

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145519	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/21/2024
NAME OF PROVIDER OR SUPPLIER White Hall Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 620 West Bridgeport White Hall, IL 62092	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50908</p> <p>Based on interviews, observations, and record reviews the facility failed to evaluate, monitor, and prevent a physical altercation from occurring for 1 out of 2 residents, (R86), reviewed for abuse in a sample of 68.</p> <p>Findings include:</p> <p>R91 was admitted to the facility on [DATE] with diagnosis of, in part, sequelae of cerebral infarction, anxiety disorder and depression.</p> <p>R91's Minimal Data Set (MDS) dated [DATE], documented she was cognitively intact.</p> <p>R86 was admitted to the facility on [DATE] with diagnosis of, in part, unspecified dementia, unspecified severity and anxiety disorder.</p> <p>R86's MDS dated [DATE], documented she was severely cognitively impaired.</p> <p>On 10/15/2024, at 11:00 AM, R91 threw a brown liquid from her mug on R86 while sitting next to each other for lunch. R86 was sitting to the left of R91 and was visibly soaked by R91's beverage on her right arm and chest. R86 asked R91 why she would do that. R91 did not answer R86. R86 got up very quickly, shook her head in disapproval at R91 and then proceed to leave the cafeteria.</p> <p>On 10/15/24, at 11:10 AM, R66 stated to R91, so you got R86 to leave. R91 responded stating she wanted R86 to shut up. R66 stated R86 is frequently bothersome to all the residents, she repeats things over and over and doesn't stop when you ask her to. R66 stated staff do nothing to intervene or redirect R86 from upsetting the other residents around her. R66 stated R86 gets on everybody's nerves and people just get tired of it.</p> <p>On 10/16/24, at 11:03 AM, R86 was in her room. R86's previous shirt was lying on the bed. The front and sleeve was stained with a brown liquid. R86 stated that she was not hurt from having tea thrown on her but that she is very mad.</p> <p>On 10/15/24, at 11:08 AM, R86 returned to her same spot at the table in new clothes. R91 stated the tea she threw on R86 was not hot.</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/15/24, at 11:11 AM, V2, Director of Nursing (DON), was notified of the incident. R91 and R86 were then separated from sitting at the same table next to each other.</p> <p>On 10/17/2024, at 9:40 AM, V16, Certified Nursing Assistant (CNA), stated R91 can frequently be grouchy, especially if she wants to smoke and even refuses care if she is not in a good mood; you have to be careful with how you approach her.</p> <p>On 10/17/2024, at 9:45 AM, V3, Social Services, stated R91 likes to hang out in her room a lot and she loves to smoke. She will occasionally mumble words under her breath when she is irritated with someone or something. She has depression and anxiety which she takes medications for and is seeing outside consultant services for psychiatry.</p> <p>On 10/17/2024, at 9:55 AM, V17, Registered Nurse (RN), stated R91 likes to smoke, it's usually what she gets up to do and gets irritated easily. V17 stated R91 has had multiple verbal arguments with the other residents. V17 is not aware of R91 having any friends at the facility.</p> <p>On 10/17/2024, at 10:00 AM, V18 (CNA) stated R91 will get up just for her smoke breaks. V18 stated R91 will be really sweet one minute but then talking about how much she hates you the next. V18 stated R91 likes to [NAME] a lot and she doesn't have any friends he is aware of at this time. V18 stated R91 had a relationship with another resident who left a short time ago.</p> <p>On 10/21/2024, at 9:50 AM, V1, Administrator, acknowledged more staff supervision on R91 and R86 should be occurring to prevent incidents of abuse.</p> <p>The facility's Abuse Policy, undated, documented, The facility is committed to protecting the residents from abuse by anyone. The policy further documented a prevention measure to identify, correct, and intervene in situations in which abuse, neglect and misappropriation of resident property is more likely to occur.</p>

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>40650</p> <p>Based on interview and record review the facility failed to provide a Registered Nurse (RN) for a least 8 consecutive hours a day for 7 days a week. This failure has the potential to affect all 106 residents residing at the facility.</p> <p>Findings include:</p> <p>On 10/17/24 at 10:30 AM V19, Licensed Practical Nurse, stated that the day shift for nurses was from 6 AM to 6 PM and the Night shift runs from 6 PM to 6 AM.</p> <p>The facility's Staff Assignments, for August 2024, September 2024 and October 2024 were reviewed and on these dates, 8/22/2024, 8/28/2024, 8/29/2024, 9/1/2024, 9/5/2024, 9/12/2024, 9/18/2024, 9/20/2024, 9/23/2024, 9/26/2024, and 10/3/2024, failed to document that there was a RN working the floor for 8 consecutive hours on these days.</p> <p>On 10/17/24 at 01:05 PM, V1, Administrator, stated that they have a new scheduler and that she may not understand that a new day starts at 12 midnight and that she did not know if the facility has a policy but they follow the federal guidelines for RN coverage.</p> <p>The facility's Long-term Care facility Application for Medicare and Medicaid, dated 10/15/2024, documented that there was 106 residents residing in the facility.</p>

