

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145752	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/29/2020
NAME OF PROVIDER OF SUPPLIER FOREST VIEW REHAB & NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 535 SOUTH ELM TASCA, IL 60143	
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 - Many	<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 prevent potential infection and transmission of COVID-19 by failing to: 1) wear full personal protective equipment (PPE) while in the designated COVID unit; 2) cover clean linens during transport; 3) separate contaminated washcloths from clean linens; and 3) sanitize laundry cart after being used in the suspected/presumptive COVID-19 unit. This deficient practice had the potential to affect all 103 residents in the facility. Findings include: During the entrance conference on 5/27/20 at approximately 10:30am, the Administrator stated that the facility was divided in different zones (Green Zone, Yellow Zone and Red Zone). The Administrator explained that the residents in the Green Zone had no COVID concerns. The residents in the Yellow Zone were considered suspected or presumptive cases and the residents in the Red Zone were confirmed positive for COVID-19. Review of the facility's Resident Roster indicated there were 45 confirmed COVID-19 residents in the Red Zone area and 34 residents in the Yellow Zone (suspected or presumptive cases). Review of the facility's surveillance record indicated a total of 105 COVID-19 positive cases (74 residents and 31 staff). 1. Observations on 5/27/2020 at 11:45am revealed E1 (Employee1) to be coming out of the elevator pushing a wire laundry cart containing uncovered clean linens. E1 pushed the laundry cart across the hallway of the Yellow Zone and stopped at the entrance of the Red Zone. E1 donned required PPE and entered the Red Zone and brought out a covered linen cart and started stocking the linen cart with the linens that he transported from the laundry. As E1 was stocking the covered linen cart, one washcloth was dropped on the floor. E1 picked up the washcloth and placed it back in the linen cart. As he continued to stock the linen cart, two more washcloths were dropped on the floor and E1 retrieved those washcloths and placed them back in the linen cart. Once E1 was done with stocking the covered linen cart, E1 pushed the empty wire laundry cart to the elevator passing again through the Yellow Zone area. E1 stated he was going down to the laundry room, so the surveyor followed E1. However, E1 did not remove the gown he was wearing as he was leaving the Yellow Zone until he saw the surveyor doffed her gown. E1 was wearing two gowns and when he removed both he placed them inside the wired laundry cart and left the cart in the laundry area. The surveyor waited for E1 to return to the laundry area for follow up interview. However, E1 did not return right away. E2 stated the housekeeping and laundry staff were called for a meeting by the Administrator. A follow-up interview later at 1:50pm with E1 through an interpreter E4 (activity staff). E1 confirmed the surveyor's observation that he picked up the contaminated (dropped on the floor) washcloths and placed them with the clean linens. Through this interview, E1 admitted that the wire laundry cart was not sanitized before placing it with other carts for general use. When asked what he did with the gowns that he used when he was up in the Yellow Zone, E1 stated he would wash them and showed the gowns which were now stored inside the plastic bag. Review of an article titled How long does COVID-19 live on Stainless Steel?/Visualized Science by Charles Li, MD dated 4/2/20, indicated Steel feels clean. After all, hospitals and labs use plenty of stainless steel surfaces in operating rooms and other sterile areas. However, when it comes to coronavirus, it may not be as safe as you think. A new study finds that COVID-19 viruses can live on steel for up to a day. Scientists measured this by laying down a few drops of fluid containing COVID-19 [MEDICAL CONDITION] particles. They then collected samples at regular time points to measure how many viruses were still present on the stainless steel surface. After 24 hours, 1.82% of COVID 19 viruses still could be found. (M)ost COVID-19 viruses die pretty quickly on a steel surface. However, some [MEDICAL CONDITION] particles can remain for hours on the surface. Since stainless steel is often found on frequently touched surfaces, it's essential to keep steel surfaces clean. Review of the Centers for Disease Control and Prevention (CDC) titled Background G. Laundry and Bedding under the heading of Guidelines for Environmental Infection Control in Health-Care Facilities (2003) specified that Laundry in a health-care facility may include bed sheets and blankets, towels, personal clothing, patient apparel, uniforms, scrub suits, gowns, and drapes for surgical procedures. Contaminated textiles and fabrics in health-care facilities can be a source of substantial numbers of pathogenic microorganisms. After washing, cleaned and dried textiles, fabrics, and clothing are pressed, folded, and packaged for transport, distribution, and storage by methods that ensure their cleanliness until use. Clean linens must be packaged prior to transport to prevent inadvertent contamination from dust and dirt during loading, delivery, and unloading. Functional packaging of laundry can be achieved in several ways, including placing clean linen in a hamper lined with a previously unused liner, which is then closed or covered (and) placing clean linen in a properly cleaned cart and covering the cart with disposable. 