

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145237	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/16/2020
NAME OF PROVIDER OF SUPPLIER GENERATIONS AT REGENCY		STREET ADDRESS, CITY, STATE, ZIP 6631 MILWAUKEE AVENUE NILES, IL 60714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<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, interview and record review, the facility failed to prevent the spread of infections such as COVID-19 as evidenced by failure to adhere to infection control practices related to: staff failure to perform hand hygiene and utilize gloves properly; staff failure to remind R6 on social distancing; staff failure on proper handling of soiled linens; staff failure on proper handling of dirty trays; staff failure to observe isolation precautions including removal of PPE (personal protective equipment); staff failure to properly use a face mask; staff failure to promptly dispose of single-use supplies and failure to disinfect high-touch surfaces. These practices had the potential to affect all residents residing in the facility. Findings include: 1. A. On 4/14/20 at 12:19pm, Certified Nursing Assistant 1 (CNA1) was observed coming out of room [ROOM NUMBER] after delivering R13's lunch tray. CNA1 failed to perform hand hygiene. CNA1 then picked up another lunch tray from the food cart and went to R14's room. The Assistant Administrator was present during this observation. B. On 4/14/20 at 12:24pm, CNA2 was observed passing a lunch tray to R3 in room [ROOM NUMBER]. CNA2 picked up R1's tray from the food cart and went back to room [ROOM NUMBER]. CNA2 was observed touching and adjusting the placement of R1's wheelchair. CNA2 came out of the room. CNA2 failed to perform hand hygiene. R2 was sitting just outside of room [ROOM NUMBER]. CNA2 placed the bedside table in front of R2. CNA2 did not perform hand hygiene. CNA2 went to the food cart and checked for R2's tray, touched two other lunch trays in the cart but was not able to locate R2's tray. When CNA2 was asked what she missed, CNA2 stated, Wash my hands. C. On 4/14/20 at 12:27pm, social worker staff 1 (E1) was observed wearing gloves when she entered room [ROOM NUMBER]. E1 placed R4's lunch tray on the bedside table and adjusted the table. E1 then came out of the room wearing the same pair of gloves and proceeded to the food cart to pick up R5's tray. E1 brought R5's lunch tray to room [ROOM NUMBER]. E1 placed R5's lunch tray on the bedside table and adjusted the table. Still wearing the same gloves, E1 left room [ROOM NUMBER]. The Assistant Administrator was present during this observation. When E1 was asked if she should be walking the hallway with gloves she had worn while inside a resident's room and on what she missed, E1 stated she should have taken off her gloves and washed her hands. D. On 4/14/20 at 12:32pm, housekeeping staff2 (E2) was observed going to R15's room. Still wearing gloves, E2 left the room with a bag of soiled linen and brought it to the soiled utility room. E2 did not perform hand hygiene. E2 took the cleaning cart out of the soiled utility room. E2 was still wearing the same gloves. When E2 was asked what he missed, E2 stated, Change my gloves for every room. E. On 4/14/20 at 12:50pm, Registered Nurse 1 (RN1) was observed touching R8's lunch tray while R8 was still eating. RN1 did not perform hand hygiene. RN1 went to the next table and touched R9's lunch tray. RN1 did not perform hand hygiene. When RN1 was asked what she missed, RN1 stated she did not wash her hands. F. On 4/14/20 at 12:58pm, housekeeping staff 3 (E3) was observed mopping the floor in R18's room without wearing gloves. E3 came out of R18's room and failed to perform hand hygiene. E3 proceeded to empty the trash bin by the nurses' station. E3 failed to perform hand hygiene. E3 walked back to the soiled utility room, touched the key pad and the door knob to the soiled utility room, then walked back to his cleaning cart. E3 failed to perform hand hygiene. This was confirmed by the Assistant Administrator. When asked if housekeeping should be wearing gloves when mopping the floor, the Assistant Administrator stated, Yes. And take them off before they exit and wash their hands. During interview with the Director of Nursing (DON) on 4/14/20 at 4:20pm, when asked about her expectation from staff when serving lunch trays in residents' rooms, the DON stated, They (staff) should wash their hands. The DON also stated that staff may use the alcohol-based hand sanitizer. Review of facility policy on hand hygiene with revision date of May 2017 revealed, Hand hygiene (hand washing or the use of Alcohol Based Hand Rub) is regarded by this organization as the single most important means of preventing the spread of infections .2f. Before and after assisting a resident with meals. Review of facility's policy on Standard Precautions with revision date of 8/2018 revealed under #1, Perform hand hygiene immediately after gloves are removed, if visibly soiled, between resident contacts, and when otherwise indicated to avoid transfer of microorganisms to other residents or environments. Review of facility's 3/5/2020 COVID in-service training with subject matter: We All Need to Wash our Hands More Often under #3 Your 6 moments for Hand Hygiene revealed, Before touching a patient, after touching a patient, after touching patient surroundings, after body fluid exposure risk, before clean and aseptic procedures, before eating and after using a restroom In a CDC Article titled Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings dated