

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/14/2025
NAME OF PROVIDER OR SUPPLIER  Paris Health and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1011 North Main Street Paris, IL 61944	

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)
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>35380</p> <p>Based on interview and record review, the facility failed to report a resident's change of condition to the nurse prior to obtaining a COVID-19 test and failed to ensure qualified staff conducted COVID 19 testing for one of three residents (R2) reviewed for a change in condition in the sample list of four.</p> <p>Findings include:</p> <p>R2's undated diagnoses list, documents a diagnosis of COVID-19.</p> <p>Per R2's Nursing Progress notes, on 12/25/24 at 1:42 PM, V10 Licensed Practical Nurse (LPN), documented R2's temperature as 98.2 degrees Fahrenheit. Per these same notes, on 12/25/24 at 9:00 PM, V8 LPN documented writer (V8) was notified by (a) CNA (Certified Nursing Assistant) (V11) that she (V11) COVID tested this resident (R2) because she (R2) was not acting right. Per CNA (V11) resident (R2) is COVID positive. CNA (V11) reported she (V11) notified on call nursing manager (V6). Writer (V10) notified on call provider of results at this time. These same nursing notes document on 12/25/24 at 9:36 PM, V8 LPN documented R2's temperature being 101.4 degrees Fahrenheit.</p> <p>On 1/9/25 at 11:37 AM, V8 LPN stated a positive COVID test was left on the medication cart and V8 asked the staff whose test it was. V8 stated V8 found it was R2's COVID test. V8 stated it is not within a CNA's scope of practice to conduct a COVID test on a resident without telling the nurse about the resident's change in condition so the nurse can assess the resident. V8 LPN stated this was not done.</p> <p>On 1/9/25 at 11:53 AM, V6 Director of Nursing (DON) (interim) stated it is not appropriate for a CNA to collect a COVID test without letting the nurse know what is going on so the nurse can assess first. V6 also stated that CNA's should not be doing COVID tests on the residents.</p> <p>The facility's Acute Change of Condition Policy dated Revised 1/23/23, documents the purpose of the policy is to provide facility guidance when a change of condition occurs with a resident. This policy also documents nursing assistants will be trained to recognize changes with a resident and how to communicate these changes to the nurse.</p>

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
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