

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146011	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER Robings Manor Rhc		STREET ADDRESS, CITY, STATE, ZIP CODE 502 North Main Brighton, IL 62012	

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>42108</p> <p>Based on record review, and interview the facility failed to follow CDC guidance and implement an infection control program for timely and accurate assessment of signs and symptoms of COVID-19 and ensure timely COVID testing to prevent COVID-19. This failure has the potential to affect all 29 residents residing in the facility.</p> <p>Findings include:</p> <p>The facility's Resident Infection Control and Antimicrobial Log *COVID* dated August 2024, documents R6's, R7's and R8's onset date of COVID-19 was 8/6/2024, R4's onset date of COVID-19 was 8/7/2024, R2's and R5's onset date of COVID-19 was 8/9/2024.</p> <p>The facility's Resident Infection Control and Antimicrobial Log *COVID* dated August 2024 documents STAFF and lists V17's, Certified Nurse Assistant (CNA), onset date of COVID-19 was 8/3/24, V10's, CNA, onset date of COVID-19 was 8/6, V6's, CNA, onset date of COVID-19 was 8/7, V9's, CNA, onset date of COVID-19 was 8/4, and V18's, Cook, onset of COVID-19 was 8/10/24.</p> <p>On 8/19/2024 at approximately 9:00 AM V2, Resident Care Coordinator, stated that she is the Infection Preventionist for the facility. V2 stated that they have recently went through an outbreak. V2 stated that the initial positive was R7 on 8/6/2024. V2 stated at that time she started mass swabs with residents and staff. V2 stated that on 8/6/2024 R7, R8, and V10/CNA were positive, 8/7/2024 R4 and V6 were positive, and 8/9/2024 R5 and R2 were positive. V2 stated that she continued to swab and had not had any further positives. V2 stated that she was notified on 8/7/2024 that V9 had tested positive on 8/4/2024. V2 stated that she was not aware of this and that this had not been reported to her.</p> <p>On 8/19/2024 at 11:00 AM, V9, Certified Nurse's Assistant (CNA), stated that on 8/4/2024 she didn't feel good. V9 stated that she had chills and just didn't feel good. V9 stated that she tested for COVID at the facility, and it was positive. V9 stated that she performed the test at the nurse's station and informed V4, Licensed Practical Nurse (LPN), and V15, LPN. V9 stated that she was informed to put on a mask. V9 stated that she worked the rest of the shift.</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 8/19/2024 at 2:57 PM V15, LPN, stated that on 8/4/2024 V9/CNA did complain of not feeling well. V15/LPN stated that V9 complained of runny nose and not feeling well. V15 stated that V9 did say that she had tested positive for COVID a couple of times. V15 stated that she was talking to her mom and trying to get her mom to take her daughter because she had tested positive and didn't feel good. V15 stated that she did not see a positive test result. V15 stated that she didn't tell anyone because she hadn't seen the test results herself.</p> <p>On 8/20/2024 at 1:30 PM V1, Administrator, stated that V17 was PRN (As Needed) Agency and works at other facility's as well. V1 stated that V17 worked at the facility 1 day. V1 stated that V17 called the facility and notified them that she had tested positive for COVID-19.</p> <p>The facility provided COVID-19 Control Measures, dated 5/19/23, that documents Monitoring and Surveillance-Residents: 5. Testing should be completed for residents that have had prolonged contact with someone with COVID-19, unless the resident is within 30 days of having COVID-19. Antigen testing should occur not earlier than 24 hours from time of exposure. It documents 1. Upon notification of a single new case of facility associated COVID-19 infection in any staff member or residents, all staff and resident should have a series of (3) viral tests. It documents Educate ALL HCP (Health care personnel) to notify the Administrator, DON or ICP if they have tested positive for COVID-19, develop symptoms of COVID-19, have prolonged close contact with someone with COVID-19 or had a high risk exposure while at work.</p> <p>The Centers for Disease Control and Prevention, CDC, website guidance Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated 3/18/24, documents A single new case of SARS-CoV-2 infection in any HCP (health care personnel) or resident should be evaluated to determine if others in the facility could have been exposed. The approach to an outbreak investigation could involve either contact tracing or a broad-based approach; however, a broad-based (e.g., unit, floor, or other specific area(s) of the facility) approach is preferred if all potential contacts cannot be identified or managed with contact tracing or if contact tracing fails to halt transmission. Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5. Due to challenges in interpreting the result, testing is generally not recommended for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 30 days. Testing should be considered for those who have recovered in the prior 31-90 days; however, an antigen test instead of a nucleic acid amplification test (NAAT) is recommended. This is because some people may remain NAAT positive but not be infectious during this period.</p> <p>On 8/19/2024 at approximately 8:30 AM the facility provided a facility Resident Census listing 29 residents currently residing in facility.</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42108</p> <p>Based on observation, interview, and record review, the facility failed to provide an effective pest control system to remove insects from residents' living and common-use areas. This had the potential to affect all 29 residents residing in the facility.</p> <p>Findings include:</p> <p>1. The facility's Resident Meeting minutes, dated [DATE], documents Old Business: Bugs need taken care of around the facility.