

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145497	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/13/2024
NAME OF PROVIDER OR SUPPLIER  Three Springs Sr Living & Rhab		STREET ADDRESS, CITY, STATE, ZIP CODE  161 Three Springs Road Chester, IL 62233	

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 - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35156</p> <p>Based on observation, interview, and record review the Facility failed to ensure staff were encouraging COVID-19 positive residents to wear masks and ensure staff don proper personal protective equipment (PPE) to prevent the spread of COVID-19. This has the potential to affect all 63 residents living in the facility.</p> <p>Findings include:</p> <p>1. The COVID list documents R6 with an onset date of 12/2/2024.</p> <p>R6's Physician Order Sheet for 12/2024 documents a diagnosis of Other specified disorder of kidney and ureter, COVID 19 (12/2/2024), urinary tract infection, unspecified dementia, unspecified severity without behavior disturbances, psychotic disturbances, mood disturbances, GERD, Abnormal weight loss, hypoosmolality and hyponatremia, major depression, insomnia, hypothyroidism, depression, and essential hypertension.</p> <p>On 12/10/2024 at 8:44 AM, R6's Room has a tub of Personal Protective Equipment (PPE) outside of her door with a sign which documents, Droplet Precautions. The sign documents, Everyone must clean their hands, including before entering and when leaving the room. Make sure their eyes, nose and mouth are fully covered before room entry or remove face protection before exit.</p> <p>R6's Minimum Data Set (MDS) dated [DATE] document R6 was severely impaired for cognition for decision making of activities of daily living.</p> <p>R6's Care Plan undated documents, (R6) is a wanderer/elopement risk related to dementia. (R6) has a behavior of pulling isolation sign off door while on isolation.</p> <p>On 12/10/2024 at 8:48 AM, R6 was lying in a bed (equipment surplus) that was on the B hallway. The bed was near the exit door. R6 was not wearing any mask. R6 was able to ambulate independently and exited the bed and then started walking down the hallway. No staff member approached R6 and or encouraged her to put on a mask.</p> <p>On 12/10/2024 at 4:01 PM, V1 (Administrator) stated the bed was surplus and they were in the process of removing the bed from the facility and it was not intended for any resident to lay on in the hallway.</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 - Many</p>	<p>R6's Progress Notes dated 12/9/2024 at 3:26 PM, Note Text: Resident continues on isolation precautions r/t (related to) COVID+ status. No acute changes noted. No c/o (complaint of) cough/congestion noted. Resident restless at end of evening shift. Able to redirect without difficulty. Did upset residents across hall when resident was ambulating out into hallway due to resident being on isolation.</p> <p>On 12/11/2024 at 8:50 AM, upon entering the Facility, R6 was sitting in a chair next to Director of Nursing's office, close to the dining room and was not wearing a mask. Breakfast was being served in the dining room.</p> <p>On 12/11/2024 at 4:00 PM, V17 (Licensed Practical Nurse/LPN) identified R6 and R8 as being COVID positive and requiring them to be on contact isolation.</p> <p>On 12/11/2024 at 4:05 PM, V2 (Director of Nursing/DON) stated if a resident is COVID positive and if they were outside their room she would expect them to be wearing a mask and if they were confused, she would expect staff to redirect them if possible.</p> <p>On 12/12/2024 at 9:11 AM, V6 (LPN) stated, We started having positive cases of COVID, it started the Sunday before Thanksgiving, I remember because I was working. We first had staff members that were positive and so we tested residents, and that is when the outbreak started. I think we have five residents today that are still positive with COVID. (R6) is positive for COVID.</p> <p>2. The COVID Line List documents R8 had symptoms of COVID-19 with onset date of 12/9/2024.</p> <p>R8's Physician Order Sheet for December 2024 documents diagnoses of Unspecified dementia, Alzheimer disease with late onset, osteoarthritis, COVID-19 (12/9/2024), weakness, need for assistance with personal care, chronic kidney disease, restlessness, and agitation.</p> <p>R2's undated Care Plan documents, COVID-19: I am at potential risk for alteration in my mood state/psychosocial well-being secondary to the changes and restrictions on visitation imposed by the CDC guidelines because of the COVID-19 virus and risk of exposure. I am concerned that I will not be able to see and interact with persons who are important to me. The care team has recognized that feelings of isolation, separation/seclusion may trigger long dormant memories for me of earlier times in my life.</p> <p>R8's MDS dated [DATE] documents R8 has some memory problems and has modified independence with some difficulty in new situations.</p> <p>On 12/12/2024 at 2:12 PM, R8's room had personal protective equipment, PPE, outside of her room with a sign on the door documenting, Droplet Precautions, everyone must clean their hands, including before entering and when leaving the room. Make sure their eyes, nose and mouth are fully covered before room entry or remove face protection before exit.</p> <p>R8's Health Status Note dated 12/9/2024 at 9:02 AM, Note Text: tested positive for COVID, POA (Power of Attorney) notified.</p> <p>R8's Health Status Note dated 12/9/2024 at 3:30 PM, Note Text: MD (Medical Doctor) faxed regarding COVID positive.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 12/12/2024 at 2:14 PM, V8 (Certified Nursing Assistant/CNA) and V9 (CNA) were inside R8's room transferring R8 with a mechanical lift. V8 checked R8's adult brief to ensure R8 was not wet. Both V8 and V9 were only wearing surgical mask and were not wearing N95 mask, or the proper eyewear protection, or any gowns.</p> <p>On 12/12/2024 at 2:24 PM, V8 stated she should have been wearing a gown, different mask and shield when giving care to R8. V8 also stated she was working the D hall but helps on the other halls when they need it.</p> <p>On 12/12/2024 at 2:25 PM, V9 stated she did not look at the door or notice the PPE, but she should have seen that she was supposed to be wearing the proper PPE when giving care to R8, and she had just come back from vacation and did not realize R8 was positive for COVID. V9 stated I am working the D hall but help out on the other halls if they need me.</p> <p>On 12/12/2024 at 3:04 PM, V2 (DON) stated, I would expect staff when transferring and checking for incontinence for a COVID positive resident to be wearing full PPE. The Facility currently is on outbreak for COVID.</p> <p>The Facility COVID 10 Guidance (state surveying agency) Update Interim Guidance dated 5/25/2023 for Nursing Homes documents, Healthcare workers must use proper PPE when exposed to a resident with suspected or confirmed COVID-19 or other sources of SARS-CoV-2. If a resident is suspected or confirmed to have COVID-19, HCP (healthcare provider) must wear a N95 respirator, eye protections, gown, and gloves. Staff must wear full PPE (N95 respirator, gown, gloves and eye protection) when providing care. The Guidance documents Resident will be encouraged to wear source control when not in their room or eating but may be unable to follow that directive due to cognitive or clinical reasons. If cognitively or clinically unable to wear source control, this will be documented appropriately.</p> <p>The Centers for Disease Control and Prevention website, Infection Control Guidance: SARS-CoV-2, dated 6/24/24, documents, HCP (Healthcare Personnel) who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and use a NIOSH Approved particulate respirator with N95 filters or higher, gown, gloves, and eye protection (i.e., goggles or face shield that covers the front and sides of the face).</p> <p>The Long-Term Care Facility Application for Medicare and Medicaid, CMS 671 Form dated 12/12/2024 documents there were 63 residents living in the facility.</p>