

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145760	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2024
NAME OF PROVIDER OR SUPPLIER Robinson Rehab and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 600 East Robinwood Drive Robinson, IL 62454	

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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36384</p> <p>Based on interview and record review the facility failed to ensure comprehensive assessments were completed in accordance with required time frames for two (R12, R44) of two residents reviewed for comprehensive assessments and timing in the sample of 35.</p> <p>The Findings Include:</p> <p>R12's Face Sheet documented an admitted [DATE]. R12's previous Comprehensive Minimum Data Set (MDS) assessment documented an Assessment Reference Date (ARD) of 7/4/23. R12's most recent completed and submitted Quarterly MDS assessment, Section A documented an Assessment Reference Date (ARD) of 4/7/24. R12's current Comprehensive MDS assessment Section A documented it had been initiated with an ARD of 7/2/24 but documents no completion date as of the date of this review on 08/16/24. This indicates more than 92 days between quarterly completion of assessments, more than 366 days between completion of comprehensive assessments, and shows R12's comprehensive assessment had not been completed/submitted within 14 days after the ARD of 7/2/24.</p> <p>R44's Face Sheet documented an admitted [DATE]. R44's previous Comprehensive MDS assessment documented an ARD of 7/12/23. R44's most recent completed and submitted Quarterly MDS assessment, Section A documented an ARD of 4/7/24. R44's current Comprehensive MDS assessment Section A documented it had been initiated with an ARD of 7/6/24, but documents no completion date as of the date of this review on 08/16/24. This indicates more than 92 days between quarterly completion of assessments, more than 366 days between completion of comprehensive annual assessments, and shows R44's comprehensive assessment had not been completed/submitted within 14 days after the ARD of 7/6/24.</p> <p>On 8/15/24 at 2:00 PM, V3 (MDS Coordinator) confirmed that R12 and R44's MDS Assessments had not been submitted timely due to V3 being pulled to the floor to cover shifts due to staff illness and call-ins. V3 stated that the MDS's were created/initiated in July, but she is now currently working on catching up on these.</p> <p>The Center for Medicare and Medicaid Services (CMS) Resident Assessment Instrument (RAI) Version 3.0 Manual Chapter 2 documents the following: Assessment Schedule: An OBRA (Omnibus Budget Reconciliation Act) assessment (Comprehensive or Quarterly) is due every quarter unless the resident is no longer in the facility. There must be no more than 92 days between OBRA assessments. An OBRA comprehensive assessment is due every year unless the resident is no longer in the facility. There must be no more than 366 days between comprehensive assessments .</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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F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	According to the Center for Medicare and Medicaid Services (CMS) Resident assessment Instrument (RAI) Version 3.0 Manual Chapter 2: Assessments for the RAI .The MDS completion date (item Z0500B) must be no later than 14 days from the ARD (ARD + 14 calendar days) .

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<p>F 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Assure that each resident's assessment is updated at least once every 3 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36384</p> <p>Based on interview and record review, the facility failed to ensure quarterly assessments were completed within the required time frames for nine (R13, R16, R25, R27, R47, R48, R49, R52 and R54) of nine residents reviewed for quarterly assessments in a sample of 35.</p> <p>The Findings Include:</p> <p>R13's Face Sheet documented an admitted [DATE]. R13's most recent completed and submitted quarterly Minimum Data Set (MDS) Section A documented an Assessment Reference Date (ARD) of 4/27/24. The next quarterly MDS Section A was initiated with an ARD of 7/28/24 but had not been completed or submitted as of the date of this review on 08/16/24. This indicates more than 92 days between completion of assessments and shows R13's quarterly assessment had not been completed/submitted within 14 days after the ARD of 7/28/24.</p> <p>R16's Face Sheet documented an admitted [DATE]. R16's most recent completed and submitted quarterly MDS Section A documented an ARD of 4/16/24. The next quarterly MDS Section A was initiated with an ARD of 7/5/24 but had not been completed or submitted as of the date of this review on 8/16/24. This indicates more than 92 days between completion of assessments and shows R16's quarterly assessment had not been completed/submitted within 14 days after the ARD of 7/5/24.</p> <p>R25's Face Sheet documented an admitted [DATE]. R25's most recent completed and submitted quarterly MDS Section A documented an ARD of 4/12/24. The next quarterly MDS Section A was initiated with an ARD of 7/1/24 but had not been completed or submitted as of the date of this review on 8/16/24. This indicates more than 92 days between completion of assessments and shows R25's quarterly assessment had not been completed/submitted within 14 days after the ARD of 7/1/24.</p> <p>R27's Face Sheet documented an admitted [DATE]. R27's most recent completed and submitted quarterly MDS Section A documented an ARD date of 4/5/24. The next quarterly MDS Section A was initiated with an ARD of 7/4/24 but had not been completed or submitted as of the date of this review on 8/16/24. This indicates more than 92 days between completion of assessments and shows R27's quarterly assessment had not been completed/submitted within 14 days after the ARD of 7/4/24.</p> <p>R47's Face Sheet documented an admitted [DATE]. R47's most recent completed and submitted quarterly MDS Section A documented an ARD date of 4/9/24. The next quarterly MDS Section A was initiated with an ARD of 7/8/24 but had not been completed or submitted as of the date of this review on 8/16/24. This indicates more than 92 days between completion of assessments and shows R47's quarterly assessment had not been completed/submitted within 14 days after the ARD of 7/8/24.</p> <p>R48's Face Sheet documented an admitted [DATE]. R48's most recent completed and submitted quarterly MDS Section A documented an ARD date of 4/9/24. The next quarterly MDS Section A was initiated with an ARD of 7/8/24 but had not been completed or submitted as of the date of this review on 8/16/24. This indicates more than 92 days between completion of assessments and shows R48's quarterly assessment had not been completed/submitted within 14 days after the ARD of 7/8/24.</p> <p>(continued on next page)</p>		

