

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145623	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/12/2020
NAME OF PROVIDER OF SUPPLIER REGENCY CARE OF MORRIS		STREET ADDRESS, CITY, STATE, ZIP 1095 TWILIGHT DRIVE MORRIS, IL 60450	
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	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interview the facility failed to perform hand hygiene and properly secure/don face masks when caring for residents on quarantine/transmission based precautions. This applies to 2 of 4 residents (R1, R2) reviewed for infection control in a sample of 4. Findings include: 1). The Face Sheet documents R2 is [AGE] years old and admitted with [DIAGNOSES REDACTED]. The physician's orders [REDACTED]. On 6/11/2020 at 9:53 AM, V11 (Registered Nurse) stated R2 is on Contact Isolation precautions and quarantine related to new indwelling catheter placement. V11 also stated she received education on PPE (Personal Protective Equipment) and hand hygiene. On 6/11/2020 at approximately 10:02 AM, V11 (Registered Nurse) obtained blood for blood glucose monitoring from R2. The signage on R2's door denoted Contact Precautions. V11 entered the room wearing gloves, mask and gown. After taking R2's blood sugar, V11 removed her gloves and did not perform hand hygiene. V11 was observed obtaining items from different drawers in R2's dresser with her bare hands. V11 removed her gown and exited the room without performing hand hygiene. V11 then entered the supply room, touching the door handle and obtained disinfectant spray. After disinfecting the glucometer, V11 opened the top drawer of her medication cart and placed the glucometer there. V11 then took the disinfectant spray and sprayed the medication cart. All without performing hand hygiene. When interviewed, V11 stated after obtaining R2's blood sugar her gloves were visibly soiled with blood, but she did not perform hand hygiene. V11 also stated she did not put on a new pair of gloves prior to touching surfaces in the room. V11 added she likes to complete everything and sanitize her equipment prior to performing hand hygiene. V11 ended by stating she will now wash her hands. On 10/11/2020 at 11:05 AM, V3 (Infection Preventionist) stated for contact precautions staff are to wear a gown, mask and gloves. Staff are to perform hand hygiene prior to entering resident rooms, with every glove change, and prior to exiting the room. V3 also stated staff are to perform hand hygiene when gloves are visibly soiled. Staff are not to touch anything inside resident rooms without wearing gloves. On 6/11/2020 at 11:10 AM, V2 (Director of Nursing) stated the PPE for contact isolation per policy includes gloves, mask, and gown if getting soiled. Hand washing is to be done prior to entry and upon removing PPE. Staff are to wash their hands prior to exiting resident rooms. If gloves are changed or visibly soiled staff must wash their hands. The medical record did not contain a care plan for R2 informing staff of isolation and/or quarantine precautions and care thereof. The policy for Hand Hygiene reads: Policy Staff involved in direct resident contact will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents and visitors. Policy Explanation and Compliance Guidelines 1). Hand hygiene is a general term that applies to either handwashing or the use of an antiseptic hand rub, also known as alcohol-based hand rub (ABHR) 2). Staff will perform hand hygiene when indicated, using proper technique consistent with accepted standards of practice. 3). Hand hygiene is indicated and will be performed under the conditions listed in, but not limited to the attached hand hygiene table. 6). Additional considerations: b. The use of gloves does not replace hand washing. Wash hands after removing gloves. The Hand Hygiene Table shows hand hygiene is to be performed when: Hands are visibly dirty Hands are soiled with blood or other body fluids After handling contaminated objects Before applying and after removing personal protective equipment (PPE), including gloves Before and after providing care to residents in isolation After handling items potentially contaminated with blood, body fluid, secretions or excretions When in doubt 2). The Face Sheet and POS documents R1 is [AGE] years old resident admitted on [DATE] with [DIAGNOSES REDACTED]. The POS also documents [REDACTED]. On 6/11/2020 at 9:53 AM, V11 (Registered Nurse) stated R1 is on Droplet Precautions [MEDICAL CONDITIONS] in the nares and quarantine per facility protocol for new admissions. On 10/11/2020 at 10:33 AM the signage on R1's door denoted Droplet Precautions. V5 and V8 (Certified Nursing Assistants/CNAs) provided morning care for R1. The CNAs stated R1 is on droplet isolation precaution. V5 and V8 were both wearing masks prior to entering the resident room. Both CNAs removed their face mask and placed them on the handrail in the hall outside of R1's room, thus contaminating handrail and/or mask. V5 placed the inside of the mask (which was against her mouth) down on the handrail, while V8 placed the inside up. The staff then secured a mask from the supply box attached to the door and entered the room. Upon exiting the room V5 and V8 removed their face masks. The CNAs then got the masks they had placed on the handrail and put them back on their faces. According to the CNAs the masks provided by the facility are to be worn for the shift. V5 stated the facility informed her to hang the mask on the door but has not provided hooks. V8 stated the policy is to replace your facility issued mask with a mask from the supply box attached to the door prior to entering the room. Upon exiting, staff are to place their assigned mask back on their face. V8 stated the facility hasn't informed her of where to place the face mask upon doffing. On 6/11/2020 at 11:05 AM, V3 (Infection Preventionist) stated when staff remove masks, they are to throw them in the garbage. Staff are to obtain a clean mask when they exit the resident room. V3 stated there's enough supply of masks for staff to obtain a fresh mask. Staff are not to place masks on the handrails and back onto their face. On 6/11/2020 at 11:10 AM, V2 (Director of Nursing) stated staff remove the mask prior to entering rooms of droplet precautions because they are wearing them throughout the facility. V2 stated staff can hang it on the door bin. V2 also stated staff are to ensure the inside of the mask does not touch anything. They should never hang it on the siderail and put it back on their face. Instead, throw the mask out and obtain a new one. The medical record did not contain a care plan for R1 informing staff of isolation and/or quarantine precautions and care thereof. On 6/12/2020 V2 stated R1 is not on droplet precautions. The signage is incorrect. V2 stated both R1 and R2 are on contact precautions and quarantine per facility protocol. V2 stated neither resident has a care plan for infection control. The policy for COVID-19 Prevention and Response reads: 5). Interventions to prevent spread of respiratory germs within the facility: f. Educate staff on proper use of personal protective equipment and application of standard, contact, droplet, and airborne precautions, including eye protection. g. Promote easy and correct use of personal protective equipment (PPE) . The Policy for Personal Protective Equipment reads: Face Mask- Crisis Capacity Strategies 2. Implement limited re-use of the facemask i.e. the practice of using the same face mask for multiple encounters with different residents, but removing the face mask after each encounter b. Mask removal and replacement should be done in a careful and deliberate manner c. Remove the mask and discard if soiled, damaged, or hard to breathe through</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.