STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146131	A. Building B. Wing	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cisne Rehabilitation & Health Center	107 North Watkins Street Cisne, IL 62823

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36969 Based on observation, interview and record review, the facility failed to keep resident care areas and equipment clean and in a good state of repair for 19 (R1, R2, R3, R5, R6, R7, R9, R10, R11, R12, R13, R14, R15, R17, R18, R121, R122, R123, R171) of 20 reviewed for clean, comfortable, homelike environment in the sample of 22. Findings include: On 04/30/24 at 11:27 AM, the hallway outside of room [ROOM NUMBER] has carpet on the lower portion of the wall that had runs/strings and was observed to be peeling from the wall. The communal bathroom observed beside room [ROOM NUMBER] had paint chips and scratches to the lower half of the door and door frame. [NAME] discoloration was noted to floor tiles, below the baseboards throughout the bathroom. A baseboard was observed to be missing from one wall within the shower exposing a black/brown substance. Gray discoloration was also observed to the wall in a dripping pattern below the water faucet in the shower. A section of approximately 6 wall tiles in the bathroom were observed to be bowing, along with chipped color to several tiles. On 04/30/24 at 11:39 AM, the nurses station was observed as having multiple areas of gray chipped paint to the front of the station. On 04/30/24 at 11:42 AM, the dining room walls had multiple areas of chipped and scratched paint ranging in size, up to approximately 12 inches in diameter. On 04/30/24 at 11:43 AM, the hallway outside of room [ROOM NUMBER] had large areas of chipped paint ranging up to approximately 10 inches long. On 5/1/24 at 10:00 AM, R1, R9, R13, R14, and R17 stated that they would expect the facility to be kept clean and well maintained. On 5/1/24 at 10:15 AM, R13's window blinds were observed to have missing blind slats. R13 confirmed she would like functioning blinds. On 5/1/24 at 10:07 AM, V4 (Family Member) stated that the facility could be a little nicer. V4 confirmed she was alluding to the physical maintenance and upkeep of the facility. (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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 05/02/24 at 09:47 AM, V7 (Maintenance) confirmed the above identified physical environment concerns. V7 stated he regularly works on building maintenance and repairs. V7 stated at times due to the lack of materials and funding provided to the facility, or the amount of time he has to make all repairs needed, they just haven't been done yet. V7 acknowledged the present need for repairs and maintenance needing done. On 5/2/24 at 12:00 PM, V2 (Director of Nursing) stated that with the exception of R8, anyone else in the facility could potentially use the communal bathroom located beside room [ROOM NUMBER]. V2 stated R8 does not utilize the shower room as she only receives bed baths. V2 confirmed this includes the use of no rinse hair wash. This means that R1, R2, R3, R5, R6, R7, R9, R10, R11, R12, R13, R14, R15, R17, R18, R121, R122, R123, R171 could all use the communal bathroom in the facility. The undated facility policy titled Physical Plant & Environmental Policy & Guidelines documented, It is of the utmost importance to provide a safe, hospitable, clean and organized facility and grounds to ensure an environment that is conductive to providing the best care, comfort and home-like surroundings for residents. A well maintained building and environment is also important for creating safe work surroundings across all departmental staffing and their ability to effectively, and efficiently provide care and great living environment to all residents and all necessary resources to do so. The building and grounds must be maintained in the best presentable state and must be done so through routine maintenance and upkeep, housekeeping, and ensuring compliance with current federal, state, local and NFPA (National Fire Protection Association) codes. The Long-Term Care Facility Application for Medicare and Medicaid dated 5/1/24 documented 20 residents reside in the facility.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0638 Level of Harm - Potential for minimal harm Residents Affected - Some	Assure that each resident's assessment is updated at least once every 3 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36384 Based on interview and record review, the facility failed to ensure quarterly assessments were completed timely for 6 of 6 (R5, R10, R12, R13, R14, and R15) residents reviewed for quarterly assessments in a sample of 22. The Findings Include: 1. R5's profile face sheet documents an admitted [DATE]. R5's quarterly Minimum Data Set (MDS) dated [DATE] Section I documents the following diagnoses: Hypertension, Alzheimer's, and Diabetes. On 5/2/24 at 9:30 AM, V6 (Care Plan Coordinator/MDS) confirmed that R5's quarterly MDS had a target due date of 2/18/24 and was not completed and transmitted until 4/24/24. An MDS validation report provided by V6 on 5/2/24 documents that R5's MDS was transmitted on 4/24/24. 