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33112</p> <p>Based on interview, observation, and record review, the facility failed to administer medications as prescribed by the ordering Physician for 2 of 6 residents (R83,R103). This failure resulted in a medication error rate of 8%.</p> <p>Findings include:</p> <p>1. On 10/16/24 at 8:15 AM, V12, Licensed Practical Nurse, (LPN), administered 1 Famotidine 10 milligram (mg) tablet to R103.</p> <p>R103's Admission Record, print date of 10/21/24, documents that R103 was admitted on [DATE].</p> <p>R103's Order Summary Report, dated 10/21/24, documents, Famotidine Oral Tablet 20 mg. give 1 tablet by mouth two times a day for GERD. (gastroesophageal reflux disease). Take 1 tablet PO (by mouth) BID (twice a day).</p> <p>2. On 10/16/24 at 8:26 AM, V12 administered 4 Vitamin D3 2000IU (international units) 50 microgram (mcg) capsules to R83.</p> <p>R83's Admission Record, print date of 10/21/24, documents that R83 was admitted on [DATE].</p> <p>R83's Order Summary Report, dated 10/21/24, documents, Vitamin D3 Oral Tablet 25 mcg. Give 4 tablet by mouth one time a day related to Vitamin D deficiency.</p> <p>On 10/16/24 at 2:30 PM, V12, stated that she did not realize she gave the wrong dose of Famotidine to R103 or that she used the wrong Vitamin D3 capsules to R83 resulting in giving him a double dose of what the Physician had ordered.</p> <p>On 10/16/24 at 4:03 PM, V1, Administrator, stated that medication should be given as the Physician orders.</p> <p>The Medication Administration - general Guidelines, dated 1/15, documents, 18. Prior to administration, the medication and dosage, schedule on the residents' MAR /TAR (Medication Administration Record / Treatment Administration Record) is compared to the medication label. Information on the medication should be checked against the MAR / TAR at least 3 times during the med (medication) preparation and administration process.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>33112</p> <p>Based on interview, observation, and record review, the facility failed to perform hand hygiene, discard of potentially contaminated medications to prevent cross contamination. The facility also failed to have a system in place to monitor and track infections in the facility for 6 of 10 (R12, R16, R46, R47, R54 and R83) residents reviewed for infection control in the sample of 68.</p> <p>Findings include:</p> <p>1. On 10/16/24 at 8:26 AM, V12, Licensed Practical Nurse, (LPN), prepared medication to be administered to R83. V12 obtained Tylenol 2 tablets, 1 tablet Magnesium Oxide 400 milligram (mg), 4 capsules of Vitamin D3 50 micrograms, and placed them into a medication cup. V12 donned gloves without hand hygiene, retrieved the Tylenol and Magnesium Oxide tablets, and placed them into a pill pouch so they could be crushed. V12 crushed the tablets, mixed them with pudding, added the Vitamin D3 capsules, removed her gloves. V12 then entered R83's room and administered the medications to R83.</p> <p>2. On 10/16/24 at 8:39 AM, V12 opened R16's morning medication pass packet which include: Metoprolol 50 milligrams (mg), Losartan 100 mg, and hydrochlorothiazide 25 mg all 3 of the medications fell on to the top of V12's medication cart. V12 with her bare unsanitized hands picked up the medications and placed them into a medication administration cup. V12 entered R16's room and administered the medications to R16.</p> <p>On 10/17/24 at 11:00 AM, V1, Administrator, stated that if medication falls onto the medication cart it should be discarded and not given to the resident. V1 further stated that staff should perform hand hygiene before putting gloves on and after removing them. V1 stated that the glove policy does not state hand hygiene before putting on gloves but it should be done.</p> <p>The policy hand Washing, dated 9/19, documents, Staff will use proper and washing technique to prevent the spread of infection.</p> <p>The policy Personal Protective Equipment Using Gloves, dated 2009, documents, 5. wash hands after removing gloves.</p> <p>40650</p> <p>3. R12's physician order, dated 9/9/2024 documented, Macrobid Oral Capsule 100 MG (Nitrofurantoin Monohyd Macro) Give 1 capsule by mouth two times a day related to URINARY TRACT INFECTION (UTI), SITE NOT SPECIFIED (N39.0) for 7 Days</p> <p>R12's physician order, dated 9/18/2024, documented, Keflex Oral Capsule 500 MG (Cephalexin) Give 1 capsule by mouth three times a day for UTI for 5 Days</p> <p>R12's physicians order, dated 9/24/2024, documented, Bactrim DS Oral Tablet 800-160 MG (Sulfamethoxazole-Trimethoprim) Give 1 tablet by mouth two times a day for UTI for 5 Days.