

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145173	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/05/2020
NAME OF PROVIDER OF SUPPLIER HEATHER HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 15600 SOUTH HONORE STREET HARVEY, IL 60426	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and record review the facility failed to follow their infection control protocol and ensure social distancing of at least 6 feet was maintained on the elevator for 10 of 10 residents (R5- R14) reviewed for social distance and infection control. The facility also failed to follow their covid19 control practices by not following the manufacturers testing recommendation to ensure the efficacy of the disinfectant (oxivir tb) on high touch areas, the facility also failed to ensure the dish machine reached at least 160 degrees Fahrenheit to disinfect the dishes used by 1 or 1 resident (R3) reviewed for infection control practice for droplet isolation. The facility also failed to follow infection control policy while providing housekeeping duties for 1 of 3 residents (R15) reviewed for infection control practice while providing housekeeping duties. Findings include: 1. On 6/4/2020 at 1:21 PM, R5, R6, R7, R8 and R9 all observed entering elevator on second floor to go to first floor for designated smoking time. At 1:35 PM, R5, R6, R7, R8 and R9 were all observed exiting elevator and returning to rooms on second floor. At 1:36 PM, R 10, R 11, R12, R 13 and R14 observed entering elevator on second floor to go to first floor for designated smoking time. At 1:54 PM, R 11, R 13 and R14 were observed exiting elevator on second floor. No signage observed near elevators on first or second floor related to social distancing on elevator. On 6/4/2020 at 2:21 PM, V 1 (administrator) stated all staff responsible for ensuring social distancing between residents and on elevators. V 1 stated 3 to 4 residents can be on the elevators at one time. On 6/4/2020 at 3:00PM, V 4 (maintenance) measured elevator to be 5 feet inches across and 8 feet long. Facility policy titled covid19 control measures (resident) dated 3/24/2020 documents the facility is committed to reducing spread and transmission of covid 19 and will continue to follow all guidance and recommendations from centers for disease and control (CDC), state and local health departments. CDC website last updated 5/6/2020 under Social Distancing documents social distancing also called physical distancing means keeping space between yourself and other people outside of your home. To practice social distancing: stay 6 feet from other people, do not gather in groups and stay out of crowded places and avoid mass gathering. In addition to everyday steps to prevent Covid 19, keeping space between you and others is one of the best tools we have to avoid being exposed to this virus and slowing the spread locally and across the country. 2. On 6/4/2020 at 3:09PM, V 3 (housekeeping) stated staff were instructed to pour one bottle of disinfectant spray in container and fill the rest of container with water. There is no exact measurement for water to be added. V 3 verified disinfectant bottle. On 6/4/2020 at 4:30 PM, V 3 stated facility has never had testing strips for disinfectant filling system and has not tested disinfectant to ensure accuracy of disinfectant solution. Disinfectant (oxivir tb) ready for use documents to apply disinfectant undiluted to surfaces any spray, cloth or disable wipe. Disinfecting dispensing system document revised 1/25/2018 under testing recommendation documents, recommends facilities test dispensing systems whenever a concentrated bottle of disinfectant is changes. Depending on the use of a particular system, this would ensure that the dispensing system is checked at least monthly and in heavy use situations more frequently. Under method documents recommended to use disinfectant test/indicator strips to determine accuracy of the disinfectant solution. A written log should be maintained of all dispenser and dispenser testing. Under overview documents that routine testing for select dispenser documents: it is important to test disinfectant solutions to ensure they are properly diluted and will perform according to the label efficacy claims and that the dispenser is operating within acceptable parameters. Facility policy titled covid-19 control measure (environmental) dated 3/24/2020 documents to clean high touch surface areas, you can use any approved housekeeping products. Approved housekeeping products include disinfectant 5:16 solution-requires the use of a bucket and towels and has 5 minute wet contact time. Wipes provided by facility.</p> <p>3. On 6/4/2020 at 9:45am, V2 (Director of Nursing) said, R3's is on airborne/droplet isolation precaution for presumed Covid-19 On 6/4/2020 at 12:45pm, Surveyor observed, R3 being given a hard plastic reusable lunch tray with silver ware. On 6/4/2020 at 1:15pm, V10 (Dietary Director) said, I didn't know anything about R3 being on isolation which is why he received a regular tray but we use a high temperature dish machine to disinfect all the dishes. On 6/4/2020 at 3:42pm, V10 used a disposal thermometer test strip through the high temperature dish machine. V10 said, the dish machine will reach 160 degree Fahrenheit to disinfect the dishes, the test strip window will turn black indicating a safe temperature has been reached. Surveyor observed, the test strip after completing a wash/rinse cycle in the dish machine. The test strip was observed faint gray in color mixed with white. On 6/4/2020 at 4:20pm, V10 said, residents on isolation precaution, have a noted attached to their diet card that documents: all paper/isolation. During the tray line, the cook is also given a verbal before plating the food to use all paper/plastic disposal dishware. Today, we dropped the ball with R3's lunch tray. R3's Physician order [REDACTED]. Policy: Operation of the Dishmachine dated 2/11: #3 Refer to manufacture instructions for operation of specific dish machine. Manufacture Manual: Disposable Thermometer: Turns black if safe water temperature of 160 degree Fahrenheit has been reached. 4. On 6/4/2020 at 12:50pm, V8 (Housekeeper) was observed moving R3's clear plastic isolation bin from the hallway to the inside of R3's room. V8 plugged the cord to the floor buffer into R3's electric socket inside of R3's room behind a red isolation trash can. V8 proceed to buff the hallway outside of R3's room without hand hygiene. V8 removed the cord from R3's isolation room and placed it in another resident without hand hygiene. V8 was observed touching R15 hand. V8 made physical contact by bumping both his and R15 fist together. On 6/4/2020 at 1:00pm, V8 said, I was informed about a resident on this unit who was on isolation for suspected Covid-19. I moved the plastic bin because it was in my way. The red bins are isolation bins and has infected items in it that I can't touch. I gave R15 a fist bump because he is my friend. On 6/4/2020 at 3:10pm, V3 (Housekeeping Director) said, my staff should not plug anything into an isolation room unless working in that room. V8 should have washed his hand/changed gloves before and after entering and exiting an isolation room. On 6/5/2020 at 1:23pm, V8 said, I should have washed my hands. R3's Physician order [REDACTED]. Policy: Hand Washing and Hand Hygiene dated 3/19: Appropriated hand hygiene is essential in preventing the spread of infectious organisms in healthcare settings. #7 For everything else use an alcohol-based hand rub.</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.