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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145457	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2024
NAME OF PROVIDER OR SUPPLIER Quincy Healthcare & Sr Living		STREET ADDRESS, CITY, STATE, ZIP CODE 1440 North 10th Street Quincy, IL 62301	

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. 30722 Based on observation, record review and interview the facility failed to provide pressure ulcer treatments as ordered for one resident (R3) reviewed for pressure areas in the sample of three. Findings include: An October 2010 policy titled Wound Care documents the steps in the procedure of changing a wound dressing include: 4. Put on exam gloves. Loosen tape and remove dressing. 5. Pull glove over dressing and discard into appropriate receptacle. Wash and dry your hands thoroughly. R3's Physician Order Sheet (POS) documents a treatment of heel protectors on at all times. The order documents, Schedule: Every day at 6:00 AM - 6:00 PM; 6:00 PM - 6:00 AM. Protocol: As tolerated, (R3) does not like the heel protectors and often prefers pillow instead for offloading. R3's POS documents an order dated 05/09/24 for a 0.25% sodium hypochlorite solution to be applied to R3's right heel with moist gauze only over eschar area (cut to fit), apply barrier around the wound, cover with an abdominal pad and gauze wrap, change daily. On 06/04/24 at 3:55 PM a progress note written by V3, Nurse Practitioner, documents R3 has a right heel unstageable pressure ulcer with suspected deep tissue injury. On 06/04/24 at 11:39 AM, V2, Director of Nursing entered R3's room, asked if R3 was having pain and proceeded to remove R3's blankets from the end of his bed exposing R3's feet which were in socks. R3's heels were not elevated using offloading boots or pillows. V2 stated to R3, We need to get your heel protectors on you. V2 removed R3's sock from his right foot which showed a soiled foam bordered dressing on his inner heel with writing on it that documented, 05/30/ (2024). V2 was asked what date was on R3's right heel dressing. V3 stated, 05/30. V2 stated, They're good for three to five days. V2 was asked how often the sodium hypochlorite dressing was to be applied. V2 stated it was to be changed daily but nursing can just peel back the foam bordered gauze and replace it. Manufacturer's instructions of the foam bordered dressing document, If reused, performance of the product may deteriorate, cross contamination may occur. (continued on next page)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145457	A. Building B. Wing	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Quincy Healthcare & Sr Living	1440 North 10th Street Quincy, IL 62301

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 06/04/24 at 2:12 PM, V2 confirmed R3's order was for the sodium hypochlorite on moist gauze (cut to fit eschar area only), followed by an abdominal pad and gauze wrap. This dressing was to be changed daily. V2 confirmed that nursing was peeling back and reusing the foam bordered gauze for the six days it was in place.

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(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	Provide and implement an infection prevention and control program. 30722 Based on observation, record review and interview the facility failed to implement enhanced barrier precautions to protect vulnerable residents for 16 residents (R1, R2, R3, R4, R5, R8, R9, R10, R11, R12, R14, R15, R16, R18, R19, R20) reviewed for infection control. Findings include: Enhanced Barrier Precautions policy dated August 2022 documents, 1. Enhanced barrier precautions (EBP's) are utilized to prevent the spread of multi-drug resistant organisms (MDRO's) to residents. 2. EBP's employ targeted gown and glove use during high contact resident care activities when contact precautions do not otherwise apply. 3 Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include: a. dressing; b. bathing/showering; c. transferring; d. providing hygiene; e. changing linens; f. changing briefs or assisting with toileting; g. device care or use and h. wound care (any opening requiring a dressing). 4. EBS's are indicated (when contact precautions do not otherwise apply) for residents infected or colonized with the following: a. Pan-resistant organisms; b. Carbapanemase-producing carbapenem-resistant Enterobacterales; c. Carbapenemase-producing carbapenem-resistant Pseudomonas; d. Carbapenemase-producing carbapenem-resistant Acinetobacter baumannii; e. Candidia auris; f. Methicillin-resistant Staphylococcus aureus (MRSA); g. ESBL-producing Enterobacterales; h. Vancomycin-resistant Enterococci (VRE); i. Multidrug-resistant Pseudomonas aeruginosa; and j. Drur-resistant Streptococcus pneumonia. 5. EBP's are indicated (when contact precautions do not otherwise apply) for residents with wounds and/or indwelling medical devices regardless of MDRO status. V1, Administrator, provided an undated list of residents requiring enhanced barrier precautions. R1, R2 and R8 have wounds. R4, R5, R9, R10, R11, R12, R14, R15, R18, R19, R20 have indwelling catheters. R3 has an indwelling catheter and wounds. R16 has a feeding tube. R2's Physician order dated 04/04/24 documents a treatment order for R2's right buttock stage two pressure ulcer to cleanse wound with mild soap and water. Gently pat dry. Apply thin layer of ointment around the wound to protect it. Apply a silver product, cover with dry gauze, an abdominal pad and secure with tape. Change daily. On 06/04/24 at 11:10 AM, V5 and V6 (Certified Nursing Assistants), assisted R2 with perineal care and changed R2's undergarment. V4, Registered Nurse then performed wound care for R2's right buttock wound. No gowns or enhanced barrier precautions were worn by V4, V5 or V6. There was no enhanced barrier precaution sign or equipment near R2's room. On 06/04/24 at 11:33 AM, V4 was asked if he utilizes enhanced barrier precautions. V4 stated, What's that? I haven't heard of that until you just said it. On 06/04/24 at 11:43 AM, V1, Administrator stated the facility has an enhanced barrier policy formulated and she will have the infection control coordinator gather a list of individuals who require enhanced barriers. E1 confirmed the enhanced barrier policy for the facility has not been implemented as of today's date.