

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2020
NAME OF PROVIDER OF SUPPLIER DUPAGE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 400 N COUNTY FARM RD WHEATON, IL 60187	
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 - Few	<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, record review and interview, the facility failed to remove soiled gloves and perform hand hygiene for residents diagnosed with [REDACTED]. The facility also failed to properly transport soiled linen. This applies to 3 of 4 residents (R1, R2, R4) reviewed for infection control in a sample of 4. Findings include: 1). The Face Sheet documents R1 is [AGE] years old and has [DIAGNOSES REDACTED]. Diagnostic testing dated 8/1/2020 reads: COVID 19 results DETECTED. The POS (physician's orders [REDACTED]). Nursing notes for 08/2020 shows R1 is on droplet/contact precautions for COVID 19. On 8/11/2020 at approximately 10:00 AM, V13 (Charge Nurse/Registered Nurse/RN) entered R1's room. V13 was dressed in PPE (Personal Protective Equipment) which included gloves, full body suit, face mask, and shoe covers. R1's room was on the unit designated as COVID 19. V13 adjusted personal items on R1's window seal and the curtains. V13 exited the room and did not remove her gloves or perform hand hygiene. A few minutes later V13 reentered the room wearing the same gloves and picked up the video camera. V13 exited the room again without removing her gloves or performing hand hygiene. V13 walked into the hall and touched the bin for dirty dining utensils. V13 touched the handle on the outside of the bin with the same gloved hands. V13 stated employees are not required to remove gloves and perform hand hygiene if they do not touch the resident. V13 stated it's better to take them off though. R1's Care Plan for COVID 19 reads: Facility implementing current CDC (Centers for Disease Control) guidelines in regards to COVID 19. Interventions: Remove all barriers, except mask, immediately prior to leaving the room. Using the sink inside the room nearest the door, wash hands. 2). The Face Sheet documents R2 is [AGE] years old and has [DIAGNOSES REDACTED]. The care plan reads: Facility implementing the current CDC guidelines in regards to COVID 19. On 8/11/2020 at approximately 9:35 AM, V2 (Director of Nursing) stated all residents on the 1 East unit are on contact and droplet isolation as precautions COVID 19 monitoring. V2 stated the entire unit is under quarantine. The PPE required is gown, face mask, gloves and shoe covers. There was an isolation cart noted upon entering the unit. V2 stated everyone entering the quarantine unit must don PPE by the isolation cart. Employees on the unit were noted wearing PPE. On 8/11/2020 at 10:20 AM, V14 (Registered Nurse/RN) stated every resident on 1 East is on transmission based precautions as they may have gone out of the facility or are new admissions. On 8/11/2020 at approximately 10:23 AM, V15 (Certified Nursing Assistant/CNA) entered R2's room without wearing gloves. R2 was awake in bed. V15 removed a dirty meal tray and placed it in a bin in the hall across from R2's room. V15 reentered the room without performing hand hygiene or donning glove. V15 then fixed the linen on R2's bed, moved a chair and adjusted R2's personal items on the bedside table. V15 did all of this without donning gloves or performing hand hygiene. V15 stated R2 is on isolation precautions and the policy is to wear gloves, gowns, and face mask. V15 stated she should've worn gloves to fix the blanket on R2's bed but she just forgot. 3). The Face Sheet documents R4 is [AGE] years old and was admitted on [DATE] with [DIAGNOSES REDACTED]. R4's room is located on the 1 East unit which is designated as quarantine or transmission based precautions. On 8/11/2020 at 10:50 AM, V17 gave R4 a shower. At 10:56 V17 brought R4 out of the shower room while wearing soiled wet gloves. V17 touched the shower door handle, opened the door and took R4 to her room. V17 stated she did not remove her gloves and perform hand hygiene because there's no hand sanitizer in the shower room. V17 also picked up the wet towels off the shower floor, touched the dirty shower chair, stepped into the hall and carried the linen to a laundry bin without placing it in a plastic bag. The Care Plan reads: 07/17/2020: Potential for Quality of Life compromise and need for medical management related to COVID 19 risk. Interventions: Facility implementing the current CDC guidelines in regards COVID 19. On 8/11/2020 at 11:15 AM, V10 (Infection Control Coordinator/Registered Nurse) stated for residents on the COVID 19 unit and quarantine /isolation staff are to wear hazmat suit or gown, gloves, shoe covers and mask. Staff are to remove gloves prior