

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145434</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/14/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CLARIDGE HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>700 JENKISSON LAKE BLUFF, IL 60044</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview and record review the facility failed to properly prevent the spread of infections such as COVID-19 as evidenced by failures to: (1) ensure that blood pressure (BP) cuff and glucometer (medical device used to measure sugar levels in the blood) shared among residents were properly cleaned and disinfected after each resident use for four (R1, R2, R3 and R4) residents; (2) perform hand hygiene when delivering clean linen for four (R5, R6, R7 and R8) residents; (3) perform hand hygiene when delivering and taking room trays for four (R9, R10, R11 and R12) residents; and, (4) perform hand hygiene when appropriate during resident rounds for two (R13 and R14) residents in the sample of 14. Staff failures to perform hand hygiene and disinfect shared medical equipment had the potential to affect all residents who resided in the facility at the time of the survey. Findings include: 1. Review of R2's, R3's and R4's current care plans revealed that they had [DIAGNOSES REDACTED]. In addition, some diabetes-related health issues, such as nerve damage and reduced blood flow to the extremities, increase the body's vulnerability to infection.). A. Observation of Licensed Practical Nurse (LPN1), on 4/6/20 at 4:50pm, revealed LPN1 came out of R1's room with the BP cuff after checking R1's BP then went to R2's room and checked R2's BP without sanitizing the BP cuff. After using the BP cuff with R2, LPN1 put some hand sanitizing gel on wet wipes and used it to wipe the BP cuff. After giving R2 his medications, LPN1 also checked R2's blood sugar. LPN1 sat the glucometer (Microdot Glucometer) on R2's bed and after the procedure, LPN1 put some hand sanitizing gel on wet wipes and used it to wrap the glucometer. B. On 4/6/20 at 5:05pm, using the same glucometer, LPN1 checked R3's blood sugar. LPN1 sat the glucometer on R3's bed and after the procedure, LPN1 wiped the glucometer with an alcohol pad. C. On 4/6/20 at 5:08pm, using the same glucometer, LPN1 checked R4's blood sugar then cleaned it with an alcohol pad after the procedure. In an interview with LPN1 on 4/6/20 at 5:11pm, LPN1 verified that she checked R1's and R2's blood pressure in their room before giving them their blood pressure medications. When asked if the blood pressure cuff was sanitized before she used it with R2, LPN1 verified that she did not sanitize it. When asked about the facility's policy on sanitizing BP cuff and glucometer in between resident use, LPN1 stated, We're supposed to use the PDI Sani-Wipes but it's not available right now so we just wipe it with whatever. Review of the Protocol to Disinfect Microdot Glucometer revealed 1. Open microdot Bleach Wipe pop-up canister. The wipes are pre-saturated with a sodiumhypochlorite (bleach) hospital-use solution; 2. Remove a pre-saturated 6 x 6 (six by six inches) wipe; 3. Thoroughly wipe the microdot Glucometer surface to be disinfected; 4. Wrap the microdot glucometer with microdot Bleach Wipe; 5. Place the wrapped microdot Glucometer face down inside the microdot Disinfection Case; 6. Close Disinfection Case lid and activate timer: 3 minute for microdot Bleach Wipe; 7. Allow the microdot Glucometer to remain in contact with the Bleach Wipe for 3 minutes . Review of the facility's Blood Glucose Monitor Cleaning policy and procedure dated 10/8/2012 revealed under Procedure: .5. Clean meter with EPA (Environmental Protection Agency) approved disinfectant and allow to dry (meter needs to be visibly wet for 2 Minutes for PDI Super Sani Cloths, if using CaviCide/CaviWipes products the wet time is 3 minutes) .9. Take items to resident's room and place on a clean surface (cloth towel, paper towel, or wipe surface area with approved EPA disinfectant wipe and must be visibly wet for 2 minutes, &lt;check manufacture's guidelines for wet time&gt;, and air dry) .16. Place another clean surface on cart and deposit glucometer, don gloves and clean glucometer with disinfectant wipe (needs to be visibly wet for 2 minutes for PDI Super Sani Cloths, is using CaviCide/CaviWipes the wet time is 3 minutes) and allow to dry . According to the Infection Preventionist's Guide to Long-Term Care published by the Association for Professionals in Infection Control and Epidemiology, Inc. (APIC) in 