2. R15's profile face sheet documents an admitted [DATE]. R15's quarterly MDS dated [DATE] Section I documents the following diagnoses: Hypertension, Renal Insufficiency, Hyperlipidemia, and Non-Alzheimer's Dementia. On 5/2/24 at 9:30 AM, V6 stated that the target due date for R15's quarterly MDS was 3/20/24 and it was not completed/transmitted until 4/28/24. An MDS validation report documents that R15's quarterly MDS was transmitted on 4/28/24. 3. R10's profile face sheet documents an admitted [DATE]. R10's most recent quarterly MDS dated [DATE] Section I includes the following diagnoses: Hypertension, Hyperlipidemia, and Alzheimer disease. On 5/2/24 at 9:30 AM, V6 stated that the target due date for R10's quarterly MDS was 3/28/24 and it was not completed/transmitted timely. An MDS validation report documents that R10's quarterly MDS was transmitted on 4/29/24. 4. R12's profile face sheet documents an admitted [DATE]. R12's most recent quarterly MDS dated [DATE] Section I documents the following diagnoses: Coronary Artery Disease, Hypertension, Peripheral Vascular Disease, Diabetes Mellitus, and Alzheimer's Disease. On 5/2/24 at 9:30 AM, V6 stated that R12's quarterly MDS had a targeted due date of 4/9/24. An MDS Validation report for R12 documents that the quarterly MDS was transmitted on 4/30/24. 5. R13's profile face sheet documents an admitted [DATE]. R13's most recent quarterly MDS dated [DATE] Section I includes the following diagnoses: Osteopathic. On 5/2/24 at 9:30 AM, V6 stated that R13's quarterly MDS had a targeted due date of 2/24/24. An MDS validation report for R13 documents that the quarterly MDS was transmitted on 4/17/24. (continued on next page)

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F 0638 Level of Harm - Potential for minimal harm Residents Affected - Some	6. R14's profile face sheet documents an admitted [DATE]. R14's most recent quarterly MDS dated [DATE] Section I documents the following diagnoses: Alcohol Abuse, Seizures, Adjustment Disorder and Mild Cognitive Impairment. On 5/2/24 at 9:30 AM, V6 stated that R14's quarterly MDS had a targeted due date of 3/17/24. An MDS validation report for R14 documents that the quarterly MDS was transmitted on 4/26/24.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49714 Based on observation, interview and record review, the facility failed to develop person centered comprehensive care plans for 1 (R18) of 12 residents reviewed for care plans in the sample of 22. Findings Include: R18's Profile Face sheet documented R18 as [AGE] years old with an admitted to the facility of 02/20/2024. Diagnoses listed on the Cumulative Diagnosis Log include Odynophagia, Diabetes Mellitus Type II, Chronic Pancreatitis, Superior Mesenteric Artery Syndrome, Distal Esophageal ulceration with possible Barrets, and microcytic anemia. R18's current Physician's Orders documented Tube Feeding Orders Flush Gastrointestinal (G) Tube with 60 ml (milliliters) each side every shift. Also documented is an order for Isosource 1.5 at 25 ml/hour for 240 ml daily if meal intakes are less than 50 percent. R18's Resource: Nutritional Progress Record Form with a date of 04/11/24 titled RD (Registered Dietitian) note documented April weight 123 pounds with a BMI (body mass index) of 16.7 which indicates R18 is underweight. R18's current diet order is pureed, thin liquids, per nursing no longer using enteral feedings. The RD recommended magic cups BID (twice daily) and 60 ml Med Pass TID (three times a day) to provide additional calories / protein to ensure proper nutrient intake and promotion of weight gain. Monitor oral intake and weights. R18's Care Plan documented a Focus Area of The resident has nutritional problem or potential nutritional problem (Specify) r/t (related to) with a date initiated of 2/26/24 and revision on 3/26/24. The Goal documented The resident will comply with recommended diet for weight reduction daily through review date. The Interventions/Tasks listed include: Explain and reinforce to the resident the importance of maintaining the diet ordered. Encourage the resident to comply. Explain consequences of refusal, obesity/malnutrition risk factors. Obtain and monitor lab/diagnostic work as ordered. Report results to MD (Medical Doctor) and follow up as indicated. The care plan does not specify the reason for R18's nutritional problem focus area was due to him being underweight. There is no information included regarding R18 having a G/J tube nor the feedings ordered as needed according to meal intake. The care plan also does not document the most recent information from 4/11/24 that indicates R18 was no longer using enteral feedings. On 05/01/24 at 02:29 PM, V6 (Minimum Data Set [MDS]/Care Plan Nurse) stated the care plans should not have the (Specify) left in the areas. V6 stated that she was rushing trying to complete them and must have forgotten to finish them. V6 stated that R18 should have a care plan regarding gastrointestinal tube, and acknowledged that it had been left out. On 05/02/2024 at 9:24 A.M. V6 stated she had corrected R18's care plan. Review of the care plan now notates specific person centered care. