

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145700	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/29/2020
NAME OF PROVIDER OF SUPPLIER LEXINGTON OF CHICAGO RIDGE		STREET ADDRESS, CITY, STATE, ZIP 10300 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415	
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, interview, and record review, the facility failed to follow their infection control policy and practice and don all required PPE for droplet transmission precaution for 2 of 8 residents (R4, R5) reviewed for donning and doffing (PPE) personal protective equipment. The facility also failed to ensure housekeeping staff followed droplet transmission precautions while cleaning the room of 1 of 4 residents (R7) reviewed for infection control precautions, and the facility also failed to ensure high touch/common area remained in contact with the disinfectant cleaner for at least 5 minutes per manufacturer recommendations Findings include: 1. On 5/28/2020 at 12:15pm, R4 was observed in his room with signage on door that documented droplet precautions. Personal Protective Equipment (PPE) cart was outside of R4's room with PPE supplies. V5 (Certified Nursing Assistant/CNA) entered R4's room to assist R4 with care request. V5 entered R4's room without donning gown or face shield/goggles. At 12:20pm, V5 was observed exiting R4's room and observed getting incontinence brief from storage room and returning to R4's room. V5 entered R4's room without donning a gown or eye protection. At 12:30 pm, V5 (CNA) was observed exiting R4's room. Hand hygiene was performed. V5 was observed entering R6's room and took lunch order. V5 was observed going to common 1st floor dining room and retrieved lunch tray for R5. On 5/28/2020 at 1:30 PM, V2 (Director of Nursing) stated if staff providing direct care to residents in droplet isolation room, staff should be wearing mask, gown, eye protection and gloves. On 5/28/2020 at 1:10 PM, V5 stated isolation rooms have signs outside the door with type of isolation. For droplet precautions, staff are supposed to wear mask, gown, gloves, eye protection before going into resident's room. On 5/28/2020 at 1:07 PM, V6 (Nurse) stated only her reusable gown was in R4's room and no other reusable or PPE was available in room. R4's physician order [REDACTED]. Facility's clinical monitor report dated 5/28/2020 documents R4 on droplet precautions. R6 does not have any isolation orders documented. On 5/28/2020 at 12:25 pm, V5 was observed delivering lunch tray to R5's room. R5's door had sign for droplet transmission precautions and PPE cart was outside room door with supplies. V5 entered room without donning gown or eye protection. R7 was observed in bed and not wearing a mask or face covering. V5 assisted R7 with food tray set up. Upon leaving room, V2 (DON) instructed V5 to wash her hands and informed V5 that she would need to wear a gown when that close to resident. V5 stated I thought gowns were only used in contact isolation rooms. On 5/28/2020 at 1:30 PM, V2 stated if staff providing direct care to residents in droplet isolation room, staff should be wearing mask, gown, eye protection and gloves. On 5/28/2020 at 1:10 PM, V5 stated isolation rooms have signs outside the door with type of isolation. For droplet precautions, staff are supposed to wear mask, gown, gloves, eye protection before going into residents room. V5 had training last month on PPE/hand hygiene. R5's physician order [REDACTED]. Facility's clinical monitor report dated 5/28/2020 documents R5 on droplet precautions. 2. On 5/28/2020 at 12:45 pm, surveyor observed V7 (housekeeping) sweeping R7's room. R7's room had droplet transmission precautions posted on door. V7 was observed sweeping a pair of gloves along with dirt/dust out of R7's room into the common hallway and about 6 feet down the hall to housekeeping cart. V7 was observed using a small black broom and dust pan to pick up garbage from R7's room and disposed it into garbage bag on housekeeping cart. V7 then used same small black broom and dust pan to sweep doorway and entrance of R8's room. Housekeeping equipment was not disinfected. On 5/28/2020 at 2:15 pm, V8 (Director of Environmental Services) stated when staff are cleaning isolation rooms, all dirty items should stop at the door. Nothing should go out of the door in isolation room. Facility's clinical monitor report dated 5/28/2020 documents R7 is on droplet precautions. R8 does not have any isolation orders documented. Facility policy titled Isolation Patient Room Daily Cleaning dated 5/20 documents at the end of the cleaning procedures, one additional cleaning cloth should be used to disinfect all equipment that was brought in to room. 3. On 5/28/2020 at 12:55 pm, V7 was observed spraying (Namebrand) concentrate disinfectant into cloth cleaning pad and wiping down high touch surfaces areas including hand rails and door knobs on first floor hallways. On 5/28/2020 at 2:15 pm, V8 stated when using (Namebrand) spray, staff should spray disinfectant directly on area being cleaned and wait five minutes before wiping disinfectant off surface area. The importance of waiting 5 minutes is to ensure the disinfectant can kill germs/bacteria on surface being cleaned. Document titled List N Products with emerging [MEDICAL CONDITION] pathogens and human coronavirus claims for use against Sara-CoV-2 documents a contact time of 5 minutes for (Namebrand) disinfectant spray.</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.