

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145337	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/10/2020
NAME OF PROVIDER OF SUPPLIER SYMPHONY OF BRONZEVILLE		STREET ADDRESS, CITY, STATE, ZIP 3400 SOUTH INDIANA CHICAGO, IL 60616	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview and record review, the facility failed to ensure that staff adhere to recommended standard infection control practiced hand hygiene for preventing the spread of infection and infections such as COVID-19 virus. This failure has the potential to affect R4, R5, and R6 and has the potential to affect all 150 residing on the 2nd and 4th floor of the facility. Findings include: On 9/9/20 at approximately 10:58am, V10 CNA (Certified Nurse's Aide) was noted on the 2nd floor assisting R4 in pushing him in his wheel chair to the wall side, by the nursing station. V10 did not perform any hand hygiene and went straight to R5 to adjust the face mask to cover her nose and mouth. V10 then adjusted her own face mask without any hand hygiene being done. During the same observation, V4 RN (Registered Nurse) on the same floor was noted bringing R6 from his room to the hallway after using his bare hands to lock the wheel chair and touching R6. V4 was noted not to perform any hand hygiene, returning to the nurse's station, touching the computer and the tables. At 11:01am, when the surveyor approached V4 about the observation and the facility protocol on infection prevention and control, V4 stated I did not perform any hand hygiene, I know I should. At 11:03am, when the surveyor asked V10 the same question, V10 stated that after touching the mask and going from one resident to another, she should have washed her hands or used hand sanitizer. V10 added that the mask is considered contaminated. On 9/9/20 at approximately 12:58pm, during lunch time on the 4th floor, V15 (CNA) was noted touching the outside of his face mask, scratching his head with his bare hands and then touching the resident tray and passing food plates. At 1:00pm, when this observation was brought to V15's attention, V15 stated I'm sorry but my co-worker just brought me a sanitizer, I did not have any on me when you saw me. Sorry. On 9/9/20, when all these observations were brought to V2's DON (Director of Nurse's) and V3 ADON (Assistant Director of Nurse's) who was present at the time in the conference room, V2 stated in part that the staff are supposed to perform hand hygiene after touching their mask or any suspected area of contamination during care or serving the food. The facility policy on Handwashing with revision date 11/17 presented pointed out in general that handwashing remains the single most effective means of preventing disease transmission. And the responsible party is listed as All facility staff. The facility policy on PPE (Personal Protective Equipment) with revision date 11/2017 presented defined PPE as specialized clothing or equipment worn by an employee or family/visitor for protection against infectious materials. Under the guideline for removal of equipment it listed equip that are considered contaminated after being worn that includes the mask. The front side of the gown, mask, and goggles are considered contaminated as well as outside of the gloves.</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.