05 PM, V8, Housekeeping Supervisor, was working on the 100 and Lotus units. V8 was wearing goggles and a cloth mask. V8 stated V8 had tested positive for COVID-19 on 10/8 and had been off of work for ten days.</p> <p>On 10/19/20 at 1:08 PM, V9, CNA, was working the 100 and Lotus units. V9 was wearing a surgical mask, face shield, and isolation gown. V9 stated V9 is not able to wear an N95 mask since V9 has Asthma. V9 stated V9 wears a face shield, surgical mask, and isolation gown to enter rooms on the 100 and Lotus units. V9 stated gowns are changed at the end of the shift, and isolation rooms have gowns hanging in the room to put over top of the gowns we are wearing in the hallway. V9 stated gloves and gowns should be removed prior to leaving isolation rooms.</p> <p>On 10/19/20 at 1:16 PM, Isolation carts were located outside of rooms 143-148 on the Lotus unit. There were signs posted on the doorways to the resident rooms documenting droplet precautions. On 10/19/20 between 12:47 PM and 1:44 PM, V5, V9, CNAs, and V7, Licensed Practical Nurse (LPN) were observed entering resident rooms located on the 100 and Lotus units.</p> <p>On 10/19/20 at 1:19 PM, R5 was lying on the floor in R5's room. V5 and V7 entered R5's room. V7 was wearing a gown (that was worn in the hallway), surgical mask, and goggles. V7 was wearing a face shield, N95 and surgical mask,</p>	S9999		

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S9999	<p>Continued From page 13</p> <p>and gown (that was worn in the hallway.) V7 did not apply gloves, and neither V5 nor V7 applied a clean gown to enter R5's room. There is a sign on R5's door documenting R5 is on droplet precautions. At 1:28 PM, V5 and V7 were observed leaving R5's room. V5 and V7 did not remove their gowns upon leaving R5's room. At 1:30 PM, V7 was sitting at the nurses' station wearing the same gown that was worn into R5's room. V7 stated a gown, N95 and surgical mask, face shield and gloves are to be worn when entering resident rooms on the Lotus unit, and gloves and gowns should be changed between each resident room. V7 confirmed V5 and V7 did not apply a clean gown when V5 and V7 entered R5's room, or remove their gowns when V5 and V7 left R5's room. V7 confirmed V7 did not wear gloves in R5's room, and R5's room did not contain an isolation gown or gloves. V7 stated, "The gown I'm wearing now is the same one I wore into (R5's) room."</p> <p>On 10/19/20 at 2:00 PM, V10, LPN, was working on the 200 unit of the facility. V10 was wearing a surgical mask (not an N95 mask), goggles, and an isolation gown. V10 stated staff are to wear N95 masks and surgical masks overtop of the N95 when entering COVID-19 positive rooms. V10 stated V10 is wearing a surgical mask since V10 had previously tested positive for COVID-19. On 10/19/20, between 1:57 PM and 2:40 PM, V10 was observed entering resident rooms on the 200 unit.</p> <p>On 10/20/20 at 2:35 PM, V3, Corporate Registered Nurse, stated staff should wear N95 masks, face shield/goggles, gloves, and gown into resident rooms on the transition unit. V3 stated gowns should be changed upon leaving the transition unit. V3 stated there are hooks</p>	S9999		
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S9999	<p>Continued From page 14</p> <p>located in the isolation rooms for staff to hang their gowns on upon leaving the room. V3 stated surgical masks should be worn by all non-direct care staff, and N95 masks by direct care staff when there are COVID-19 positive cases in the building. V3 stated V3 saw that V8 was wearing a cloth mask and reported V8 to V1. V3 stated staff working on the COVID-19 positive unit (200 unit) should be wearing N95 masks.</p> <p>On 10/21/20 at 8:06 AM, V14, Supervising Nurse County Health Department, stated V14 has provided written COVID-19 guidance and updates from the CDC and IDPH to the facility regularly. V14 stated the facility's staff should not be working and providing direct care on both the transition unit and asymptomatic unit unless they are changing their PPE prior to leaving the transition unit (Lotus) and caring for residents on the asymptomatic (100) unit. V14 stated gown and gloves should be changed upon leaving the isolation rooms. V14 stated all staff should be wearing a surgical mask while in the building, and if staff are caring for residents the staff should be wearing an N95 mask.</p> <p>The facility's Resident Roster, dated 10/19/20, documents 39 residents reside in the facility.</p> <p>b.)2.) On 10/19/20 at 1:44 PM, R1 and R4 were sharing a room on the 100 unit. On 10/19/20 between 1:16 PM and 1:19 PM, R2 was in R2's room located on the Lotus (transition) unit. There was a sign on R2's door indicating R2 was on droplet precautions. R2 was wearing oxygen. On 10/19/20 at 2:15 PM, R3 was in R3's room located on the 200 unit.</p> <p>R1-R4's Order Summary Reports, dated 10/21/20, document R1-R4 have an order to</p>	S9999		

