STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145499	A. Building B. Wing	01/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fayette County Hospital	650 W Taylor St Vandalia, IL 62471

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation, and record review, the facility failed to follow infection control standard of practice for hand hygiene while providing care for 2 (R25 and R28) of 6 residents reviewed for infection control in the sample of 20. Findings include:1. R25's admission Record documented an initial admission date of 04/10/2018 and included diagnoses of chronic kidney disease, type 2 diabetes mellitus, iron deficiency anemia, disorder of kidney and ureter, cardiac murmur, and sepsis. R25's Order Summary Report with a print date of 01/15/2026, documented an order for blood glucose monitoring before meals and at bedtime, with an order date of 02/15/2025.R25's Minimum Data Set (MDS) assessment dated [DATE] documented R25 has a Brief Interview for Mental Status (BIMS) score of 15, indicating R25 is cognitively intact.R25's Care Plan with a date of 11/08/2024, includes a focus area of resident is diabetic. Diet changed to no concentrated sweets. She gets blood sugars checked as ordered by physician. Interventions listed include accu-checks as ordered by physician.On 01/14/2026 at 11:12 AM, V5 (Licensed Practical Nurse/LPN) applied gloves and removed wrapped Sani cloth from blood glucose monitoring machine that was sitting on the medication cart. V5 then removed gloves, sanitized hands and applied a new pair of gloves. V5 then opened the medication cart, removed alcohol pad and lancet, then shut the medication cart. V5 placed a strip into the blood glucose monitoring machine, then knocked on the door and entered R25's room. V5 cleaned R25's left first finger with an alcohol wipe. V5 waited several seconds and placed the lancet on R25's finger and pushed the plunger down. V5 obtained a blood sample from R25's finger, then exited the room and placed the machine on the barrier on the medication cart. V5 opened the medication cart, removed the Sani-cloth cleaning cloth, then cleaned the machine and wrapped it in the cloth. V5 removed her gloves. On 01/16/2025 at 10:41 AM, V5 (LPN) stated she usually puts her gloves on prior to doing the blood glucose check. V5 stated she usually does not wear her gloves while she is gathering all her supplies for the blood glucose check.On 01/15/2026 at 1:13 PM, V2 (Director of Nursing/DON) stated nurses should not put their gloves on and gather supplies to complete blood glucose testing. V2 stated it is her expectation that the nurse would gather the supplies needed, sanitize their hands, place their gloves on, then proceed with obtaining a blood glucose sample. The facility policy titled ACCU-CHEK Inform II Blood Glucose Monitoring System with a date of 12/29/2025 documented under section titled Procedure: D. Turn the meter on. Select Patient Test, enter the operator ID number. Verify test strip lot numbers by scanning the barcode on the side of the test strip bottle. E. Insert strip into meter as directed on the meter's screen. F. [NAME] gloves, thoroughly clean patient's finger with an alcohol wipe, and allow the finger to dry completely.2. R28's admission Record documented an admission date of 08/01/2025 and included diagnoses of chronic obstructive pulmonary disease, heart failure, essential hypertension, chronic kidney disease, and retention of urine.R28's Order Summary Report with a print date of 01/15/2025, documented an order for catheter care every shift and as needed, with a date of 10/20/2025.R28's Care Plan dated 10/21/2025 includes a focus area of Resident has a new diagnosis of urinary retention. Resident now has an indwelling foley catheter. Corresponding interventions documented to anchor foley tubing to thigh, enhanced barrier precautions, and foley catheter care every shift and as needed.R28's MDS assessment dated [DATE] documented R28 has a (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
	145499	A. Building B. Wing	01/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fayette County Hospital	650 W Taylor St Vandalia, IL 62471

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	BIMS score of 15, indicating R25 is cognitively intact.On 01/14/2026 at 1:48 PM, V4 (Certified Nurse Assistant/CNA) washed her hands and put on Personal Protective Equipment (PPE) of gown and gloves. R28's indwelling catheter bag was observed to be in a privacy bag. V4 closed the door and had supplies set up on a bedside table. V4 placed a basin of water on the bedside table. V4 removed the gloves she previously donned, pulled a new pair of gloves from her scrubs pocket and placed them on her hands. V4 added no rinse soap to the basin and placed clean wash cloths in the basin. V4 removed a washcloth from the basin and cleaned the right side of R28's peri area. V4 then placed the washcloth in the trash bag and removed her gloves. V4 pulled another pair of gloves from her scrubs pocket and placed them on her hands, then took a washcloth from the basin and cleaned the left side of R28's peri area. V4 placed the washcloth in the trash bag and removed her gloves. V4 pulled another pair of gloves out of her scrub pocket and placed them on her hands, took a washcloth out of the basin, and cleaned the front of R28's peri area. V4 placed the washcloth in the trash bag and removed her gloves. V4 took another pair of gloves out of her scrub pocket and placed them on her hands. V4 took another washcloth from the basin and cleaned the catheter from the peri area to the tubing. V4 placed the washcloth in the trash bag and removed her gloves. V4 took another pair of gloves from her scrub pocket and placed them on her hands, took a dry washcloth and dried the left side of R28's peri area, placed the washcloth in the bag and removed her gloves. V4 proceeded to get another pair of gloves from her pocket but was out. V4 walked across the room and placed more gloves in the pocket of her scrubs. V4 then placed a pair of gloves on her hands, took a dry washcloth and dried the right side of R28's peri area. V4 placed the washcloth in the trash bag, removed her gloves and went to reach for gloves in her scrubs pocket and the gloves fell on the floor. V4 walked across the room, took more gloves out of the box and placed them in her scrub pocket. V4 then placed a pair of gloves on her hands and dried the center of R28's peri area. V4 put the washcloth in the trash bag, removed gloves, reached in her pocket to get a pair of gloves and placed them on her hands. V4 took a dry washcloth and dried R28's indwelling catheter tubing, then placed the washcloth in the trash bag. V4 gathered the basin and took it to the bathroom, emptied it and placed the basin on the shelf. V4 removed her gloves and placed them in the trash. V4 again removed a pair of gloves from her scrub pocket and placed them on her hands, gathered the bag of trash, removed her gown and took the bag of trash to the soiled room. On 01/14/2026 at 2:01 PM, V4 (CNA) was questioned about the gloves in her pocked and stated she does not usually put gloves in her pockets. V4 stated she did it today because she was being observed. On 01/15/2026 at 1:13 PM, V2 (DON) stated staff should not have gloves in their pockets while providing care and stated staff should sanitize their hands before placing new gloves on while providing care. On 01/15/2026 at 1:17 PM, V6 (Infection Preventionist) stated it is her expectation for staff to not keep gloves in their pocket. V6 stated staff are educated on proper procedure for changing gloves during peri care. V6 stated staff should have placed gloves on the bedside so they are available during care. V6 stated it was a clean procedure, and scrubs are clean, but it is not a good practice. Facility Policy titled Perineal / Catheter Care with a date of 11/1/2025 documents under Preparation to Wash hands thoroughly before and after care. Under Procedure it documents to apply gloves.remove soiled gloves and put on clean gloves before touching any items at bedside to avoid contamination with soiled gloves.and at the end of peri-care, gloves are to be removed and disposed of and good handwashing is to be done.