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Comprehensive Care Planning policy with a most recent revision date of 11/1/17 stated, It is the policy of (Corporation Name) to comprehensively assess and periodically reassess each Resident admitted to this facility. The results of this Resident assessment shall serve as the basis for determining each Resident's strengths, needs, goals, life history and preferences to develop a person centered comprehensive plan of care for each Resident that will describe the services that are to be furnished to attain or maintaining the Resident's highest practicable physical, mental, and psychosocial well-being.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49714 Based on interview, observation and record review, the facility failed to add identified problem areas and to revise care plans timely for 1 (R12) of 12 residents reviewed for care plan timing and revision in the sample of 22. Findings Include: R12's Profile Face Sheet documents R12 was admitted to the facility on [DATE]. Diagnoses listed on R12's Cumulative Diagnosis Log include Type II Diabetes Mellitus, Gout, Osteoporosis, Squamous Cell Carcinoma, Neuropathy, Peripheral Artery Disease, Coronary Artery Disease, and Dementia. On 5/2/24 at 9:31 AM, R12's wound treatment was observed. R12 was noted to have a betadine treatment applied to the left toes which appeared to be scabbed over. R12 was also observed to have a pressure wound to the left heel. R12's Physician's Orders dated May 2024 documents under Treatment Orders to paint left great toe with iodine daily. Under the same area also documents calcium alginate wet to dry dressing to left heel, cut to fit heel ulcer, moisten calcium alginate with normal saline. Paint margins of heel with betadine and cover with gauze daily. R12's Care Plan lists a Category of Pressure Ulcers and under that category documents Fragile Skin. Prone to bruising and/or Skin Tears. Related diagnosis/condition Dementia. Other Risk Factors Decrease in activities and ADLs (Activities of Daily Living). Resident specific information. All skin tears and/or bruises healed throughout next 90 days. Interventions documented with a start date of 06/02/2022 list the following: Weekly skin checks-document results; Skin checks as needed after injury or combative episodes; Assess new areas for size and injury, report findings to MD (Medical Doctor) and family as indicated; Investigate causes of injury/bruise/skin tear. Consider preceding activity and resident's attention to safety; Treatment as ordered. Cleansing, application of medication, packing an/or dressings change w (with) wound status and progress - See POS (Physician Order Sheet) for current treatments; Monitor site for infection-redness, swelling, drainage, foul smell, decline in function, reduced mobility. Report S & S (signs/symptoms) to MD for follow up orders; Assess for pain and medicate as ordered - See POS for current med, dosage, and schedule. Evaluate effectiveness of pain med, report ineffective pain management to MD for recommendation. R12's care plan shows no updates or revisions added since initiation on 6/02/2022, other than a handwritten note dated 2/17/23 that documents Skin Sleeves to bilateral arms. On in AM (morning) off at hs (night). R12's care plan has no documentation regarding wounds to the left great toe and left heel. There is no documentation noting when R12's wounds were identified, current treatment orders, nor any person centered interventions for pressure ulcer care. On 05/01/24 at 02:29 PM, V6 (Minimum Data Set [MDS]/Care Plan Nurse) stated that she was rushing trying to complete care plans and must have forgotten to finish them. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 05/01/24 at 03:05 PM, V6 stated that the most up to date care plan was in R12's chart. V6 stated if there were any interventions they would be documented on the page under the specific section on the care plan. The Comprehensive Care Planning policy with a most recent revision date of 11/1/17 stated, It is the policy of (Corporation Name) to comprehensively assess and periodically reassess each Resident admitted to this facility. The results of this Resident assessment shall serve as the basis for determining each Resident's strengths, needs, goals, life history and preferences to develop a person centered comprehensive plan of care for each Resident that will describe the services that are to be furnished to attain or maintaining the Resident's highest practicable physical, mental, and psychosocial well-being a. The CCP (Comprehensive Care Plan) shall be reviewed after each Annual, Significant Change and Quarterly MDS (Minimum Data Set) and revised as necessary to reflect the resident's current medical, nursing, and mental and psychosocial needs as identified by the IDT (Interdisciplinary Team)