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<p>F 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R49's Face Sheet documented an admitted [DATE]. R49's most recent completed and submitted quarterly MDS Section A has an ARD date of 4/6/24. The next quarterly MDS Section A was initiated with an ARD of 7/5/24 but had not been completed or submitted as of the date of this review on 8/16/24. This indicates more than 92 days between completion of assessments and shows R49's quarterly assessment had not been completed/submitted within 14 days after the ARD of 7/5/24.</p> <p>R52's Face Sheet documented an admitted [DATE]. R52's most recent completed and submitted quarterly MDS Section A documented an ARD date of 4/7/24. The next quarterly MDS Section A was initiated with an ARD date of 7/6/24 but had not been completed or submitted as of the date of this review on 8/16/24. This indicates more than 92 days between completion of assessments and shows R52's quarterly assessment had not been completed/submitted within 14 days after the ARD of 7/6/24.</p> <p>R54's Face Sheet documented an admitted [DATE]. R54's most recent completed and submitted quarterly MDS Section A documented an ARD date of 4/19/24. The next quarterly MDS Section A was initiated with an ARD of 7/8/24 but had not been completed or submitted as of the date of this review on 8/16/24. This indicates more than 92 days between completion of assessments and shows R54's quarterly assessment had not been completed/submitted within 14 days after the ARD of 7/8/24.</p> <p>On 8/15/24 at 2:00 PM, V3 (MDS Coordinator) confirmed that R13, R16, R25, R27, R47, R48, R49, R52 and R54's MDS Assessments had not been submitted timely due to V3 being pulled to the floor to cover shifts due to staff illness and call-ins. V3 stated that the MDS's were created/initiated in July, but she is now currently working on catching up on these.</p> <p>The Center for Medicare and Medicaid Services (CMS) Resident Assessment Instrument (RAI) Version 3.0 Manual Chapter 2 documents the following: Assessment Schedule: An OBRA (Omnibus Budget Reconciliation Act) assessment (Comprehensive or Quarterly) is due every quarter unless the resident is no longer in the facility. There must be no more than 92 days between OBRA assessments. An OBRA comprehensive assessment is due every year unless the resident is no longer in the facility. There must be no more than 366 days between comprehensive assessments .</p> <p>According to the Center for Medicare and Medicaid Services (CMS) Resident assessment Instrument (RAI) Version 3.0 Manual Chapter 2: Assessments for the RAI .The MDS completion date (item Z0500B) must be no later than 14 days from the ARD (ARD + 14 calendar days) .</p>		

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<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49663</p> <p>Based on observation, interview and record review, the facility failed to provide therapeutic diets as ordered for 1 (R47) of 2 residents reviewed for dietary supplements in the sample of 35.</p> <p>Findings Include:</p> <p>R47's Face Sheet documented an admitted [DATE] and included the following diagnoses of unspecified protein-calorie malnutrition, dysphagia, oropharyngeal phase.</p> <p>R47's Minimum Data Set (MDS) dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of 11, indicating moderate cognitive impairment. This same MDS documents under section I Active Diagnoses, a diagnosis of I5600 Malnutrition (protein, calorie) risk of malnutrition.</p> <p>R47's Physician Order Summary dated 5/13/2024 documented high protein pudding.</p> <p>On 8/13/2024 at 12:05 PM, R47 was sitting with V9 (Speech Language Pathologist/SLP) being served a regular mechanical diet of ground pulled pork with gravy, creamed corn, baked beans-no bacon, soft chopped fruit, and cornbread/margarine. R47's meal tray did not include high protein pudding.</p> <p>On 8/14/2024 at 12:05 PM, R47 was sitting with V9 (Speech Language Pathologist/SLP) being served a regular mechanical diet of ground meatballs with mushroom gravy, mashed potatoes and gravy, soft chopped California blend vegetables, frosted cake and bread/margarine. R47's meal tray did not include high protein pudding.</p> <p>On 8/14/2024 at 12:10 PM, V9 stated, R47 should have a high protein pudding with lunch and supper meals.</p> <p>On 8/14/2024 at 12:11 PM, V10 (Certified Nurse Assistant/CNA) stated she wasn't sure if R47 was supposed to have high protein pudding, but she would check with dietary.</p> <p>On 8/14/2024 at 12:15 PM, V11 (Dietary Manager) stated R47 should have high protein pudding with her lunch and dinner. V11 stated it was a dietary oversite that she did not get it the last two days.</p> <p>On 8/16/2024 at 11:32 AM, V1 (Administrator) stated she would expect dietary staff to follow physician orders and provide nutritional supplements.</p> <p>R47's menu ticket dated 8/13/2024 and 8/14/2024 documented Regular diet, mechanical soft texture diet. The following is documented under the Notes section: high protein pudding at lunch and supper.</p>		