</p> <p>R12's McGreers Criteria, undated, documented, UTI criteria not met, for both antibiotic orders.</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 - Some</p>	<p>R12's face sheet, dated 10/21/2024, documented a diagnosis of UTI.</p> <p>The facility's infection control log, dated 09/2024, did not document the organism for R12's UTI</p> <p>4. R46's Physician order, dated 8/13/2024, documented, Obtain UA with C&S if indicated.</p> <p>R46's Physicians order, dated 8/22/2024, documented, Cephalexin Cap 500 MG Give 1 capsule orally two times a day related to URINARY TRACT INFECTION, SITE NOT SPECIFIED (N39.0) until 08/29/2024.</p> <p>R46's McGreers Criteria, undated, documented, UTI criteria not met.</p> <p>The facility's infection control log, dated 09/2024, did not document the organism for R46's UTI.</p> <p>5. R47's Physicians orders, dated 9/10/2024, documented, Levaquin Oral Tablet 500 MG (Levofloxacin) Give 1 tablet by mouth in the afternoon related to URINARY TRACT INFECTION, SITE NOT SPECIFIED (N39.0) for 5 Days</p> <p>R47's Physicians order, dated 9/22/2024, documented, Ciprofloxacin HCl Tablet 500 MG Give 1 tablet by mouth two times a day for infection related to URINARY TRACT INFECTION, SITE NOT SPECIFIED (N39.0) for 7 Days</p> <p>R47's Physician orders, dated 9/4/2024, documented, CBC bmp UA w/c and s one time only for pain while urinating for 1 Day.</p> <p>R47's McGreer's Criteria, undated, documeted, UTI criteria not met.</p> <p>The facility's infection control log, dated 09/2024, did not document the organism for R47's UTI.</p> <p>6. R54's Physician order, dated 9/5/2024, documented, UA with C&S one time only for altered mental status for 1 Day</p> <p>R54's Physician order, dated 9/6/2024, documented, Macrobid Oral Capsule 100 MG (Nitrofurantoin Monohyd Macro) Give 1 capsule by mouth two times a day for UTI pending UA results for 7 Days Give 1 cap PO BID X 7 days.</p> <p>R54's McGreer's Criteria, undated, documented, UTI criteria not met.</p> <p>The facility's infection control log, dated 09/2024, did not document the organism for R54's UTI.</p> <p>On 10/21/2024 at 10:35 AM, V14, Infection Preventionist/RN, stated that she took over the infection tracking in June. She continued to state that she did not know what organisms were in the facility except what was on the rehab unit because she is the unit manger there. V14 stated that she would track and trend at the end of the month because that was when pharmacy would send her a list of residents and what antibiotics they were on but prior to that list coming she did not know what organisms were in the facility. She also stated that the McGreers criteria was completed after the resident was already placed on an antibiotic and that this should have been filled out when the resident was starting to have signs and symptoms.</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 - Some</p>	<p>On 10/21/2024 at 12:47 PM, V1, Administrator, stated that she would expect that staff track and monitor all infections in the facility.</p> <p>The facility's Antibiotic Stewardship Program, dated 10/2022, documented, Tracking: Process measures: Track types and location of infections, and where the resident is located in the facility. It continues, Monitoring use: Facility will collect reports summarizing the antibiotic susceptibility patterns. It continues, Microbiology culture data will be used to assess and guide future antibiotic selection.</p> <p>The facility's Surveillance for Healthcare Associated Infections, dated 09/2029, documented, 8. Utilize you surveillance data to: a. Identify infections quickly. It continues, f. Compare unit by unit data.</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement a program that monitors antibiotic use.</p> <p>40650</p> <p>Based on interview and record review, the facility failed to have an effective antibiotic stewardship program to monitor and track antibiotic use and infections in the facility for 4 of 4 (R12, R46, R47 and R54) residents reviewed for antibiotic stewardship/ Infection control in a sample of 68.</p> <p>Findings include:</p> <p>1. R12's physician order, dated 9/9/2024 documented, Macrobid Oral Capsule 100 MG (Nitrofurantoin Monohyd Macro) Give 1 capsule by mouth two times a day related to URINARY TRACT INFECTION (UTI), SITE NOT SPECIFIED (N39.0) for 7 Days</p> <p>R12's physician order, dated 9/18/2024, documented, Keflex Oral Capsule 500 MG (Cephalexin) Give 1 capsule by mouth three times a day for UTI for 5 Days</p> <p>R12's physicians order, dated 9/24/2024, documented, Bactrim DS Oral Tablet 800-160 MG (Sulfamethoxazole-Trimethoprim) Give 1 tablet by mouth two times a day for UTI for 5 Days.