

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145333	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/05/2020
NAME OF PROVIDER OF SUPPLIER WEST SUBURBAN NURSING & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP 311 EDGEWATER DRIVE BLOOMINGDALE, IL 60108	
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 perform hand hygiene when providing care to residents on Transmission Based Precautions for COVID-19. This applies to 2 of 4 residents (R1, R2) reviewed for infection control in a sample of 4. Findings include: The Face Sheet for R1 documents: [AGE] year-old male admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Documented laboratory results from the local hospital reads [DIAGNOSES REDACTED]COV2</p> <p>*Positive (5/27/2020). The physician's orders [REDACTED]. The Care Plan documents R1 tested positive for COVID-19. Interventions: Transmission based droplet/respiratory, until discontinued by the physician (Follow facility Infection Control Policy and Procedures for Isolation). The Face Sheet for R2 documents: [AGE] year-old male with a readmitted [DATE] and [DIAGNOSES REDACTED]. Discharge summary from local hospital documents: Confirmed [DIAGNOSES REDACTED]. The Care Plan documents R2 tested positive for COVID-19. Interventions: Transmission based droplet/respiratory, until discontinued by the physician (Follow facility Infection Control Policy and Procedures for Isolation). On 6/4/2020 at approximately 9:45 AM, R1 was standing in the doorway of his room coughing. V5 (Certified Nursing Assistant/CNA) assisted R1 back into the room and prepared his bed with fresh linen. V5 was wearing PPE (Personal Protective Equipment) which included gown, gloves, face shield and mask. After changing linen on R1's bed, V5 approached R2 (roommate) without changing her gloves or performing hand hygiene. R2 was sitting in a reclining chair and noted with an indwelling catheter. V5 emptied the urine collection bag into a plastic urinal and took it into the restroom. V5 poured the urine into the toilet. After flushing the toilet, V5 exited the restroom without removing her gloves or washing her hands. V5 removed the gloves near the resident's bed and placed them in the trash can. V5 exited the room without washing her hands or using hand sanitizer. V5 then walked to the linen cart in the hall, lifted the covering, reached into a box of clean gloves and obtained a fresh pair. After donning the gloves without performing hand hygiene V5 was asked about the facility's infection control policy. V5 only replied that she did not perform hand hygiene. On 6/4/2020 at 11:10 AM, V3 (Infection Preventionist) stated staff are to perform hand hygiene with every patient encounter and prior to exiting the resident room. The facility educates staff frequently on hand hygiene. Hand sanitizer is available throughout the unit on the walls. On 6/5/2020 at 10:06 AM, V1 (Administrator) stated staff have been educated on PPE and hand hygiene. Staff competencies include how and when to perform hand hygiene. V1 also stated staff are expected to perform hand hygiene anytime they provide resident care, before and after donning gloves, when touching resident objects and whenever they feel their hands are dirty. The facility's COVID-19 Plan documents: Letter: To Our Employees The Centers for Disease Control and Prevention (CDC) have recommended a variety of steps that we are implementing to help reduce the potential for [MEDICAL CONDITION] to enter our building. However, we need your help in battling COVID-19. 3). Practice proper hand washing hygiene. All employees should clean their hands before and after interaction with residents and their environment with an alcohol-based hand sanitizer that contains at least 60-95% alcohol or wash their hands with soap and water for at least 20 seconds. Hand Hygiene Policy I). Scope -The scope of this guideline includes all interdisciplinary members, visitors, and individuals that partake in the resident plan of care. III). Procedure -When hands are visibly soiled, exposure to a spore forming organism has been suspected or proven, before and after eating, and after using the restroom hands should be washed with a non-microbial and anti-microbial soap. PPE and Universal Precautions I). Scope -The scope of this guideline includes all interdisciplinary members, visitors, and individuals that partake in the resident plan of care. -Transmission based precautions are designed for circumstances when additional precautions beyond standard precaution are needed. I). Contact transmission -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. -Indirect contact transmission which involves contact of a susceptible host with a contaminated object. -Common variables include hand hygiene, gloves, gown, and appropriate disinfectants.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.