

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145495	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/13/2025
NAME OF PROVIDER OR SUPPLIER  Medina Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  402 South Center Street Durand, IL 61024	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38488</b></p> <p>Based on observation, interview, and record review the facility failed to implement infection control interventions for a resident with a communicable disease for 1 of 8 residents (R7) reviewed for infection control in the sample of 8.</p> <p>The findings include:</p> <p>R7's face sheet showed she was admitted to the facility on [DATE] with diagnoses to include Type 2 Diabetes, obesity, hyperlipidemia, depression, anxiety disorder, hypertension, and peripheral vascular disease. R7's facility assessment dated [DATE] showed moderate cognitive impairment and is dependent on staff for all cares.</p> <p>R7's 3/9/25 Initial Antibiotic Therapy Note showed, Diagnosis: Shingles, not getting an abx (antibiotic), getting an antiviral . Symptoms: Clear fluid filled blisters to left side. Resident does state that the site burns and itches . Isolation precautions initiated? . Contact .</p> <p>R7's 3/9/25 Infection Note showed, Diagnosis: shingles . Symptoms: rash on back . Isolation precautions in place? Standard .</p> <p>R7's 3/10/25 Infection Note showed, Diagnosis: shingles . Isolation precautions in place? Contact with cares .</p> <p>R7's 3/11/25 Infection Note showed, Diagnosis: shingles . Small red rash area to back . Isolation precautions in place? Contact with cares .</p> <p>R7's 3/12/25 Infection Notes showed, Diagnosis: shingles . Erythematous rash (small patches) to the back . Isolation precautions in place? Standard Precaution .</p> <p>R7's 3/13/25 Infection Note showed, Diagnosis: Shingles . Isolation precautions in place? Precaution .</p> <p>On 3/13/25 at 12:08 PM, there was a sign posted on R7's door that showed, Contact Precautions. R7's two daughters were in the room with no PPE (personal protective equipment). R7's roommate was brought back to the room by a staff member and with a visitor. No PPE was donned. There was no PPE located outside R7's room.</p> <p>(continued on next page)</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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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/13/25 at 12:08 PM, V6 CNA (Certified Nursing Assistant) said, [R7] is on isolation for shingles. We usually have bins with PPE (personal protective equipment) by the door. We can get PPE from the closet or the room by the nursing station. No PPE is required. Precautions are with cares.</p> <p>On 3/13/25 at 12:32 PM, V2 DON (Director of Nursing) said, [R7] is on contact precautions for shingles . Only need PPE with cares. We don't always put a bin with PPE outside of the room because we don't want to make it obvious. You don't need PPE if you aren't touching her.</p> <p>On 3/13/25 at 1:33 PM, V3 (Infection Preventionist) said there is no PPE required unless they are going to touch R7's shingles because R7 is on contact precautions and no contact isolation.</p> <p>On 3/13/25 at 3:47 PM, V2 DON said, Per the policy, I suppose they should be using PPE. Usually [the Nurse Practitioner] would tell us if she wanted someone on isolation. V2 checked R7's record and said, [the NP] noted that she started precautions on 3/9/25 due to possible shingles and started [an antiviral] at the same time.</p> <p>The facility's policy and procedure showed, Infection Prevention and Control Policy and Procedure (updated February 2025), Policy Statement: [the facility] is committed to prudent infection control measures Appendix A: If the resident as: . shingles . Instructions for Precautions . Contact Precaution . Until lesions are crusted or healed . Appendix B: Setting Up Contact/Droplet Precautions for resident's with Shingles . Get isolation bins from housekeeping storage room . Contact Precautions: . In addition to Standard Precautions, use Contact Precautions (e.g. gloves, gown, masks, etc) for specified residents known or suspected to be infected with epidemiologically important microorganisms that can be transmitted by direct contact with the resident or environment surfaces or resident-care items in the resident's environment. Examples include: . Herpes Zoster . Resident Placement: The resident should be placed in a private room .</p>		