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S9999	<p>Continued From page 15</p> <p>obtain vital signs every shift for COVID-19 screening</p> <p>There is no documentation in R1's medical record that R1's vital signs and pulse oximetry were obtained on 10/14 first shift, 10/4, 10/6, 10/7, 10/8, 10/11, 10/13 second and third shifts, 10/10 first and third shifts, and all three shifts on 9/30-10/3, 10/5, and 10/9. There is no documentation in R1's medical record that R1 was assessed for COVID-19 symptoms on first shift on 10/1-10/3, 10/5, 10/7-10/11, 10/16; second shift on 9/30-10/9, and 10/16; and third shift on 9/29-10/10 and 10/13/20.</p> <p>There is no documentation in R2's medical record that R2's vital signs and pulse oximetry were obtained on all three shifts on 9/29, 9/30, 10/5, 10/7, and 10/9; second and third shifts on 10/1, 10/2, 10/4, 10/6, 10/8, 10/11, 10/13; first and third shifts on 10/10; and first shift on 10/14. There is no documentation in R2's medical record that R2 was assess for COVID-19 symptoms on first shift on 9/29, 9/30, 10/3, and 10/5-10/11; second shift on 9/29-10/9, 10/13, and 10/16; and third shift on 9/29-10/10, 10/13, and 10/18/20.</p> <p>There is no documentation in R3's medical record that R3's vital signs and pulse oximetry were obtained on third shift on 10/13, 10/14; second and third shifts on 10/2, 10/6, 10/8, 10/10, 10/11, 10/12; and all three shifts on 9/29, 9/30, 10/1, 10/3, 10/7, and 10/9/20. There is no documentation in R3's medical record that R3 was assessed for COVID-19 symptoms on first shift on 10/3, 10/5, 10/7-10/9, and 10/12; second shift 10/2-10/12; third shift on 10/2-10/13/20; and all three shifts from 9/4-10/1/20.</p> <p>There is no documentation in R4's medical record</p>	S9999		

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S9999	<p>Continued From page 16</p> <p>that R4's vital signs and pulse oximetry were obtained on second and third shifts on 10/2, 10/4-10/9, 10/11, 10/13; first and third shift on 10/10; and 9/29 first shift through third shift on 9/30. There is no documentation in R4's medical record that R4 was assessed for COVID-19 symptoms on first shift 9/29, 9/30, 10/3, 10/5, 10/7-10/11; second shift on 9/29-10/9, 10/13, 10/16; third shift 9/29-10/10 and 10/13/20.</p> <p>On 10/19/20 at 1:30 PM V7, LPN, stated resident COVID-19 symptom monitoring and vital signs, including temperature and pulse oximetry, are completed once per shift.</p> <p>On 10/20/20 at 3:46 PM, V2, Director of Nursing, stated residents should have COVID-19 symptom screening and vital signs completed every shift.</p> <p>On 10/22/20 at 10:05 AM, V1, Administrator, confirmed R1-R4 were missing documentation of vital signs and COVID-19 symptom monitoring. V1 stated V1 had no additional documentation of vital signs or COVID-19 symptom monitoring for R1-R4 to provide.</p> <p>b.)3.) On 10/19/20 between 1:16 PM and 1:19 PM, R2 and R5's rooms were located on the Lotus (transition) unit. There were signs on R2's and R5's doors indicating R2 and R5 were on droplet precautions.</p> <p>R2's Census, dated 10/20/20, documents R2 has resided on the transition unit since 10/8/20. There is no documentation in R2's Care Plan, with a revision date of 9/8/20, that R2 is on transmission based precautions.</p> <p>R5's Census, dated 10/20/20, documents R5 has resided on the transition unit since 10/8/20. There</p>	S9999		

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S9999	<p>Continued From page 17</p> <p>is no documentation in R5's Care Plan, with a revision date of 10/20/20, that R5 is on transmission based precautions.</p> <p>On 10/20/20 at 3:18 PM, V1 stated care plans should be updated to include transmission based precautions. V1 confirmed R2's and R5's care plans did not include transmission based precautions.</p> <p>(A)</p>	S9999		