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F 0689 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36969 Based on interview and record review, the facility failed to ensure chemical products were stored per current standards of practice and failed to ensure person centered fall interventions were implemented after a fall incident for 2 (R15 and R12) of 2 dementia care residents reviewed for accidents/hazards in the sample of 22. This failure resulted in R15 experiencing nausea and vomiting. Findings Include: 1. R15's Profile Face Sheet documented an Original admitted to the facility as 12/31/22. This form also documented R15 as being a [AGE] year old female. R15's Cumulative Diagnosis Log documented a diagnosis of Early onset Alzheimer's Dementia with Behavioral Disturbance. A Nurses Note dated 1/16/24 at 5 PM documented R15 was observed in her room with a bottle of (Odor Eliminator) in hand and large emesis on the floor. No signs of distress were noted and vital signs are documented as being stable. 30% of the liquid in the bottle is documented as remaining. V5 is documented as being contacted with orders to monitor R15's Vital Signs every 4 hours x 3, push fluids and send to the emergency room if any change in status is noted. On 05/01/24 at 11:40 AM, V2 (Director of Nursing) stated that she was working at the time R15 ingested (Odor Eliminator). V2 stated that R15 couldn't have drank much of the product, because it was a small trial size bottle that had been left in her bedside table, she assumes for staff convenience as R15 had been experiencing loose stools. V2 stated immediately V5 (Medical Director) and the Poison Control Center were contacted. R15 experienced a large emesis following injection of the product with no further concerns noted. V5 had ordered for Vital Signs to be monitored for 3 days and send to the emergency room for evaluation and treatment should R15 experience any change in condition. V2 stated R15 experienced no ongoing ill effects from the consumption of the product and fluids were encouraged to help do a system flush. V2 stated all resident rooms and areas were checked to ensure potentially hazardous liquids were not obtainable by residents. V2 stated the product is no longer used by the facility. V2 confirmed that the product should not have been stored where R15 could obtain and consume it. R15's Minimum Data Set (MDS) with an Assessment Reference Date of 9/6/23 documented in Section C0500 a Brief Interview for Mental Status (BIMS) score of 99 indicating R15 was unable to complete the interview. Section C1000, Cognitive Skills for Daily Decision Making documented a score of 3, indicating Severely Impaired - never/rarely made decisions. (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	R15's Current Plan of Care documented a Problem/Need area with a stated date of 6/6/23 for having Risk factors that require monitoring and intervention to reduce potential for self injury. (Consider medical conditions, sensory alterations, balance, gait, assistive devices, cognition, mood/behavior, safety awareness, compliance, medications, restrictions, restraints) Approach/Interventions listed for this area include, Review quarterly and prn (as needed) Resident's ADL *activities of daily living), mobility, cognitive, behavior and overall medical status. IDT (Interdisciplinary Team) review of changes and needs with resident and/or responsible party (when choose to attend) during care plan. A Safety Data Sheet found via https://dermarite.com/wp-content/uploads/2015/05/ByeBye-Odor-Rev-03.pdf with a most recent date prepared of 2/2/23, documented the recommended use for (Odor Eliminator) was to use as an air and fabric freshener. The same safety data sheet listed in Section XI - Toxicology Information: ingestion may cause nausea, vomiting, and diarrhea; you should drink water. Skin; flush skin with water. An undated facility policy titled, Hazardous and Toxic Substances stated, .8. Hazardous and toxic substances shall be stored in locked cabinets or in a similar physically separate placed (sic) and used for no other purpose which is not accessible to residents. 