April 13, 2020 under #2. Adhere to Standard and Transmission-Based Precautions revealed, Hand Hygiene - HCP (Healthcare Personnel) should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process. HCP should perform hand hygiene by using ABHR with 60-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHR. In the same article under Gloves revealed, Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene 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 In a CDC article titled Care Concepts for Hand Hygiene: Clean Hands for Healthcare Personnel revealed, Hand hygiene is one of the MOST important ways to prevent the spread of infection. Too often healthcare personnel do not clean their hands - in fact, missed opportunities for hand hygiene can be as high as 50%. Bacteria can survive for days on patient care equipment and other surfaces like bed rails, IV pumps, etc. It is important to use hand hygiene after touching these surfaces and at exit, even if you only touched environmental surfaces. Hands make multi-drug resistant organisms (MDRO) and other microbes mobile. https://www.cdc.gov/infectioncontrol/pdf/strive/HH101-508.pdf In an article titled Patient Room Cleaning Protocol dated Dec. 1, 2009 revealed, Environmental Services (ES) personnel should receive proper training and education on patient room cleaning and disinfecting protocols, and they must use all barrier precautions (such as masks, gloves and gowns) when cleaning in rooms or units where surfaces may be contaminated with infectious microorganisms. https://www.infectioncontroltoday.com/environmental-hygiene/patient-room-cleaning-protocol 2. On 4/14/20 at 12:41pm, R6 was observed sitting in a chair, approximately two feet away from R7. R7 was eating her lunch in the hallway, close to the 5th floor nurse's station. Although staff were present by the nurse's station, no one reminded R6 on following social distancing of at least six feet. This was confirmed by the Assistant Administrator. During interview with the Director of Nursing (DON) on 4/14/20 at 4:20pm, when asked about her expectation from staff on social distancing, the DON stated, Remind them. Remind them. In a CDC article titled Social Distancing, Quarantine and Isolation dated April 4, 2020 revealed, Limiting face-to-face contact with others is the best way to reduce the spread of coronavirus disease 2019 (COVID-19). To practice social or physical distancing: Stay at least 6 feet (2 meters) from other people. Do not gather in groups .Social distancing is especially important for people who are at higher risk of getting very sick. COVID-19 spreads mainly among people who are in close contact (within about 6 feet) for a prolonged period. Spread happens when an infected person coughs, sneezes, or talks, and droplets from their mouth or nose are launched into the air and land in the mouths or noses</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.

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>(continued... from page 1)</p> <p>of people nearby. The droplets can also be inhaled into the lungs. Recent studies indicate that people who are infected but do not have symptoms likely also play a role in the spread of COVID-19.</p> <p>https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html 3. A. On 4/14/20 at 12:46pm, an open transparent plastic bag containing soiled linen was observed on the floor of R19's room. This was confirmed by the Assistant Administrator. When asked if the bag should be left on the floor, the Assistant Administrator stated, No. B. On 4/14/20 at 2:13pm, a chair on the fifth floor hallway was observed with five pieces of soiled clothing protectors (to keep residents clothes clean while eating) exposed and without a protective barrier. These clothing protectors were used during lunch and was confirmed by the Assistant Administrator. C. On 4/14/20 at 3:02pm, a clear plastic bag containing multiple small black plastic bags and soiled linen was observed on the floor, outside of the third floor storage room and near the service elevator. E4 was observed walking towards the bag at 3:04pm. This was confirmed by the Assistant Administrator. When asked, E4 stated that the black plastic bags contained soiled mops used in the isolation rooms. When Assistant Administrator was asked if staff are allowed to leave plastic bags of soiled items on the floor, the Assistant Administrator stated, No. During interview with the Director of Nursing on 4/14/20 at 4:20pm, when asked about her expectation from staff when handling soiled linen and clothing protectors, the DON stated, They should be in a bag and brought to the laundry. Review of facility policy titled Transport and Cleaning of Isolation Linen/Cleaning Supplies dated 10/2018 revealed under Procedure, #1 Isolation linens/cleaning supplies (mops, rags) shall be placed into bags and securely tied to prevent leakage. Place linens and cleaning supplies shall be in separate bags and not together. #2. If bag is soiled or wet, original bag shall be doubled bagged and tied to prevent leakage in preparation for transport. #3. Place isolation bag in laundry chute or linen cart. In a CDC article titled Guidelines for Environmental Infection Control in Health-Care Facilities with last update July 2019 revealed, Collecting, Transporting, and Sorting Contaminated Textiles and Fabrics .Contaminated textiles and fabrics are placed into bags or other appropriate containment .these bags are then securely tied or otherwise closed to prevent leakage. Single bags of sufficient tensile strength are adequate for