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<p>F 0810</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide special eating equipment and utensils for residents who need them and appropriate assistance.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49663</p> <p>Based on observation, interview and record review, the facility failed to provide adaptive utensils for one (R21) of one resident reviewed for assistive devices in the sample of 35.</p> <p>Findings include:</p> <p>R21's Face Sheet documented an admitted [DATE] and includes the following diagnoses encephalopathy, unspecified, hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side, cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery, and dysphagia, oropharyngeal phase.</p> <p>R21's Minimum Data Set (MDS) dated [DATE] documents a Brief Interview for Mental Status (BIMS) score of 11, indicating moderate cognitive impairment. This same MDS documents under section K0100-Swallowing Disorder, C. coughing or choking during meals or when swallowing medications.</p> <p>R21's Physicians Orders dated 8/14/2024 documented an order for, Low Concentrated Sweets, diet, dysphagia mechanical texture, regular/thin consistency (No bread, toast, buns, pancakes, french fries, banana bread, biscuits.)</p> <p>R21's Care Plan dated 5/21/2024 documents nose cups for liquids. No bread, toast, buns, pancakes, french fries, banana bread, biscuits.</p> <p>On 08/13/24 at 12:00 PM, during lunch in the dining room, R21 was observed sitting with V9 (Speech Language Pathologist/SLP) being served a regular mechanical diet of ground pulled pork with gravy, creamed corn, baked beans-no bacon, soft chopped fruit, and cornbread/margarine with two beverages served in regular cups with straws.</p> <p>On 8/14/2024 at 12:07 PM during lunch in the dining room, R21 was observed sitting with V9 (Speech Language Pathologist/SLP) being served a regular mechanical diet of ground meatballs with mushroom gravy, mashed potatoes and gravy, frosted cake and bread/margarine with two beverages served in regular cups with straws.</p> <p>On 8/14/2024 at 12:09 PM, R21 stated he does use a nose out cup to drink from. R21 stated, they are in his room.</p> <p>On 8/14/2024 at 12:10 PM, V9 stated R21 had been using cups with straws to drink from but does use his nose out cups as well.</p> <p>On 8/14/2024 at 12:11 PM, V10 (Certified Nurse Assistant/CNA) stated she is not sure if R21 uses nose out cups but will check with dietary.</p> <p>On 8/14/2024 at 12:15 PM, V11 (Dietary Manager) stated R21 does use the nose out cups but is unable to find them. V11 stated he thought they got thrown away.</p> <p>(continued on next page)</p>		