2. R12's Profile Face sheet documented R12 as [AGE] years old with an admitted to the facility of 05/20/2022. Diagnoses listed on Cumulative Diagnosis Log include Type II Diabetes Mellitus, Gout, Osteoporosis, Squamous Cell Carcinoma, Neuropathy, Peripheral Artery Disease, Coronary Artery Disease, and Dementia. R12's Nurse Note dated 03/29/24 with a time of 2:45 PM documented that R12 had a fall in her bathroom. R12 was reminded and encouraged to use call light and wait for assistance before transferring. R12's care plan lists a Category of Falls with a start date of 06/06/2022 and documents R12 has risk factors that require monitoring and intervention to reduce potential for self injury. Risk factors include diagnosis of dementia causing episodes of forgetfulness and unawareness of safety limitations at times. The Goal documents Resident will follow safety suggestions and limitations with supervision and verbal reminders for better control of risk factors thru next 90 days. Interventions listed, all with start dates of 06/06/2022 include: Review quarterly and prn (as needed) Resident's ADL (Activities of Daily Living), mobility, cognitive, behavior and overall medical status. IDT (Interdisciplinary Team) review of changes and needs w/ (with) Resident and/or Responsible Party (when choose to attend) during care plan. Discuss fall related information to review and revise plan as needed. Review quarterly and as needed during daily care and services of Resident's plan for safety, giving verbal cues as needed to gain Resident participation in minimizing risk factors and injury. IDT review of function and referral to PT (Physical Therapy) as needed for change in function, and IDT review of function and referral to OT (Occupational Therapy) as needed for change in function. R12's care plan does not include information regarding the fall that occurred on 3/29/2024, nor were any updated, person centered fall interventions added after the fall incident. On 05/01/24 at 02:29 PM, V6 (Minimum Data Set [MDS]/Care Plan Nurse) stated she was rushing trying to complete the care plans and must have forgotten to finish them. On 05/01/24 at 03:05 PM, V6 stated that the most up to date care plan was in R12's chart. V6 stated if there were interventions they would be documented on the page under the specific section on the care plan. (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	The Comprehensive Care Planning policy with a most recent revision date of 11/1/17 stated, It is the policy of (Corporation Name) to comprehensively assess and periodically reassess each Resident admitted to this facility. The results of this Resident assessment shall serve as the basis for determining each Resident's strengths, needs, goals, life history and preferences to develop a person centered comprehensive plan of care for each Resident that will describe the services that are to be furnished to attain or maintaining the Resident's highest practicable physical, mental, and psychosocial well-being a. The CCP (Comprehensive Care Plan) shall be reviewed after each Annual, Significant Change and Quarterly MDS (Minimum Data Set) and revised as necessary to reflect the resident's current medical, nursing, and mental and psychosocial needs as identified by the IDT (Interdisciplinary Team).

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 36384 Based on observation, interview and record review, the facility failed to maintain a clean and sanitary ice machine. This failure has the potential to affect all 20 residents residing in the facility. The Findings Include: During initial tour of the kitchen on 4/30/24 at 9:30 AM, the ice machine was found to have a black substance on the inside flap of the ice machine where the ice drops into the bin. Along the hinges of the door and the edges of the lid of the ice machine was a white hard water build up. On 4/30/24 at 9:30AM, V8 (Dietary Manager) stated that the maintenance man cleans the ice machine once a month after hours so the kitchen staff are done with feeding residents. V8 stated that there was not a 2024 monthly cleaning log in the kitchen, so she cannot say for sure when it was last cleaned. On 5/1/24 at 11:30 AM, V7 (Maintenance) stated that he had not yet put a log in the kitchen for the maintenance cleaning of the ice machine but he cleaned it in April. V7 stated that when he cleans it, he tries his best to get it clean and scrub at that black stuff, but it isn't easy to get to that part of the ice machine. V7 stated that he uses a descaler solution to clean the hard water build up and black that grows on the flap. V7 stated that he needs to take it outside and pressure wash it probably to get it cleaned up better. V7 stated that he will put that on his list to get done. The undated Ice Machine Cleaning and Sanitizing Procedures policy documents 19. remove the evaporator cover and spray and wash all interior surfaces of the freezing compartment including the evaporator cover with sanitizer solution. Treated surfaces must remain wet for 60 seconds The Long Term Care Facility Application for Medicare and Medicaid dated 5/1/24, documents that 20 residents reside in the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146131	A. Building B. Wing	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cisne Rehabilitation & Health Center	107 North Watkins Street Cisne, IL 62823

