

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145864	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/17/2020
NAME OF PROVIDER OF SUPPLIER BRIA OF FOREST EDGE		STREET ADDRESS, CITY, STATE, ZIP 8001 SOUTH WESTERN AVENUE CHICAGO, IL 60620	
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 - Some	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to follow their infection control policy for Covid 19 for (R1, R2, R3, R4) four of four residents reviewed for isolation precautions in the sample size of 17. Findings include: On 7/16/2020 at 10:40 AM, All of the residents' room doors were open. There was no signage posted on residents' doors indicating droplet/contact precautions. There was no isolation set-up in the hallways. The dining room door was open with the television on. Review of R1's Physicians Order denotes R1 to be on isolation for contact/droplet isolation precautions dated 7/3/2020. At 10:50 AM, R1 was observed coming out of her room via wheelchair without a face mask. She went across the hall into the day room which was unlocked. There was no signs on the door indicating R1 was on contact/droplet precautions. R2 has a medical [DIAGNOSES REDACTED]. On 7/8/2020, R2 was readmitted from the hospital. Record review of Physicians Order denotes on 7/8/2020, contact/ droplet precautions were initiated related to Covid 19. At 10:52 AM, R2 was observed in her wheelchair outside her door. She was trying to talk to another resident that was sitting in their room across from her. R2's mask was underneath her chin. There was no signs on her door indicating R2 was on contact/droplet precautions. R3 was admitted to the facility on [DATE] in room [ROOM NUMBER]-B. Physician order [REDACTED]. At 10:53 AM, R3 was observed walking towards the nurses' station. He stated he was going to the other side to fill up his water pitcher, as he always goes to get his water from the faucet which is located on the 2 North side. There was no signs on the door indicating R3 was on contact/droplet precautions. R4 readmitted from the hospital on [DATE] into room [ROOM NUMBER]-A. Physician order [REDACTED]. On 7/16/2020 at 11:50 AM, R4 was observed exiting room [ROOM NUMBER] via wheelchair with no face mask on. There was no signs on the door indicating R4 was on contact/droplet precautions. At 1:00 PM, V6 (Infection Control Preventionalist) stated she posted signs on both ends of the exit door to the stairwell, and there should be a large orange sign on the wall when you come off the elevator that reads contact droplet isolation. There was no sign posted by the elevator indicating contact droplet precautions. On 7/16/2020, at 10:48 AM, V5 (Director Social Services) stated residents on the 2nd floor are not supposed to be outside their rooms. The dining room door should have been locked. On 7/16/2020 at 12:40 PM, V3 stated the facility did not have any signage or isolation set-up because the entire unit is a Covid unit. He stated he was familiar with the policy and procedure for Covid 19, but was not aware that the facility policy indicated that signage of contact/droplet precautions needed to be placed on residents' door for confirmed or suspected cases of Covid 19. Policy: Bria Health Services Policies and Procedures for Covid 19: Revised 5/19/2020 The facility will conduct education, surveillance and infection control and prevention strategies to reduce the risk of transmission of Covid 19. The facility will implement recommendations and guidelines in accordance with the Centers for Disease Control and Prevention (CDC), CMS, Wisconsin Department of Health (DPH) and the Illinois Department of Health (IDPH), to include identification and isolation of any suspected cases. 5. If a resident is diagnosed with [REDACTED]. Positive or symptomatic patients should be given a surgical mask and encouraged to wear at all times. If not tolerated, then resident should wear a surgical mask when close contact with others is anticipated. 6. Resident with confirmed Covid 19 [DIAGNOSES REDACTED].</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.