containing laundry, but leak-resistant containment is needed if the laundry is wet and capable of soaking through a cloth bag. Bags containing contaminated laundry must be clearly identified with labels, color-coding, or other methods so that health-care workers handle these items safely, regardless of whether the laundry is transported within the facility or destined for transport to an off-site laundry service .Contaminated textiles and fabrics in bags can be transported by cart or chute. https://www.cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines-P.pdf 4. A. During interview with the Dietary Manager (DM) on 4/14/20 at 1:54pm, when asked what measures were taken with the food trays of residents who are COVID-19 positive and presumptive cases, the DM stated, Right now, because of unavailability of disposable trays, we are using the plastic tray and disposable utensils. The DM demonstrated and explained that a plastic tray is covered with a clear plastic bag before placing the utensils and the food on top. CNAs are supposed to remove all disposable utensils and the remaining food and throw them in the garbage bin inside the resident's room along with the clear plastic bag. She also stated that the only thing that comes out of the isolation room is the plastic tray and they should place it back in the cart. Review of R17's progress note dated 4/14/20 at 1:21pm revealed that R17 was on droplet and contact precaution for fever and cough. R17 was in room [ROOM NUMBER]. On 4/14/20 at 2:09pm, Certified Nursing Assistant 3 (CNA3) was observed standing inside of R17's room wearing personal protective equipment (PPE) for droplet and contact precaution. CNA3 was holding a black plastic bag and was waiting for another staff to help her. When CNA3 was asked what was inside the bag, CNA3 stated it was a soiled lunch tray. CNA3 further stated that the tray, fork, spoon, cup, plate and remaining, leftover food were inside the black bag. When CNA3 was asked if she was supposed to empty the contents of the tray and throw them in the garbage bin inside the isolation room, CNA3 stated, It goes down to the kitchen. The Assistant Administrator was present during the observation. B. On 4/14/20 at 3:02pm, a small open cart with two soiled lunch trays was parked by the third floor service elevator. A pair of used gloves was observed sitting on top of one of the lunch trays. This was confirmed by the Assistant Administrator. When asked if staff should leave the soiled lunch trays unattended by the elevator and if gloves were allowed to be on the lunch tray, the Assistant Administrator stated, No. During interview with the Director of Nursing on 4/14/20 at 4:20pm, the DON was informed of the procedure that was explained by the DM on isolation food trays. The DON was also informed of the above observation. The DON stated, I agree with the Dietary Manager. Review of facility policy titled Infection Control for Food Service Tray Service and Food Carts revealed under Tray Service, In accordance with recommendations from CMS, tray service for the general resident population will include the use of regular trays, china and silverware. After the meal, the trays, china and silverware are returned to the kitchen scraped, rinsed and run through the commercial dish machine following the manufacturer's direction. 5. A. The facility had one active COVID-19 case on the first day of survey but was transferred to the hospital on [DATE]. They had 39 presumptive cases. On 4/14/20 at 2:29pm, CNA5 was observed on the fourth floor walking in the hallway wearing a face mask. The left ear loop was in place but the rest of the mask was hanging in front of CNA5's face. CNA5's nose and mouth were exposed. This was confirmed by the Assistant Administrator. When asked why his face mask was not covering the entire face, CNA5 stated he was leaving because he had to go to his other job. B. On 4/14/20 at 3:56pm, CNA4 was observed going into room [ROOM NUMBER] to check on R11 and R12. CNA4 was observed wearing a facemask but her nose was exposed. CNA4 then left the room. CNA4 did not perform hand hygiene. During interview with the Director of Nursing (DON) on 4/14/20 at 4:20pm, the observation on mask use was discussed with the DON. The DON stated they will continue in-servicing the staff on the proper use of masks. Review of facility policy titled Universal Mask Policy revealed. To protect our residents and staff should the HCW (health care worker) have pre-symptomatic or asymptomatic COVID-19 infection, or develop symptoms, and to protect our HCW should they come in close contact with an individual with either pre-symptomatic or mild COVID-19 infection or who has symptoms not yet recognized .Procedure: #1 All staff must wear procedure/surgical masks while present in the facility. In an FDA article titled N95 Respirators and Surgical Masks (Face Masks) dated 4/5/2020 under Surgical Masks (Face Masks) revealed, A surgical mask is a loose-fitting, disposable device that creates a physical barrier between the mouth and nose of the wearer and potential contaminants in the immediate environment .Surgical masks are made in different thicknesses and with different ability to protect you from contact with liquids. These properties may also affect how easily you can breathe through the face mask and how well the surgical mask protects you. If worn properly, a surgical mask is meant to help block large-particle droplets, splashes, sprays, or splatter that may contain germs (viruses and bacteria), keeping it from reaching your mouth and nose. Surgical masks may also help reduce exposure of your saliva and respiratory secretions to others.