</p> <p>R12's McGreers Criteria, undated, documented, UTI criteria not met, for both antibiotic orders.</p> <p>R12's face sheet, dated 10/21/2024, documented a diagnosis of UTI.</p> <p>The facility's infection control log, dated 09/2024, did not document the organism for R12's UTI</p> <p>2. R46's Physician order, dated 8/13/2024, documented, Obtain UA (urinalysis) with C&S (culture and sensitivity) if indicated.</p> <p>R46's Physicians order, dated 8/22/2024, documented, Cephalexin Cap 500 MG Give 1 capsule orally two times a day related to URINARY TRACT INFECTION, SITE NOT SPECIFIED (N39.0) until 08/29/2024.</p> <p>R46's McGreers Criteria, undated, documents, UTI criteria not met.</p> <p>The facility's infection control log, dated 09/2024, did not document the organism for R46's UTI.</p> <p>3. R47's Physicians orders, dated 9/10/2024, documented, Levaquin Oral Tablet 500 MG (Levofloxacin) Give 1 tablet by mouth in the afternoon related to URINARY TRACT INFECTION, SITE NOT SPECIFIED (N39.0) for 5 Days</p> <p>R47's Physicians order, dated 9/22/2024, documented, Ciprofloxacin HCl Tablet 500 MG Give 1 tablet by mouth two times a day for infection related to URINARY TRACT INFECTION, SITE NOT SPECIFIED (N39.0) for 7 Days.</p> <p>R47's Physician orders, dated 9/4/2024, documented, CBC (complete blood count) bmp (basic metabolic panel) UA w/c and s one time only for pain while urinating for 1 Day.</p> <p>R47's McGreer's Criteria, undated, documented, UTI criteria not met.</p> <p>(continued on next page)</p>

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The facility's infection control log, dated 09/2024, did not document the organism for R47's UTI.</p> <p>4. R54's Physician order, dated 9/5/2024, documented, UA with C&S one time only for altered mental status for 1 Day</p> <p>R54's Physician order, dated 9/6/2024, documented, Macrobid Oral Capsule 100 MG (Nitrofurantoin Monohyd Macro) Give 1 capsule by mouth two times a day for UTI pending UA results for 7 Days Give 1 cap PO BID X 7 days.</p> <p>R54's McGreer's Criteria, undated, documented, UTI criteria not met.</p> <p>The facility's infection control log, dated 09/2024, did not document the organism for R54's UTI.</p> <p>On 10/21/2024 at 10:35 AM, V14, Infection Preventionist/RN, stated that she took over the infection tracking in June. She continued to state that she did not know what organisms were in the facility except what was on the rehab unit because she is the unit manger there. V14 stated that she would track and trend at the end of the month because that was when pharmacy would send her a list of residents and what antibiotics they were on but prior to that list coming she did not know what organisms were in the facility. She also stated that the McGreers criteria was completed after the resident was already placed on an antibiotic and that this should have been filled out when the resident was starting to have signs and symptoms.</p> <p>On 10/21/2024 at 12:47 PM, V1, Administrator, stated that she would expect that staff track and monitor all infections in the facility.</p> <p>The facility's Antibiotic Stewardship Program, dated 10/2022, documented, Tracking: Process measures: Track types and location of infections, and where the resident is located in the facility. It continues, Monitoring use: Facility will collect reports summarizing the antibiotic susceptibility patterns. It continues, Microbiology culture data will be used to assess and guide future antibiotic selection.</p> <p>The facility's Surveillance for Healthcare Associated Infections, dated 09/2029, documented, 8. Utilize you surveillance data to: a. Identify infections quickly. It continues, f. Compare unit by unit data.</p>		

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<p>F 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>42834</p> <p>Based on observation, interview, and record review, the facility failed to provide 80 square feet of floor space per resident in eight, 3-bed resident rooms for 23 of 23 residents (R2, R15, R20, R23, R28, R29, R33, R41, R44, R49, R52, R57, R60, R63, R74, R77, R79, R81, R87, R96, R98, R101, R365) reviewed for resident living space in the sample of 68.</p> <p>Findings include:</p> <p>On 10/16/2024 at 9:00AM, the 8 three-bed resident rooms, (Rooms 51-58) all had three residents residing in each of these rooms. Each room was licensed and available for three residents per room. According to historical measurement data, these eight rooms only provide 77 square feet per resident bed.</p> <p>The following residents reside in these rooms: R2, R15, R20, R23, R28, R29, R33, R41, R44, R49, R52, R57, R60, R63, R74, R77, R79, R81, R87, R96, R98, R101, R365.</p> <p>All eight of these three-bed resident rooms are Medicaid certified.</p> <p>On 10/17/2024 at 9:00AM V1, Administrator, stated We evaluate the compatibility and any behaviors a resident may be having, prior to putting them in a 3-person room.</p>