

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145511</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/18/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LEXINGTON HLTH CR CTR-LOMBARD</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2100 SOUTH FINLEY ROAD LOMBARD, IL 60148</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, record review and interview the facility failed to perform hand hygiene and don appropriate PPE (Personal Protective Equipment) while caring for residents on Transmission Based Precautions for COVID-19. This applies to 2 of 3 residents (R1, R3) reviewed for infection control in a sample of 3. Findings include: 1). The Face Sheet documents R1 is [AGE] years old and was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The laboratory test dated 5/28/2020 shows R1 tested positive for [DIAGNOSES REDACTED]-CoV-2. The physician's orders [REDACTED]. On 6/16/2020 at 9:25 AM, V4 (Certified Nursing Assistant) entered R1's room wearing a hospital (cloth) gown and no gloves. V4 did not perform hand hygiene or don an isolation gown prior to entering the room. Upon exiting the room V4 did not perform hand hygiene. The sign on R1's door read STOP droplet precautions: Everyone must clean hands, including before entering and leaving the room. Upon exiting the room, V4 was asked about PPE (Personal Protective Equipment). V4 stated staff are to wear disposable gowns and gloves and perform hand hygiene. V4 then removed the hospital gown and placed it on a coat rack by the exit door. On 6/16/2020 at 9:42 AM, V4 removed the hospital gown from the rack and put it on, then exited the unit. A few minutes later V4 returned and removed the gown and put on a disposable lab coat. V4 did not snap the buttons on the coat leaving it open in the front. V4 entered R1's room to set up her meal tray. V4 adjusted the table height and tray with her clothes touching the table. V4 again did not don gloves or perform hand hygiene prior to entering or exiting the room.</p> <p>2). The Face Sheet documents R3 is [AGE] years old and originally admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The laboratory test dated 5/28/2020 shows R3 tested positive for [DIAGNOSES REDACTED]-CoV-2. The POS documents the following orders: 5/29/2020 POS Covid positive 5/29/2020 POS Droplet precautions The physician's progress notes dated 6/2/2020 shows R3 tested positive for COVID 19 and is being treated on the COVID unit. On 6/16/2020 at 9:47 AM, V4 (Certified Nursing Assistant) entered R3's room to remove the meal tray. V4 did not perform hand hygiene or don gloves prior to entering the room. V4 handed R3 coffee from the tray with her bare hands and began exiting the room with tray in tow. When asked about PPE, V4 removed a pair of gloves from the box in R3's room. V4 dropped a glove on the floor, then picked it up and placed it on her hand. V4 did not perform hand hygiene prior to entering or exiting the room. On 6/16/2020 at 11:01 AM, V6 (Dietary Manager) stated any staff touching trays on the COVID unit should be wearing gloves. On 6/16/2020 at 10:37 AM, V2 (Director of Nursing) stated staff on the COVID positive unit are to wear gowns, gloves, mask/shield upon entering resident rooms. V2 stated staff are to wash their hands prior to entering and exiting resident rooms. V2 added disposable lab coats are to be snapped closed or put on backwards and snapped in back. V2 also stated all staff including V4 have been educated on PPE and hand hygiene. The facility's gloving policy documents: 1). Health care workers wear gloves to: a). Reduce the risk of personnel acquiring infections from residents. b). Prevent health-care worker flora from being transmitted to residents. c). Reduce transient contamination of the hands of personnel by flora that can be transmitted from one person to another. 3). Guidelines for glove use: b). Gloves are applied when there is a possibility of touching contaminated items. d). Gloves are removed and hands decontaminated between residents. The facility's Infection Control Policy reads: Implementing Precautions 4). Everyone- including physicians, nurses, members of the housekeeping staff and technicians- is responsible for observing appropriate precaution guidelines. 5). Precautions shall remain in effect until the infection is resolved based on the infection-specific policies. Section 11: Care of Resident in Isolation 3). Gowns a). Any person who has contact with the resident must wear Personal Protective Equipment (PPE) as dictated by the category of precaution being used. b). Only disposable gowns shall be used and shall be discarded immediately after use. d). When resident care and service is complete, the gown is removed and placed in trash receptacle in resident's room. 4). Discarding Disposable Gowns: (INSIDE RESIDENT'S ROOM) b). Wash hands thoroughly before leaving the resident's room.</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.