

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145864	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/13/2020
NAME OF PROVIDER OF SUPPLIER BRIA OF FOREST EDGE		STREET ADDRESS, CITY, STATE, ZIP 8001 SOUTH WESTERN AVENUE CHICAGO, IL 60620	
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 - Some	<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 maintain its infection control program designed to help prevent the development and transmission of communicable diseases and infections on two of 5 floors housing 94 residents of 294 residents in the facility. Findings include: 8/10/2020 10:34 AM Observed V14 (Housekeeper) entering room [ROOM NUMBER] wearing only gloves and a mask, and holding a rag and spray bottle. Observed V14 exiting room with gloves on and holding a rag and spray bottle and walked to his cart and went in front of 318. V14 Stated that he was cleaning with a disinfectant cleaner (Virix/Diversy EPA no -24). States he mops with all purpose cleaner and changes water every 3-4 rooms and as needed. V14 states he cleans frequently touched areas daily including hand rails and walls. V14 states he uses bleach and water to clean rooms on Contact/Droplet isolation. 10:44 AM asked V14 if he changes gloves between rooms and V14 said yes. V14 stated he wears gown, mask, gloves, and face shield to clean contact/droplet isolation rooms. Surveyor then observed that V14 did not change gloves or sanitize hands when exiting room [ROOM NUMBER] and going into room [ROOM NUMBER]. Surveyor 8/10/2020 at 10:30AM observed no hand-sanitizer outside any of the rooms including rooms that were contact/droplet isolation on the 3rd floor. Observed one hand-sanitizer dispenser on a medication cart by the nurses station and a hand-washing station also next to the nurses station. Surveyor 8/10/2020 at 10:35AM observed V7 (Housekeeper) go into room [ROOM NUMBER] wearing mask and gloves. V7 then came out of room [ROOM NUMBER] and went into Rm 508 to clean without changing gloves, washing hands or using sanitizer. V7 stated he is supposed to remove gloves before exiting room, wash hands and wear a face shield to perform the duties of housekeeping. Surveyor 8/10/2020 10:50AM observed V13 (Housekeeper) performing housekeeping duties on the 5th floor. V13 went into room [ROOM NUMBER] to clean inside room then exited and went into room [ROOM NUMBER] without gloves on. V13 did not wash hands or sanitize hands during this observation. V13 stated face shield gloves and face mask are required to perform duties. 8/10/2020 11:40AM V19 (Infection Control Nurse) stated the facility procedure for housekeepers cleaning residents rooms are to don gloves, face mask and face shield. Housekeeper then enters room to perform duties. Before exiting room housekeeper is to discard the gloves and wash hands. V6 (Housekeeping Supervisor) 8/13/20 10:47AM stated housekeepers are to wear gloves and face mask which are required on all floors for housekeepers . The following protocol is to be used for all floors except the 2nd floor which is a COVID isolation floor . On the 2nd floor (COVID isolation floor) the CDC guidelines for COVID isolation are used by all staff. The housekeeper is supposed to don gloves before entering room , a face mask is worn at all times, duties are performed then before exiting the room gloves are to be taken off and discarded. The hands are sanitized at this time. The 2nd room is entered and gloves are donned . Before exiting this room gloves are removed and hands are sanitized . The third room the housekeeper is supposed to don gloves before entering ,duties are performed and gloves are removed and hands are to be washed before exiting room . If there is no sink in room the nearest common handwashing sink is used . Review of facility procedure Titled Handwashing Procedure for Environmental Services inservice manual policy training reveals the following which includes . Hand hygiene continues to be the primary means of preventing the transmission of infection. The following is a list of some situations that require hand hygiene including: After removing gloves or aprons.</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.