

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145350</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/28/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PEARL OF ROLLING MEADOWS, THE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4225 KIRCHOFF ROAD ROLLING MEADOWS, IL 60008</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, interview and record review, the facility failed to prevent potential transmission of COVID-19 by failing to: ensure staff wore face coverings while preparing resident meals in the kitchen and ensure all staff were screened for signs and symptoms of COVID-19 prior to the start of their shift. Findings include: At the time of the survey the facility had two residents and two staff with confirmed COVID-19. Observation on 5/26/20 at 11:42 am, in the kitchen, revealed Employee (E1) scooping food into bowls. E1's mask was hanging from his ears but was not covering E1's mouth or nose. During the same observation on 5/26/20 at 11:42 am, E2 was observed placing resident meal trays into a tray cart. E2 was not wearing a face covering. During a follow-up interview on 5/26/20 at 11:42 am, with the Food Service Director, when asked when the dietary staff is supposed to be wearing face masks, the Food Service Director, stated, All the time. It's hard. I remind them (the dietary staff) all the time that this isn't a joke. During the same interview on 5/26/20 at 11:42 am, with the Food Service Director, when asked about the process for screening dietary staff for signs and symptoms of COVID-19 prior to the start of their shift, the Food Service Director, showed this surveyor a computer the staff used to complete the screening electronically. The Food Service Director then revealed that if the staff's response indicates signs and symptoms of COVID-19 a message is immediately sent to the staff's supervisor and the staff member is not allowed to work. Review of the facility's employee screenings and staffing schedules, dated 5/26/20, revealed no evidence that the following staff had been screened for potential signs and symptoms of COVID-19 before the start of their shift: E1, E3, E4, Licensed Practical Nurse (LPN1), and Nursing Assistant (NA1). E1 was one of the staff observed in the kitchen, preparing resident food without wearing a face mask over his mouth and nose. During an interview on 5/28/20 at 9 am, with the Administrator, when asked the reason E1, E3, E4, LPN1, and NA1 did not complete the screening for signs and symptoms of COVID-19 before beginning their shift, the Administrator revealed that LPN1, NA1, and E4 stated that the screening was not submitting to the electronic screening system. The Administrator then stated, We are looking into it to see what was going on. Review of the facility's policy, titled Coronavirus 2019, revision date 4/22/20, revealed: Facility is focused on containing the spread and mitigating the impact of Coronavirus. Facility supports CDC (Centers of Disease Control and Prevention) recommendations in preparing for emergency response plans, working on different departments and health care personnel to meet these goals, including specific measures to prepare as we help the facility and community respond to local transmission of the virus that causes COVID-19. Transmission: COVID-19 is spread from person-to-person by respiratory droplets between people who are in close contact with one another (about 6 feet). While there is not yet evidence for spread from surfaces or objects (fomites), this may also be a possible mechanism of transmission. Screen staff: Screen all staff for respiratory symptoms and check temperatures at the beginning of the shift and again at mid-shift. If a COVID-19 respiratory symptom or fever is present, the staff member should be sent home. Ensure staff are educated on and correctly performing hand hygiene, donning and doffing of PPE, and using appropriate products for environmental cleansing/disinfection. All employees must wear a mask (universal masking) during their shift to protect residents. According to the CDC, Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings, Monitor and Manage Healthcare Personnel. Screen all HCP (healthcare personnel) at the beginning of their shift for fever and symptoms consistent with COVID-19* Actively take their temperature and document absence of symptoms consistent with COVID-19*. If they are ill, have them keep their cloth face covering or facemask on and leave the workplace. retrieved 5/28/20 from <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html#monitor_manage">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html#monitor_manage</a>. According to the CDC, Preparing for COVID-19 in Nursing Homes, Implement Source Control Measures. HCP (healthcare personnel) should wear a facemask at all times while they are in the facility. retrieved 5/28/20 from <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html</a>.</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.