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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>145333</b>  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                          | (X3) DATE SURVEY COMPLETED<br><b>07/15/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>WEST SUBURBAN NURSING &amp; REHAB CENTER</b>  |   | STREET ADDRESS, CITY, STATE, ZIP<br><b>311 EDGEWATER DRIVE<br/>BLOOMINGDALE, IL 60108</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<br><br><b>Level of harm - Minimal harm or potential for actual harm</b><br><br><b>Residents Affected - Some</b>             | <p><b>Provide and implement an infection prevention and control program.</b><br/><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b><br/>Based on observation, record review, and interview, the facility failed to don PPE (Personal Protective Equipment) and perform hand hygiene while working on the unit designated as COVID 19. This applies to 4 of 5 residents (R1, R2, R3, R5) reviewed for infection control in a sample of 5. Findings include: 1). The Face Sheet for R1 documents the following Diagnoses: [REDACTED]. The physician's orders [REDACTED]. Every shift for COVID-19 The laboratory report dated 6/26/2020 reads: [DIAGNOSES REDACTED] COV-2 PCR Results- Positive The care plan reads: R1 tested positive for COVID 19, this places resident at risk for acute respiratory distress, secondary infections such as pneumonia, and increased risk for fluid volume deficit. Intervention- transmission based droplet isolations, respiratory until discontinued by the physician (Follow facility infection Control P&amp;P for isolation). The Face Sheet and POS for R3 documents the following Diagnoses: [REDACTED]. The POS documents: 6/12/2020 transmission based contact/droplet isolation. Every shift for COVID-19 The laboratory report dated 7/2/2020 reads: [DIAGNOSES REDACTED] COV-2 PCR Results- Positive The care plan reads: R3 tested positive for COVID 19, this places resident at risk for acute respiratory distress, secondary infections such as pneumonia, and increased risk for fluid volume deficit. Intervention- transmission based droplet isolations, respiratory until discontinued by the physician (Follow facility infection Control P&amp;P for isolation). On 7/14/2020 at 10:19 AM, V6 (Certified Nursing Assistant/CNA) entered the unit designated as Red Zone where residents with [DIAGNOSES REDACTED]. There was an isolation cart with PPE (Personal Protective Equipment) located in the donning/doffing area prior to unit entry. The cart contained N95 mask, gowns, gloves, head wear and shoe covers. V6 was wearing a surgical mask. V6 donned an isolation gown. V6 did not put on gloves or shoe covers. V6 then entered the room of R1 and R3. V6 pulled back the privacy curtains with her bare hands and assisted R1 in bed, adjusting R1's linen. V6 then pulled back the privacy curtains for R3 and provide assistance without performing hand hygiene between residents or wearing gloves. V6 then removed the trash from the room, unzipped the plastic barrier wall and entered the dementia unit. V6 then returned and went to R5's room, all without performing hand hygiene. The POS shows R5 is on contact/droplet precautions for COVID 19. 2). The Face Sheet for R2 documents the following Diagnoses: [REDACTED]. [REDACTED]. Every shift for COVID-19 The laboratory report dated 6/26/2020 reads: [DIAGNOSES REDACTED] COV-2 PCR Results- Positive The care plan reads: R2 tested positive for COVID 19, this places resident at risk for acute respiratory distress, secondary infections such as pneumonia, and increased risk for fluid volume deficit. Intervention- transmission based droplet isolations, respiratory until discontinued by the physician (Follow facility infection Control P&amp;P for isolation) On 7/14/2020 at 10:33 AM, V6 (CNA) was still not wearing a N95 mask or shoe covers on the COVID 19 unit. V6 was carrying a box of gloves. V6 placed the box on the floor in the hall. Without donning gloves, V6 picked the box up and entered R2's room. V6 then placed the contaminated box of gloves on R2's nightstand and began caring for R2. When asked the policy for PPE, V6 replied staff must wear gloves whenever inside resident rooms. V6 stated staff should also wear gloves when touching anything on the COVID unit. V6 stated she has an N95 mask on the isolation cart, but she's allowed to wear a surgical mask while caring for residents diagnosed