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<p>F 0810</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/15/2024 at 10:11 AM, V1 (Administrator) stated V11 ordered four nose out cups yesterday for R21 and they found two in his room for him to use.</p> <p>R21's menu ticket dated 8/13/2024 and 8/14/2024 documented Regular diet, mechanical soft with no breads. Adaptative Equipment: Nose Out Cup.</p> <p>On 8/16/2024 at 2:30 PM, V1 (Administrator) stated, the facility does not have a policy regarding adaptive utensils for residents, however, she would expect staff to follow physician orders and provide adaptive utensils.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49663</p> <p>Based on observation, interview and record review, the facility failed to maintain aseptic technique while performing urinary catheter care and implement transmission based precautions for two (R23, R47) of two residents reviewed for infection control in a sample of 35.</p> <p>Findings include:</p> <p>1. R23's Face Sheet documented an admitted [DATE]. R23's Face Sheet included the following diagnoses: multiple sclerosis, neuromuscular dysfunction of bladder, unspecified, dementia, unspecified, cerebral infarction due to embolism of left middle cerebral artery.</p> <p>R23's Minimum Data Set (MDS) dated [DATE] documents a Brief Interview for Mental Status (BIMS) score of 3, indicating R23 had severe cognitive impairment. This same MDS documents under section H0100, Appliances yes for an indwelling catheter.</p> <p>R23's Physician Order Sheet (POS) documented an order dated 12/24/2022 Foley Catheter Care every shift.</p> <p>R23's Care Plan documented a focus area of an indwelling catheter related to neurogenic bladder with interventions to monitor for evidence of catheter blockage, signs and symptoms of urinary tract infection.</p> <p>On 8/15/2024 at 11:05 AM, V4 (Certified Nurse Assistant/CNA) provided indwelling urinary catheter care as well as incontinence/perineal care for R23. V4 set up on a clean surface with a water basin, washcloths, and a no rinse peri-wash. There was no hand sanitizer or extra gloves set up for care. V4 washed her hands prior to the procedure, donned gloves, gowns and proceeded to remove R23's brief that contained fecal matter. Once R23's dirty brief had been removed, V4 started cleaning the perineal area without donning new gloves or completing hand hygiene. After the procedure was completed, V4 applied a new brief to R23 without donning new gloves or completing hand hygiene. V4 was not observed to complete hand hygiene or gloves changed throughout the entire perineal/incontinence care procedure.</p> <p>On 8/15/2024 at 11:30 AM, V4 (CNA) stated she did not change her gloves during R23's perineal care. V4 stated she had not worked the floor as a certified nurse assistant for a while. V4 stated she was nervous and had forgotten to change her gloves.</p> <p>On 08/15/24 at 12:25 PM, V2 (Director of Nursing/DON) stated she would expect staff to follow the facility policy and procedure and use appropriate hand hygiene with donning and doffing gloves during incontinent/perineal care. V2 stated V4 did notify her that she did not change her gloves during the foley catheter procedure because she was nervous.</p> <p>On 8/15/2024 at 1:07 PM, V1 (Administrator) stated she would expect staff to use appropriate hand hygiene with donning and doffing gloves during incontinent/perineal care and follow the facility policy and procedure.</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 - Few</p>	<p>The facility policy titled Perineal/Incontinence (revised 9/11/2020) documents under Procedure step 7 remove soiled brief/underpad from resident by rolling the brief/underpad to contain as much fecal matter as possible. If gloves visibly soiled or you touch stool, remove gloves, complete hand hygiene and don new gloves. Step 14 remove gloves and perform hand hygiene. Step 15 Apply clean brief and reapply clothing.</p> <p>2. R29's Face Sheet documented an admitted [DATE] and included the following diagnoses: Alzheimer's disease, unspecified, altered mental status, and dementia.</p> <p>R29's Minimum Data Set (MDS) dated [DATE] documents a Brief Interview for Mental Status (BIMS) score of 2, indicating R29 had severe cognitive impairment.</p> <p>R29's Progress Note dated 8/12/2024 documented a positive coronavirus result reported to V6 (Physician).</p> <p>On 8/15/2024 at 11:15 AM, R29's door was closed with an isolation droplet precaution sign and report to nurse before entering sign on R29's door. There was a bin outside R29's door with personal protective equipment (PPE) that included gowns, gloves, mask, hand sanitizer, and disinfection wipes. V6 (Physician) observed walking into R29's room with no PPE on and left R29's door open while completing his assessment.</p> <p>On 8/15/2024 at 11:20 AM, V6 (Physician) stated, R29 was feeling better. V6 stated, the Coronavirus (Covid) is just a cold, and he does not believe residents should be isolated for it. V6 stated it affects the mental health of dementia residents to be isolated.</p> <p>On 8/15/2024 at 11:30 AM, V7 (Registered Nurse/RN) stated, she had requested V6 don PPE prior to entering R29's room and V6 declined.</p> <p>On 8/15/2024 at 12:25 PM, V2 (Director of Nursing/DON) stated, she would expect physicians to follow the Center for Disease Control (CDC) guidelines for Covid positive residents. V2 stated, V6 had been educated on wearing appropriate PPE in Covid positive rooms.</p> <p>On 8/15/2024 at 1:07 PM, V1 (Administrator) stated, V6 had been educated on wearing appropriate PPE in Covid positive resident rooms. V1 stated, she would expect physicians to follow the CDC guideline for Covid.</p> <p>R29's Physician Order Summary dated 8/12/2024 documented isolation droplet precaution related to covid. Every shift for isolation.</p> <p>The facility policy titled Coronavirus Disease (revised 9/26/2023) documented under section 11.6 Visitation of Residents on quarantine/Isolation: visitors should adhere to the core principles of infection prevention and control, which includes hand hygiene, well-fitting face covering, appropriate physical distancing and PPE.</p> <p>(continued on next page)</p>		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Center for Disease Control (CDC) website, https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#r1 , (updated 3/18/2024) documents, any health care provider who enters 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 a face shield that covers the front and sides of the face).		