2013 revealed on page 166 under Maintaining Equipment, All equipment approved for use in the LTCF (Long Term Care Facility) must be cleaned and disinfected according to manufacturer instructions and included in the facility's policies and procedures .All equipment policies should contain the following essential infection prevention elements: Immediately clean/disinfect all equipment with the facility-approved EPA (Environmental Protection Agency) hospital grade disinfectant when visibly soiled or after use with residents .Always follow manufacturer's cleaning and disinfection recommendations . Review of Ten Tips for Cleaning and Disinfecting Shared Medical Equipment sent by Medline on January 29, 2010 to Medline customers revealed, .7. If no visible organic material is present, disinfect the exterior surfaces after each use using a cloth or wipe with either an EPA-registered detergent/germicide with a tuberculocidal or HBV/HIV label claim, or a dilute bleach solution of 1:10 to 1:100 concentration . According to a Centers for Disease Control and Prevention (CDC) article titled, Guidelines for Environmental Infection Control in Health-Care Facilities published on 6/6/03 under Recommendations - Environmental Services on subsection Cleaning and Disinfecting Strategies for Environmental Surfaces in Patient Care Areas, .3. Use barrier protective coverings as appropriate for noncritical surfaces that are 1) touched frequently with gloved hands during the delivery of patient care; 2) likely to become contaminated with blood or body substances . 2. Observation of a laundry staff (E1) on 4/6/20 at 12:08am revealed that E1 was delivering clean linen to R5's and R6's room. E1 was delivering the clean linen using a cart that was not covered. Further observation revealed that E1 was wearing gloves, an isolation gown, mask and face shield. Wearing the same pair of gloves, E1 entered R7's room and put clean laundry in R7's drawer. E1 left R7's room without doing hand hygiene and changing her gloves and went to R8's room to deliver R8's clean linen. In an interview with E1 on 4/6/20 at 12:27pm when asked if she should have performed hand hygiene and donned new pair of gloves in between resident rooms while delivering clean linens, E1 stated, I washed my hands and changed gloves after being done on second floor then I went to the third floor. When asked if the clean linens should have been covered during transport to the residents' rooms, E1 stated, The small cart is not usually covered, only the big cart. Review of R8's current care plans revealed that R8 had [DIAGNOSES REDACTED]. In an interview with the Assistant Director of Nursing (ADON) on 4/6/20 at 2:35pm, when asked of her expectations of laundry staff when delivering clean linens to residents' rooms, the ADON stated, (They) should be doing hand hygiene between resident rooms when delivering laundry. When told about the linen cart not being covered as E1 was delivering clean linens, the ADON stated, At least linen should be in a bag. Review of the facility's Departmental (Environmental Services) Laundry and Linen policy and procedure dated 3/20/09 revealed under Standard Precautions: .2. Wash hands . before handling clean linen . 3. Observation on 4/6/20 at 12:02pm revealed that the Social Worker (SW) brought a lunch tray to R9's, R10's, R11's and R12's rooms. SW was not observed doing hand hygiene before delivering the lunch trays to the four rooms. Review of R9's current care plans revealed R9 had [DIAGNOSES REDACTED]. Review of R12's current care plans revealed that R12 had [DIAGNOSES REDACTED]. In an interview with the ADON, when told about the observations of lapses in hand hygiene by staff while delivering meal trays to residents' rooms, the ADON stated, (They should) use hand sanitizer in between residents. Review of the facility's undated COVID-19 Communal Dining Guidelines policy and procedure revealed under Procedure: .Upon delivering a room tray and exiting the room, an employee must perform hand hygiene with at least hand sanitizer . 4. Observation on 4/6/20 at 1:14pm revealed Nursing Assistant (NA1) was in the hallway doing rounds with his assigned residents. NA1 kept the linen cart close to the resident's room where he was doing rounds with and kept it open during the duration of his rounds. During NA1's rounds, NA1 was observed to be wearing gloves as he was going from one room to another. R13 turned his washroom call light on so NA1</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.

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