

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145737</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/22/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LEXINGTON OF LAGRANGE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4735 WILLOW SPRINGS ROAD LA GRANGE, IL 60525</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> - Some	<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 perform hand hygiene after handling potentially contaminated bed linens/laundry and before leaving an isolation room and entering another resident's room. The facility also failed to wear face shield/goggles while provision of housekeeping services in rooms identified as isolation for droplet and contact precautions in which social distancing could not be maintained. This applies to 5 of 6 residents (R1, R3, R4, R5, R6) reviewed for infection control practices related to Covid-19 protocol in the sample of 6. Findings include: Per residents' list under precautions, R3, R4, R5 and R6 were residents who were newly admitted to the facility and were placed under monitoring/isolation for droplet and contact precautions related to Covid-19 protocol for infection control.</p> <p>1. On 6/18/2020 at 9:55 AM, V7 (Housekeeper) changed bed sheets and emptied garbage bins in R4's bedroom. V7 was wearing mask, gown and gloves but she (V7) did not wear a face shield. After V7 completed her task, V7 removed her gown and gloves, and without hand hygiene left R4's bedroom and entered R3's bedroom. 2. On 6/18/2020 at 10:00 AM, V7 entered R3's bedroom wearing gown and mask but did not wear face shield. V7 stripped R3's old bed sheets, sanitized bed and call light cord while talking to R3 about two feet away. V7 changed gloves without hand hygiene and proceeded to apply new bed sheets. V7 removed her gloves, sanitized hands and proceeded to empty R3's garbage bin with her bare hands. Then V7 left R3's bedroom without performing hand hygiene. 3. On 6/18/2020 at 10:11 AM, after coming from R3's bedroom, V7 entered R5's bedroom. V7 donned gown and new set of gloves without hand hygiene. V7 did not wear face shield. V7 changed sheets and sanitized R5's bed. V7 was talking to R5 while she (V7) was sanitizing the cord while V7's face was about 12 inches away from R5. V7 changed her gloves to apply new bed sheets but did not perform hand hygiene. 4. On 6/18/2020 at 10:21 AM, V7 entered R6's bedroom. Again, V7 donned only gown and gloves, she (V7) stripped the R6's old beddings, sanitized the bed and call light cord while talking to R6 who was less than two feet away from her and emptied garbage bins. V7 changed gloves in between task without hand hygiene. The call light cords of the above residents were with them when V7 was sanitizing them. V7 was facing the residents' face about two feet away or less. On 6/18/2020 at 10:45 AM, V2 (Director of Nursing/DON) and V3 (Assistant Director of Nursing/ADON) both stated that all admissions are on transmission-based precautions for 14 days. The new admissions are placed under contact and droplet isolation. The staff must wear personal protective equipment (PPE) such as mask, gown and gloves. Face shield/goggles are not required for residents under quarantine; however, staff must wear it when they are talking closely to resident (meaning less than 6 feet away). In addition, hand hygiene must be performed before entering and leaving an isolation room, in between task and in between glove changing to prevent spread of infection. Facility's Policy and Procedure for Isolation Cleaning and Discharging documented: Procedure: - Housekeeping will put on PPE as precautions sign indicates and take only needed supplies into the isolation room. - Remove PPE according to guidelines and dispose of in the room. - Wash hands thoroughly.</p> <p>5. On 6/18/2020 at 10:27 AM, V12 (Laundry staff) reached into the room of R1 and retrieved the laundry receptacle, a small plastic trash can containing an open white plastic bag and linen items. The sign on the door of the room indicated DROPLET PRECAUTIONS. V12 proceeded to pour the linen items from the open container into another larger open container in the hallway where other staff were working. V12 replaced the smaller container back into the resident room. V12 then proceeded to move the larger laundry container to the next occupied room and repeated the procedure. V12 performed no hand hygiene after handling the container from the isolation room. On 6/18/2020 at 10:30 AM, V12 stated she was collecting laundry as she had been told to do. The facility provided their Infection Control Policy and Procedure, which documents: Section 23: LAUNDRY SERVICE POLICY: To reduce the spread of infectious or communicable disease. SUBJECT: LAUNDRY SERVICE: All soiled linen is considered contaminated. Soiled linen is handled as little as possible and with minimal agitation to reduce the risk of gross microbial contamination of the air and persons handling the linen.</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.