with [REDACTED]. On 7/14/2020 at 10:05 AM, V4 (Maintenance Director) and V5 (Maintenance Worker) were inside the COVID 19 unit securing plastic barriers which separated the COVID 19 unit (red zone) from the dementia unit (green zone). Both employees were on the COVID 19 side of the barrier. Neither employee wore isolation gown, gloves, or shoe covers. V4 was wearing a KN95 mask, while V5 wore a surgical mask. V5 was on one knee with his pants touching the floor while nailing a wooden board to the wall to attach the plastic. The plastic barrier was located just outside of R1 and R3's room. V4 stated the policy is to wear gowns, gloves and N95 respirator mask always while on the COVID 19 unit. Both employees were going back and forth from the COVID 19 side of the barrier to the dementia side without performing hand hygiene. There were hand sanitizer dispensers on the walls on each unit. On 7/14/2020 at 12:00 PM, V3 (Infection Preventionist Nurse) stated the policy is to wear full PPE when on the COVID 19 unit. PPE includes, N95, gown, and gloves shoes. Everyone who enters the unit is required to wear all the PPE. Staff are required to don PPE prior to entering the unit. Staff must wear gloves for each patient, everyone must wash their hands after each glove use and between patients. Staff are not allowed to touch anything in the red zone without gloves. The purpose for shoe covers is because floors are contaminated and you're walking back through the green zones. Staff cannot put a box of gloves on the floor and take it to resident rooms, its contaminated, you must throw it out. There's hand sanitizer in the halls on the walls. Staff can wear surgical mask in the green zone, but everyone is required to wear N95 in the red zone. On 7/14/2020 at 12:20 PM, V2 (Director of Nursing) stated All Staff are required to wear head covering, face shield, gloves, N95 mask and shoe covering. If they don't wear shoe covers, they must use the disinfectant spray. They must spray their shoes prior to exiting the red zone. Upon exiting resident rooms, staff must remove gloves and wash their hands. The policy is to put on a fresh pair of gloves prior to exiting the room. Everything touched behind that barrier requires gloves. On 7/14/2020 at 1:00 PM, V1 (Administrator) stated all residents with COVID 19 [DIAGNOSES REDACTED]. Staff are required to wear N95 mask, everyone on that unit. Staff must wear head gear, N95, gown, gloves and shoe covers. The policy titled Hand Hygiene reads: Procedure a). When hands are visibly soiled, exposure to a spore forming organism has been suspected or proven . The policy titled PPE (Personal Protective Equipment) and Universal Precautions reads: Procedure a). Personal Protective Equipment (PPE) is provided to prevent blood and other potentially infectious materials from contacting employees clothing, skin eyes, mouth, and other mucous membranes. d). Transmission based precautions are designed for circumstances when additional precautions beyond standard precautions are needed. i). Contact transmission/contact precautions are divided into two subcategories: 1). Direct contact transmission which involves direct body surface to surface contact and physical transfer of the microorganisms between a susceptible host and an infected or colonized person 2). Indirect contact transmission which involves contact of a susceptible host with a contaminated object 3). Common variables included with contract precautions include hand hygiene, gloves, gown, and appropriate disinfectants. ii). Droplet precautions involves droplets generated by the resident, the employee, or visitor primarily during coughing, sneezing, and talking or during the performance of certain procedures. 1). Common variables included with droplet precautions are resident placement, gloves and hand hygiene, mask, goggles, and resident transport. The policy titled Resident Placement Determination reads: COVID 19 Positive (Red)- these are residents who are confirmed COVID 19 positive and who, based on CDC criteria, still warrant transmission based precautions. These residents should be placed in transmission-based precautions (droplet and contact) and cohorted into a COVID 19 wing, floor, or building. The policies do not document exactly what PPE staff are to don upon entering the COVID 19 unit. However, staff failed to don the appropriate PPE as stated by V1, V2 and V3.</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.