

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145874	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/31/2020
NAME OF PROVIDER OF SUPPLIER MEADOWBROOK MANOR - NAPERVILLE		STREET ADDRESS, CITY, STATE, ZIP 720 RAYMOND DRIVE NAPERVILLE, IL 60563	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review, and interview, the facility failed to perform hand hygiene and follow professional standards of care regarding infection control. This applies to 3 of 7 residents (R10, R11, R12) reviewed for infection control in a sample of 14. Findings include: 1). The Face Sheet and POS shows R10 is [AGE] years old has [DIAGNOSES REDACTED]. On 7/23/2020 at 1:00 PM, V22 and V23 (both CNAs) provided incontinence care for R10. R10 was wearing an adult brief and had a bowel movement. After changing R10, V22 removed one glove and exited the room without performing hand hygiene. V22 touched the door handle, opening the door and proceeded down the hall to the clean utility room. V22 entered the clean utility room and secured a pillowcase. She then went back to R10's room and placed the pillowcase on the pillow and underneath R10's head. V22 then went back to the clean utility room still with one gloved hand and secured a blanket in which she placed on R10's bed, all without performing hand hygiene. 2). The Face Sheet and POS show R11 is [AGE] years old and has [DIAGNOSES REDACTED]. On 7/23/2020 at 1:23 PM, V22 and V23 provided incontinence care for R11. R11 had urinated and was wearing an adult disposable brief. V23 picked trash from the floor and placed it into R11's trash can. V23 then proceeded to provide incontinence care without removing her gloves or performing hand hygiene. After the employees provided incontinence care for R11, V22 exited without performing hand hygiene. V22 touched the door handle to R11's door and the soiled utility room with dirty gloves. V22 then obtained a clean gown from the linen cart for R11. When asked if she should perform hand hygiene prior to exiting the resident's room, V22 replied sometimes. 3). The Face sheet and POS shows R12 is [AGE] years old and has [DIAGNOSES REDACTED]. On 7/28/22 at 9:20 AM, V24(CNA) provided a total bed bath for R12. V24 changed the soiled linen on R12's bed. V24 did not change gloves or perform hand hygiene. V24 then exited the room with the linen in her hand, and not bagged. The soiled linen was across V24's bare arm as well as touching her clothing. V24 brought the linen into the hall and placed it in a bin. When asked about the policy for hand hygiene and linen transport, V24 stated she normally removes her gloves and washes her hands prior to exiting the resident's room. V24 stated she just decided to perform hand hygiene at the sink in the nursing station. On 7/24/2020 at 9:13 AM, V3 (Infection Preventionist) stated all employees are required to remove their gloves and perform hand hygiene before and after resident care. V3 stated staff are to perform hand hygiene prior to exiting resident rooms. V3 also stated staff have been in-serviced and sanitizer is available in resident rooms. On 7/28/2020 at 10:04 AM, V2 (Director of Nursing) stated the policy is perform hand hygiene every time gloves are soiled. Staff should remove gloves and perform hand hygiene prior to exiting the resident's room. V2 stated all resident rooms now have hand sanitizer. The policy for Hand Hygiene reads: 7. Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: b. Before and after direct contact with residents; i. After contact with a resident's intact skin m. After removing gloves</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.