

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 03/12/2020
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 0623 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review the facility failed to notify the ombudsman concerning resident transfers and discharges from the facility for six residents R12 , R21, R85 , R95 , R117 and R 143 reviewed for transfer and discharge notification in a sample of 29. Finding include: On 3/12/20 at 2: 50 pm MDS (Minimum Data Set) Section A has R21 sent to the hospital on [DATE]. Facility records revealed no Transfer/discharged notice was sent to the ombudsman. On 3/12/20 at 2:55pm V2 (Director of Nursing) stated we do not notify the ombudsman when a resident is transferred or discharged from the facility.</p> <p>On 3/12/2020 at 2:55pm facility record review of the Minimum data set (MDS) section A, for R12 who was sent to the hospital on [DATE] , facility records revealed no transfer/ discharge notice was given to the ombudsman. On 3/12/2020 at 2:55pm facility record review of the Minimum data set (MDS) section A, for R85 who was sent to the hospital on [DATE] , facility records revealed no transfer/ discharge notice was given to the ombudsman. On 3/12/2020 at 2:55pm facility record review of the Minimum data set (MDS) section A, for R95 who was sent to the hospital on [DATE] , facility records revealed no transfer/ discharge notice was given to the ombudsman. On 3/12/2020 at 2:55pm facility record review of the Minimum data set (MDS) section A, for R117 who was sent to the hospital on [DATE] , facility records revealed no transfer/ discharge notice was given to the ombudsman.</p> <p>On 3/12/2020 at 2:45 PM MDS (Minimum Data Set) has R143 discharge assessment dated [DATE] Facility records revealed no Transfer/discharged notice given to the Ombudsman for R143. On 3/12/2020 at 3:01 PM V1 (Administrator) Stated No I didn't send it. On 3/12/2020 the Ombudsman Stated I get transfer/discharge notice from my other facilities, but I haven't gotten one from(NAME)Health Care. Facility provided policy for notification of Ombudsman.</p>		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview the facility failed to follow infection control practices in the laundry. This failure has the potential to affect all 144 residents residing in the facility. Finding include: On 3/12/2020 at 9:49 AM on the clean laundry table, clean towels, sheets, one plate of food, two notebooks, one clip board, one hold puncher and one bottle of hand sanitizer. On the floor there was one bag of clothes and 4 boxes. On the shelves with the clean linen and towels found one lab jacket and a coat hanging on shelves among the clean linen. Observed V4 (Laundry worker) carrying clean linen holding them against her uniform and placing on a table to be taken up to the residents. On 3/12/2020 at 10:00 AM V 3 (Laundry worker) Stated This is a clean table, I use the notebooks and clip board for my documentation. I use the hole puncher to place holes in my paperwork .The plate of food is wrapped up. The boxes on the floor are privacy curtains and the bag on the floor belongs to a new resident, these clothes need to be treated. The coat and the lab jacket is mine. On 3/12/2020 at 10:10 AM V4 (Laundry worker) stated I am supposed to hold clean linen away from my clothes. 03/12/20 11:02 AM V2 DON (Director of Nurses) Stated should have clean Linen and nothing else on the table. The boxes should be off the floor, no lunch should be on the clean table. I don't know if the laundry staff have any lockers. 03/12/20 11:30 AM 03/12/20 11:30 AM V5 (Housekeeping/laundry supervisor.) Stated no food should be on the clean table. The privacy curtains just came in, I asked them to put it on crates, but they didn't put the boxes on them. Laundry workers do not have lockers. They should have placed their things on a hook on the cabinet in the laundry room. They should hang it to the left away from the clean area. Facility provided no policy on storage linen in Laundry room. 672 Resident census and condition form completed by the facility indicates the census is 144.</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.