

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145835	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/10/2020
NAME OF PROVIDER OF SUPPLIER BELLA TERRA WHEELING		STREET ADDRESS, CITY, STATE, ZIP 730 WEST HINTZ ROAD WHEELING, IL 60090	
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 observations, interviews, and record review, this facility failed to properly prevent and/or contain the spread of COVID-19 by not following their Infection Control protocols for cleaning and disinfecting mechanical lift equipment after its use with one resident (R3) under investigation for Covid-19 in a sample of 20 residents reviewed for infection control practice. This failure has the potential to transmit Covid-19 particulates to 16 residents (R5, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15, R16, R17, R18, R19, and R20) that use the same mechanical lift device for transfers. This facility also failed to follow their Infection Control protocol to include applying appropriate PPE (personal protective equipment) prior to providing resident care in one resident's (R3) isolation room in a sample of 20 residents. Findings include: On 6/9/2020 at 10:00am, this surveyor observed V7, CNA (Certified Nursing Assistant), enter R3's room. This surveyor observed signage posted on R3's door noting contact and droplet transmission based precautions, as well as an isolation cart containing isolation gowns, masks, and gloves next to room. Signage is also noted to keep door closed at all times. V7 is observed wearing a face mask and face shield. V7 is observed to enter R3's room without applying a gown or gloves. Shortly thereafter, V6 (CNA) enters room with mechanical lift device. V6 is also observed wearing a face mask and face shield. V6 is observed to enter R3's room without applying a gown or gloves. On 6/9/2020 at 10:05am, V7 is observed exiting R3's room, does not shut door completely. On 6/9/2020 at 10:12am, V6 exits R3's room with mechanical lift device and returns device to end of hall. V6 then re-enters resident's room. Again, no additional PPE is applied; V6 does not shut door completely. On 6/9/2020 at 10:15am, V2, DON (Director of Nursing) peaks into R3's room through door opening. V2 is heard by this surveyor telling V6 to stop what V6 is doing, wash hands, and come out of room and put on PPE (personal protective equipment); then re-enter R3's room and finish what he was doing. V2 is observed shutting R3's door completely. On 6/9/2020 at 10:16am, V6 exits R3's room with R3's breakfast tray. V6 is observed entering R5's room to remove breakfast tray. This surveyor did not observe V6 or V7 clean and disinfect the mechanical lift device after it was used for R3. This surveyor observed the mechanical lift device to be visibly dirty/dusty. On 6/9/2020 at 1:40pm, V2, DON, stated that staff are expected to apply PPE prior to entering isolation room. V2 stated that staff are expected to clean all equipment with a disinfecting wipe after using in an isolation room. V2 stated that these wipes are stored in isolation cart outside each isolation room. V2 stated that there are currently 17 residents on the second floor nursing unit that require a mechanical lift device for transfers. Documentation presented by V2, DON, was reviewed. This document notes that R3, R5, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15, R16, R17, R18, R19, and R20 require the use of a mechanical lift device for transferring into and out of bed. Review of this facility's Infection Prevention and Control policy, revised 7/31/2019, notes bleach wipes will be used to disinfect non-disposable items. Healthcare personnel entering an isolation room should use contact and droplet precautions and use eye protection. Staff caring for residents who are on droplet and contact isolation due to Covid-19 [DIAGNOSES REDACTED]. Review of this facility's disinfection of equipment policy, dated 5/5/2020, notes cleaning and disinfecting of equipment is necessary to decrease the risk of transmission of infectious organisms. All non-disposable items are cleaned, disinfected following federal, state, and local guidelines and in accordance with manufacturer's recommendations.</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.