

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145610	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/03/2024
NAME OF PROVIDER OR SUPPLIER Bloomington Rehabilitation & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 1925 South Main Street Bloomington, IL 61701	

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>50430</p> <p>Based on observation, interview, and record review, the facility staff failed to follow the facility infection control policy including testing all residents within 24 hours of exposure to Sars-Co-V2 (COVID 19) and failing to wear appropriate personal protective equipment (PPE) when caring for residents positive for COVID-19. This failure has the potential to affect all 36 residents who reside in the facility.</p> <p>Findings include:</p> <p>The facility Midnight Census Report, dated 9/3/24, documents 36 residents reside in facility.</p> <p>The facility policy Managing Residents:Admissions/Readmissions, Infections, Exposures, dated 11/15/23, documents, If a resident is known or suspected of having COVID-19: resident should be placed in private room and staff must wear a (respirator), eye protection, gown and gloves when entering the room. All residents and staff are tested immediately (24 hours after exposure), and isolation is set up for those residents who test positive. Those testing negative continue with testing protocol.</p> <p>The facility provided resident testing log, dated 9/2/24, documents 13 residents tested positive for COVID-19 between 8/26/24 and 9/2/24.</p> <p>The facility provided employee testing log dated 9/2/24, documents 12 employees tested positive for COVID-19 between 8/24/24 and 9/2/24.</p> <p>On 9/3/24 at 10:40 AM, V8, Certified Nursing Assistant (CNA), walked into R3's COVID-19 isolation room in a surgical mask with no other PPE worn. At this time while present, V1 Administrator stated V8, CNA, should wear a respirator mask, gown, face-shield, and gloves in all resident rooms where the resident has COVID 19 infection.</p> <p>On 9/3/24 at 10:15 AM, V7, CNA, said she wears a gown, gloves, face-shield, and surgical mask when going into COVID 19 isolation rooms. V7 said when she leaves a COVID-19 isolation room, she removes gown, face-shield, and gloves, but keeps the same surgical mask on.</p> <p>On 9/3/24 at 11:00 AM, V3 (Regional Director of Nursing) said staff should be wearing a (respirator mask) when caring for COVID-19 infected residents.</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>On 9/3/24 at 11:24 AM, V1, Administrator, said the outbreak began on 8/24/24, when V12 (CNA) tested positive for COVID-19 infection. V1 then confirmed all residents of the facility were not tested until 8/26/24, and she did not know why the testing was delayed. V1 said all residents should have been tested within 24 hours of the exposure.</p> <p>On 9/3/24 at 2:30 PM, V1 said R5, R6, and R7, were not tested with the other residents on 8/26/24, and then tested positive for COVID-19 on 8/30/24. V1 said this had the potential to affect all residents in the facility.</p>		

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<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>42702</p> <p>Based on interview and record review, the facility failed to have an infection preventionist on staff, responsible for the infection control program. This failure has the potential to affect all 36 residents residing in the facility.</p> <p>Findings include:</p> <p>The facility midnight census report, dated 9/3/24, documents 36 residents reside in the facility.</p> <p>The facility provided Managing Residents: Admission/Readmissions, Infections and Exposures, dated 11/15/23, documents the Infection Preventionist assisted by the team, will initiate contact tracing to determine the scope of exposure.</p> <p>The facility assessment, dated 4/26/24, documents the facility resources needed to provide competent support and care for our resident population every day and during emergencies includes infection prevention and control.</p> <p>On 9/3/24 at 11:00AM, V3 (Regional Director of Nursing) said the facility has no Director of Nursing or Infection Preventionist on staff, at this time.</p> <p>On 9/3/24 at 11:10AM, V1 (Administrator) said the facility is currently in outbreak status, and there is not an Infection Preventionist on staff, at this time.</p>