</p> <p>The facility's Resident Meeting minutes, dated [DATE], documents Old Business: bugs around the facility.</p> <p>On [DATE] at approximately 8:30 AM the facility provided a facility Resident Census listing 29 residents currently residing in facility.</p> <p>On [DATE] at approximately 9:00 AM observed large black bug crawl across hall from 200 hall shower room to a resident room.</p> <p>On [DATE] at 11:00 AM observed 3 dead large black bugs in corner of shower room adjacent to the nurses' station. Also, at this time observed a large black bug moving across floor in 300 shower room.</p> <p>On [DATE] at 11:01 AM V16, Licensed Practical Nurse (LPN), stated that the shower room is used for residents that need to go to the bathroom. V stated that the bathroom is large and that the staff like to use it especially for the residents with lifts.</p> <p>On [DATE] at 10:59 AM V14, Activity Director, stated the shower rooms are community and any resident can use the shower rooms and hall bathrooms regardless of location.</p> <p>2. R10's Minimum Data Set (MDS), dated [DATE], documents that R10 has moderate cognitive impairment.</p> <p>On [DATE] at approximately 8:30 AM the facility provided a facility Resident Census and identified R10 as interview able.</p> <p>On [DATE] at 10:30 AM R10 stated that stated that there are bugs in the facility. R10 stated that she was told 2 different names water bugs and German cockroaches. R10 stated that they come in under her door. V10 stated that she does not like them in her room, and this is not something that she wants. R10 stated that she kills them. R10 stated that you would be surprised at how fast she can move when she wants. R10 stated that the facility lost their maintenance man, and she is not sure who is taking care of it.</p> <p>3. R11's MDS, dated [DATE], documents that R11 is cognitively intact.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On [DATE] at 1:33 PM R11 stated that there are large bugs that she sees in her room. R11 stated that she does not like that. R11 stated that sometimes there are a lot and sometimes it's just 1. R11 stated that either way she does not like it and does not want it.</p> <p>4. R1's MDS, dated [DATE], documents that R1 has cognitive impairment.</p> <p>On [DATE] at approximately 8:30 AM the facility provided a facility Resident Census and identified R1 as interviewable.</p> <p>On [DATE] at approximately 1:40 PM R1 stated that the bugs come out at night. R1 stated that they are usually in the hall but have had them in his room. R1 stated that he is not sure where they come from but that They're here.</p> <p>5. R14's MDS, dated [DATE], documents that R14 is cognitively intact.</p> <p>On [DATE] at approximately 8:30 AM the facility provided a facility Resident Census and identified R1 as interview able.</p> <p>On [DATE] at approximately 9:20 AM R14 stated that she is the president of resident council. R14 stated that there is a concern with bugs. R14 stated that she is fortunate and have not seen them in her room but has seen them in the hallway. R14 stated that she has seen them dead in the halls as well. R14 stated that she is not sure how they died but assumed that they were taking care of it. R14 stated that she has been at the facility since February and only had 1 person spray for bugs and this was when she first came in.</p> <p>On [DATE] at 1:25 PM V1, Administrator, stated that they currently do not have a maintenance man. V1 stated that in June there was a complaint in resident council about bugs. V1 stated that she has an exterminator company that comes out and sprays. V1 stated that she is not sure of when he comes but knows that he has. V1 stated that she does not have any paperwork but has contacted the company to get it. V1 stated that she would provide the paperwork.</p> <p>As of [DATE] at 3:00 PM V1 had not provided any documentation of contracts with duly licensed exterminating service, monthly preventative treatments both interior and exterior, or any other exterminations performed.</p> <p>On [DATE] at 1:28 PM V14, Activity Director, stated that she does the minutes for the resident council. V14 stated the residents did complain about bugs in the hall and in their rooms. V14 stated that the facility does have large bugs. V14 stated that the bugs are in the halls and resident rooms. V14 stated that she has seen them more on 300-hall. V14 stated that this was listed in the old business of the resident council minutes, but this is a current problem.</p> <p>On [DATE] at 1:39 PM V7, Certified Nursing Assistant (CNA), stated that the facility has bugs. V7 stated that they are usually out when it rains. V7 stated that's when you see them the most and is the worst. V7 stated that the facility has traps in the shower and bathrooms.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The facility's Insect and Pest Control Policy, not dated, documents It is the policy of (company name) to contract with a duly licensed exterminating service to protect and/or control against infestations of insects and rodents. A preventative treatment, both interior and exterior, shall be applied at least monthly. Treatments will be applied more often if required. Chemicals, materials, and equipment used to control insects and rodents will be provided by the Vendor and will be in accordance with current Federal and State specifications for use in nursing homes. Methods of applications shall be in accordance with current Federal and State regulations and manufacturer's recommendations. Policy Interpretation and Implementations: 1. This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents.</p> <p>On [DATE] at approximately 8:30 AM the facility provided a facility Resident Census listing 29 residents currently residing in facility.</p>		