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** 36384 Based on observation, interview and record review, the facility failed to follow policy and procedure for enhanced barrier precautions for 3 of 12 residents (R2, R12, and R18) reviewed for infection control in the sample of 22. The Findings Include: During initial tour of the facility on 4/30/24 there were no isolation rooms observed in the facility. On 4/30/24 a Resident Matrix was provided with no residents marked for transmission based precautions. 1. R18's Profile Face Sheet documents an admitted [DATE]. R18's May 2024 physician orders document a tube feeding order of Isosource 1.5 240mL (milliliters) daily after each meal if meal intake is less than 50% at meals. On 5/2/24 at 10:19AM, V9 (Registered Nurse/Infection Preventionist) stated that R18 has MRSA (Methicillin-resistant Staphylococcus Aureus) in his gastrointestinal tube site so they just keep it covered, but do not do any kind of treatment to the site at this time. On 5/1/24 at 10:00 AM, V3 (Housekeeping) was observed in R18's room folding linens with no Personal Protective Equipment (PPE) on until she put gloves on to empty the trash. At this time, there was an isolation bin located outside of R18's door with PPE in it, and a sign on the door that says stop check with nurses prior to entering. At this time, V3 stated that (R18's) MRSA is worse and he is on isolation. V3 stated that she should have had a gown and gloves on while in his room per policy, and will be sure to do that next time. On 5/1/24 at 11:30 AM, V2 (Director of Nursing/DON) stated that they have placed R18 on isolation due to the culture coming back on his G-tube site. V2 stated that she just learned of this change this morning and that she would expect her staff to follow the policy and procedure on wearing PPE in these rooms. V2 stated at this time they have only talked about enhanced barrier precautions, but have not implemented anything in the facility as of yet, but will start that as soon as a possible. V2 acknowledged that R18 should have been on the precautions prior to the culture resulting in isolation and that all (residents with) wounds and catheters need to be placed on these precautions as well. V2 stated that they have no (residents with) catheters at this time. 2. R2's Profile Face Sheet documents an admitted [DATE]. R2's Physician Order Sheet (POS) for May of 2024 includes the following diagnoses: Edema, Hypertension, Diabetes, and Congestive Heart Failure. The POS also includes a treatment order of barrier spray to left and right lower extremities until healed. A 4/26/24 Wound Assessment and Plan in R2's chart documented a venous wound to R2's left lower extremity and included a treatment order to apply a thin layer of zinc barrier cream and loosely wrap with gauze every shift and as needed. R2 was not observed to be on Enhanced Barrier Precautions during the survey on 4/30/24 or 5/1/24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146131	A. Building B. Wing	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cisne Rehabilitation & Health Center	107 North Watkins Street Cisne, IL 62823

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(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	3. R12's Profile Face Sheet documents an admitted [DATE]. A physician order dated 5/1/24 documents R12 has wounds to the left foot and left great toe with a treatment order of calcium alginate wet to dry dressing once daily. On 5/1/24 at 11:30 AM, V2 (DON) stated that they do not do the treatments on R12 because her daughter prefers R12 to go to the wound doctor, but sometimes they do an in-between treatment if needed. On 5/1/24 at 9:31AM, V10 (Registered Nurse) verified that R12 receives the treatments by the nurses here in the facility, but she goes out to see her own wound doctor; R12 does not see the one who comes to the facility. On 5/2/24 at 9:31 AM, R12's wound treatment was observed. R12 was noted to have a betadine treatment applied to the left toes which appeared to be scabbed over. R12 was also observed to have a pressure wound to the left heel. R12 was not observed to be on Enhanced Barrier Precautions during the survey on 4/30/24 or 5/1/24. The Enhanced Barrier Precautions policy and procedure dated 7/13/23 documents the purpose is: To reduce transmission of multidrug-resistant organisms (MDRO). The policy states that the enhanced barrier precautions should be used when contact precautions do not apply, for residents with any of the following: open wounds that require a dressing change, indwelling medical devices, and infections or colonized with MDRO .Enhanced Barrier Precautions require use of gown and gloves during high contact resident care activities that provide opportunities for the transfer of MDRO's to staff hands and clothing. Enhance Barrier Precautions is primarily intended to use for care that occurs within a resident's room, when high contact resident care activities are bundled together