STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145628	A. Building B. Wing	10/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Evergreen Nursing & Rehab Center	1115 North Wenthe Effingham, IL 62401

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** 49663 Based on observation, interview, and record review, the facility failed to maintain aseptic technique while performing a dressing change during wound treatment for 1 (R21) of 2 residents reviewed for infection control in the sample of 23. Findings include: R21's Face Sheet documented an admission to the facility on [DATE] and listed diagnoses including type 2 diabetes mellitus without complications, pressure ulcer of left heel stage 2, unspecified diastolic (congestive) heart failure and unspecified intellectual disabilities. R21's Physician Order Summary documented an order dated 10/11/2024, metronidazole 500mg. Cleanse area to left heel with NS (normal saline) or wound cleanser and apply betadine, crushed flagyl, calcium alginate and kerlix daily and as needed. R21's Minimum Data Set (MDS) dated [DATE] documents no Brief Interview for Mental Status (BIMS) score. Section C0700, under staff assessment for mental status documented memory problem, showing R21 had severe cognitive impairment. On 10/16/2024 at 2:50 PM, V4 (Licensed Practical Nurse/LPN) and V3 (Assistant Director of Nursing/ADON) provided dressing change to left heel for R21. V4 and V3 gathered supplies that included wound cleanser spray, betadine, metronidazole, calcium alginate, kerlix and tape. There were no extra gloves set up for care. V4 donned a gown, washed her hands with soap and water, then donned gloves prior to procedure. During observation of R21's dressing change, V4 removed the old dressing dated 10/15/2024. Once the old dressing had been removed, V4 started to clean the wound with the wound cleanser spray and applied betanidine 10% to the wound area with a cotton ball, without donning new gloves or washing her hands. V4 then applied crushed metronidazole 500 mg tablet with calcium alginate to the wound. V4 finished the dressing change by wrapping the calcium alginate with kerlix wrap and secured it in place with tape. No observation of hand hygiene or new gloves donned throughout the entire wound dressing change procedure. On 10/16/2024 at 3:02 PM, V4 (LPN) stated she did not change her gloves during R21's dressing change. V4 did confirm that she should have donned new gloves and washed her hands between removing the old dressing and cleaning the area per the facility policy and procedure. (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
	145628	A. Building B. Wing	10/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Evergreen Nursing & Rehab Center	1115 North Wenthe Effingham, IL 62401

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	On 10/16/2024 at 3:03 PM V3 (ADON) stated, V4 did not change her gloves during R21's dressing change per the facility's policy and procedure. V3 stated, V4 should have changed her gloves. On 10/17/2024 at 9:17 AM, V1 (Administrator) stated, she would expect V4 to follow the facility's policy and procedure for dressing changes, including infection control practices. The facility policy titled Dressings, Dry/Clean (January 2018) documents under Procedure step 9 pull glove over dressing and discard into plastic or biohazard bag. 10. Wash and dry hands thoroughly. 11. Open dry, clean dressing(s) by pulling corners of the exterior wrapping outward, touching only the exterior surface.