

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145379	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/10/2020
NAME OF PROVIDER OF SUPPLIER ALDEN VALLEY RIDGE REHAB & HCC		STREET ADDRESS, CITY, STATE, ZIP 275 EAST ARMY TRAIL ROAD 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, interview, and record review, the facility failed to follow their policy and the Centers for Disease Control and Prevention guidelines to contain potential spread of COVID-19. This applies to 3 of 7 residents (R2, R6, and R7) reviewed for infection control of COVID-19. The findings include: According to the Electronic Health Record (EHR) R1 had [DIAGNOSES REDACTED]. The EHR shows R1 was roommates with R2 when both were tested for COVID-19 on 05/27/2020.</p> <p>Neither R1 or R2 had symptoms. R1's laboratory results showed a midturbinate nasal swab was collected on 05/27/2020 and the results positive for COVID 19 were received on 05/30/2020. R2's laboratory results showed a midturbinate nasal swab was collected 05/27/2020 with results negative for COVID 19 were received on 05/30/2020 . The EHR census showed R2 was transferred to another room with R6 and R7 who both had negative test results for COVID 19 on the same dates. None of them were placed in contact and droplet precautions. On 06/09/2020 at 12:40 PM, no contact and droplet precautions were in place for R2, R6, or R7. According to the EHR, R2 has [DIAGNOSES REDACTED]. According to the EHR, R6 has [DIAGNOSES REDACTED]. According to the EHR, R7 has [DIAGNOSES REDACTED]. On 06/10/2020 at 12:27 PM, V2 (DON) said R1 and R2 were tested on [DATE] and the facility received the positive test result for R1 and negative test result for R2 on 05/30/2020. R2 was moved into the room with R6 and R7 because her test result was negative, R2 wasn't having any signs or symptoms, and R6 and R7 were also negative for COVID-19. R2, R6, and R7 were not placed in quarantine on contact and droplet precautions even though R2 had been in the same room as R1 between 05/27/2020 and 05/30/2020. On 06/10/2020 at 2:55 PM, V1 (Administrator) said the facility received resident test results on 05/30/2020. V1 said R2 was moved out of the room since she had tested negative and placed in another room with R6 and R7. V1 said a roommate of a confirmed COVID-19 positive resident would be considered a suspected resident and would follow the same guidelines as the facility's Resident with Known or Suspected COVID-19 Guidance policy. On 06/10/2020 at 3:17 PM, V5 (Licensed Practical Nurse, LPN) stated when R1's positive test results were received, R1 was placed in contact and droplet precautions. R2 was moved to a different room with R6 and R7. These residents were not placed in any type of quarantine or isolation precautions. V5 said usually when a resident tests positive for COVID-19 they place the roommate in a separate room on contact and droplet precautions and test them also. V5 said R1 and R2 were in the same room but neither had any symptoms and they didn't really have contact with each other. V5 said the Administrator had given instructions to place R2 in the room with R6 and R7. V5 said he was aware a person could be positive and not have any symptoms. The facility's Resident with Known or Suspected COVID-19 Guidance policy dated 03/2020 included Known or suspected rooms with COVID-19 will be placed on contact and droplet precautions. The Centers for Disease Control and Prevention (CDC) Responding to COVID-19 in Nursing Homes guidance website dated 04/30/2020 includes Roommates of residents with COVID-19 should be considered exposed and potentially infected and, if at all possible, should not share rooms with other residents unless they remain asymptomatic and/or have tested negative for [DIAGNOSES REDACTED]-CoV-2 14 days after their last exposure (e.g., date their roommate was moved to the COVID-19 care unit).</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.