</p> <p>https://www.fda.gov/medical-devices/personal-protective-equipment-infection-control/n95-respirators-and-surgical-masks-face-masks In a CDC article titled How to Protect Yourself & Others with review date of April 13, 2020 revealed. Cover your mouth and nose with a cloth face cover when around others .You could spread COVID-19 to others even if you do not feel sick .The cloth face cover is meant to protect other people in case you are infected.</p> <p>https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html 6. On 4/14/20 at 4:03pm, Registered Nurse2 (RN2) was observed bringing supplies on a tray to check R10's blood glucose. Supplies included a glucometer, lancet, alcohol pads, glucose strip and a case with another glucometer inside it. RN2 placed the tray on R10's table. After the procedure, RN2 left the room and placed the Styrofoam tray on top of the medication cart. RN2 performed hand hygiene and disinfected the glucometer. When RN2 was asked what she missed, RN2 stated, I should throw it (tray) away. Review of facility policy titled Isolation Precautions under Procedure: 1. Standard Precautions, E. Resident Care Equipment: all contaminated equipment is to be handled in a manner that prevents skin and mucous membrane contamination. Dispose of single use equipment promptly and reusable equipment is cleaned and disinfected properly before use by another resident. F. Environmental Control: routine procedures for the cleaning, disinfection of environmental surfaces that include the following: bed, side rails, positioning assistants (e.g. halos, trapeze), bedside equipment, and other frequently touched equipment and surfaces. In a CDC article titled Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings dated April 13, 2020, revealed under #10. Implement Environmental Infection Control, Dedicated medical equipment should be used when caring for patients with known or suspected COVID-19. All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies. Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly. Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for [DIAGNOSES REDACTED]-CoV-2 in healthcare settings, including those patient-care areas in which aerosol generating</p>		

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<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>(continued... from page 2)</p> <p>procedures are performed .Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.</p> <p>https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#infection_control 7. On 4/14/20 at 2:36pm, a therapy bag was observed on the floor next to a folded walker and was in close proximity to the isolation cart for room [ROOM NUMBER]. room [ROOM NUMBER] was an isolation room. This was confirmed by the Assistant Administrator.</p> <p>According to a CDC article titled, Cleaning and Disinfecting Strategies for Environmental Surfaces in Patient Care Areas dated June 6, 2003 under I.D. Recommendations - Environmental Services revealed, Use barrier protective coverings as appropriate for noncritical surfaces that are 1) touched frequently with gloved hands during the delivery of patient care; 2) likely to become contaminated with blood or body substances; 3) difficult to clean . Under VI.K., it revealed, Use disposable barrier coverings as appropriate to minimize surface contamination.</p> <p>https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm 8. On 4/14/20 at 2:25pm, Licensed Practical Nurse1 (LPN1) was observed entering R16's room. room [ROOM NUMBER] is an isolation room for droplet precautions. Review of Facility's Line List for COVID-19 Outbreaks revealed R16 is on droplet and contact precaution for fever and cough. LPN1 was observed removing her PPE. LPN1 first removed her gloves. LPN1 proceeded to loosen the waist tie of the gown. LPN1 did not break the tie on the shoulder. LPN1 then moved the tie over her head and removed the sleeves and gown, disposed it in the isolation bin. LPN1 failed to roll her gown before dropping it in the bin. LPN1 was wearing two masks. LPN1 removed her outer face mask and pushed it further in the trash bin. LPN1 then washed her hands. During interview with the DON on 4/14/20 at 4:20pm, the DON was informed of the above observation. There was no additional comment from the DON. Review of facility copy of PPE sequence under How to safely remove personal protective equipment (PPE) Example 2 revealed, 3. Gown and Gloves</p> <ul style="list-style-type: none"> o Gown front and sleeves are contaminated! o If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer o Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands o While removing the gown, fold or roll the gown inside-out into a bundle o As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container. Under #3. Mask or Respirator, o Front of mask/respirator is contaminated - DO NOT TOUCH! o If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer o Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front In a CDC article titled How to safely remove Personal Protective Equipment (PPE) example 2 revealed, under Gown and Glove .Gown front and sleeves and the outside of gloves are contaminated! If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer .Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands .While removing the gown, fold or roll the gown inside-out into a bundle .As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container. https://www.cdc.gov/niosh/npptl/pdfs/PPE-Sequence-508.pdf 		