2. On 5/27/20 at approximately 12:33pm, the surveyor entered the Red Zone area. Posted on the entrance revealed: Red Zone Full PPE: N95 mask, gown, gloves, eye protection, face shield, hair covering, shoe covering. If shoe coverings are unavailable must spray shoes (including soles) with disinfectant prior to leaving the Red Zone. This PPE can be worn throughout the unit from room to room. Should only be changed if soiled or ill fitting. Observations on 5/27/2020 at approximately 12:33pm in the Red Zone revealed the following: E3 was cleaning room [ROOM NUMBER]. E3 was not wearing an eye protector or face shield. There was no resident in the room. When asked, E3 stated the resident might be in the lounge. When asked if she should be wearing an eye protection or face shield, E3 stated she was given one but was not told that she should wear it. After cleaning room [ROOM NUMBER], E3 proceeded to clean room [ROOM NUMBER]. At this time two residents (R1 and R2) were on their bed. In the TV lounge, four residents who were wearing masks were observed watching TV. However, one resident (R3) was observed pacing back and forth and was not wearing a mask. When asked about R3, RN1 (Registered Nurse) stated the resident refused to wear mask and would not stay in the room. Observed in the hallway by room [ROOM NUMBER] was another housekeeper E5. E5 was wearing eyeglasses but not an eye protector or face shield. During an interview on 5/27/20 at 2:18pm with the Administrator and Director of Nursing, both indicated that staff should be wearing the required PPE including the face shield as posted by the entrance. Review of the surveillance record indicated that R1 was tested on [DATE], R2 was tested on [DATE] and R3 was tested on [DATE] and all three residents were confirmed positive of [DIAGNOSES REDACTED] CoV-2. Review of Centers for Disease Control and Prevention (CDC) Guidelines under the title of Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings dated 5/18/20 specified, Mode of transmission: Current data suggest person-to-person transmission most commonly happens during close exposure to a person infected with [MEDICAL CONDITION] that causes COVID-19, primarily via respiratory droplets produced when the infected person speaks, coughs, or sneezes. Droplets can land in the mouths, noses, or eyes of people who are nearby or possibly be inhaled into the lungs of those within close proximity. Transmission also might occur through contact with contaminated surfaces followed by self-delivery to the eyes, nose, or mouth. Recent experience with outbreaks in nursing homes has reinforced that residents with COVID-19 frequently do not report typical symptoms such as fever or respiratory symptoms; some may not report any symptoms. Unrecognized asymptomatic and pre-symptomatic infections likely contribute to transmission in these and other healthcare settings. Review of the United States Department of Labor recommendations made by Occupational Safety and Health Administration (OSHA) titled COVID and Control and Prevention indicated This section provides guidance for environmental services (i.e., janitorial, cleaning) workers. This guidance supplements the general interim guidance for U.S. workers and employers of workers with potential occupational exposures to [DIAGNOSES REDACTED]-CoV-2. Note that</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.

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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>(continued... from page 1)</p> <p>workers performing environmental services or janitorial tasks in healthcare settings, particularly where they may be exposed to suspected or confirmed COVID-19 patients, may need protections described in the Healthcare Workers and Employers section. The guideline defined Examples of healthcare work task associated with exposure risk levels: as High when janitorial and cleaning worker enter(s) known or suspected COVID-19 patient's room . OSHA recommended under Personal Protective Equipment that (h)healthcare workers must use proper PPE when exposed to a patient with suspected or confirmed COVID-19 or other sources of [DIAGNOSES REDACTED]-CoV-2 (See OSHA's PPE standards at 29 CFR 1910 Subpart I). OSHA recommends that healthcare workers with exposure to suspected or confirmed COVID-19 patients wear: Gloves Gowns Eye/face protection (e.g., goggles, face shield) NIOSH-certified, disposable N95 filter face piece respirators or better.</p>		