to exiting resident rooms and perform hand hygiene. V10 stated staff are required to wear gloves if they come in contact with the resident or any item in the room. V10 also stated for showers, staff are required to remove gloves prior to exiting shower room and perform hand hygiene. V10 stated V17 could've even used the shower nozzle to wash her hands. V10 stated employees must wash their hands prior to exiting. On 8/11/2020 at 12:19 PM, V2 (Director of Nursing) stated to the survey team staff are required to wear PPE inside COVID unit, if staff enters a resident room, they are already wearing full gear. If they care for the resident or touch any object in the room, even the remote control, they are expected to remove their gloves and perform hand hygiene. V2 stated for the quarantine unit there are two boxes of gloves in each resident room. When staff enters the room for care, or touch anything they are to remove the gloves and perform hand hygiene prior to exiting. V2 added that shower rooms have bags for linen transport. V2 stated if staff steps out into the hall with linen it must be in a plastic bag. V2 also stated staff are expected to remove gloves and perform hand hygiene prior to exiting the shower room. V2 stated all staff are provided hand sanitizer to keep in their pockets. V2 stated the entire 1 East unit is on quarantine/droplet and contact precautions. The policy titled Hand Hygiene reads: All healthcare workers and visitors will follow facility guidelines for hand hygiene. Antimicrobial agents may be used for cleaning hands and may be used for direct patient care. Gloves or baby wipes may not be substituted for hand hygiene. Wash hands when visibly soiled; show dirt or contamination from proteinaceous material; blood; or, other body fluids (i.e., fecal material or urine). Following is a list of some situations that require hand hygiene: -When hands are visibly soiled -Upon & after coming in contact with resident's intact skin (i.e., pulse, BP) Before & after -Direct resident care -Going into an isolation precautions setting -Assisting resident w/personal care (i.e., oral care) - Assisting resident with toileting After -Contact with a resident with infectious diarrhea, including but not limited to infections caused by norovirus, salmonella, shigella & [DIAGNOSES REDACTED] (use soap & water) -Contact with resident's mucous membranes & body fluids or excretions -Handling soiled or used linens, dressings, bedpans, catheters & urinals -Handling soiled equipment or utensils -Removing gloves or aprons The facility's policy for Infection Control for COVID 19 reads: Preventing the Spread COVID-19- In the event COVID-19 is introduced within the facility, our efforts will transition to preventing the COVID-19 from spreading. Prevention efforts will include Standard Precautions for all residents, which are the minimum infection prevention practices that apply to all resident care, regardless of suspected or confirmed infection status of the resident, in any setting where health care is delivered. These practices are designed to both protect HCP (Health Care Personnel) and prevent HCP from spreading infections among residents. Standard Precautions include - i. Hand hygiene - washing hands often with soap and water for at least 20 seconds or using an alcohol-based hand rub that contains at least 60% alcohol 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. If hands are visibly soiled, staff will use soap and water before returning to alcohol-based hand rub. ii. Use of personal protective equipment (e.g., gloves, gowns, masks, eyewear) when there is an expectation of possible exposure to infectious material. iii. Respiratory hygiene/cough etiquette principles. b. Following Transmission Based Precautions, which are the second tier of basic infection control and are to be used in addition to Standard Precautions for residents who are suspected or confirmed to have COVID-19, for which additional precautions are needed to prevent infection transmission. There are three types of transmission-based precautions--contact, droplet, and airborne.</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2020
NAME OF PROVIDER OF SUPPLIER DUPAGE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 400 N COUNTY FARM RD WHEATON, IL 60187	
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)		
<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>(continued... from page 1)</p> <p>ii). Facility will use personal protective equipment (PPE) appropriately. Donning PPE upon room entry and properly discarding before exiting the resident room is done to contain pathogens. The facility's policy for Soiled Linen dated 7/2002 does not inform staff of how to transport soiled linen in the halls.</p>		