

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145549</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/20/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BELHAVEN NURSING &amp; REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>11401 SOUTH OAKLEY AVENUE CHICAGO, IL 60643</b>	
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  <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>Based on observations, interviews and record review the facility failed to complete the COVID-19 screening process upon entry for visitors; failed to promote a sanitary environment and don required personal protective equipment (PPE) while working in the facility; failed to follow the standard infection control practices regarding use of gloves and hand hygiene; and failed to properly follow social distancing of 6 feet away from others. These failures applied to R8, R9, R10, R11, R12, R13, R14, R15, R16, R17 and have the potential to affect all 118 residents residing in the facility who have not tested positive for COVID-19. Findings include: 1. On 5/19/2020 at approximately 10:29am, V4 (housekeeper) was noted on the 2nd floor north hallway (labeled green zone) with a drinking cup placed on the housekeeping cleaning cart. V4 drank out of the cup with bare hands touching the straw, using her bare hands to wipe her mouth. V4 then proceeded to R12, R13, R14 and R15's rooms picking up clean gloves from the glove box attached to the door wall without performing any hand hygiene. V4 donned the gloves on hands without performing any hand hygiene, went into the rooms touching resident belongings, over bed side-tables, privacy curtains and picking up garbage that was on the floor. After the task, V4 was noted emptying garbage can, emptying the dust pan and removing mop heads into the housekeeping cart outside in the hallway by the room touching the door opener with the soiled gloves. V4 removed the soiled gloves, picked up another set of clean gloves without performing any hand hygiene and donned the gloves. At 10:40 when these observations were brought to V4's attention and V4 was asked about the facility protocol on infection control concerning hand hygiene and use of gloves, V4 stated in part that she was sorry that she did not wash hands or use the hand sanitizer. V4 explained that especially at this time of COVID 19 I should have washed my hands after touching my mouth. On 5/19/20 at approximately 10:30am, V5 (Hospitality Aide) was observed making R12 and R13's beds with gloved hands. After the task V5 removed the used gloves, discarded them in the garbage and without proper hand hygiene went to R16 and R17's room touching their belongings. When this was brought to V5's attention, V5 stated, Yeah I should have used hand sanitizer or washed my hands. On 5/19/20 at approximately 10:50am, R5 and R6 were noted on the 3rd floor hallway sitting at the table with V9 (Activity Aide) and not following the 6 feet social distancing policy plan. During the same observation V9 was observed touching wheelchairs packed in the hallway with bare hands and returning to the table, touching the coloring pen and touching R6 on the shoulder without performing any hand hygiene. The surveyor brought this observation to V9's attention and also asked about the facility protocol on infection control, hand hygiene, and disinfecting inanimate objects. V9 confirmed that the table is not big enough for the 6 feet distancing and that she should have sanitized her hands upon return to the table before touching the pens and giving them to R5 and R6. On 5/19/20 between 10:50am and 11:00am, V8 (Activity Director) was noted going from one room to another talking with the residents and distributing face mask to the residents. V8 went into R5, R6, R7, R8, R9, R10 and R11's rooms touching the privacy curtain, bedside table, adjusting the call light, touching the door opener handle and their belongings without proper hand hygiene. When V8 was asked about the facility infection control and prevention protocol, V8 replied, I should have sanitized my hands in-between touching the residents and going room to room. On 5/19/20 at approximately 2:06pm, V2 (Director of Nursing) confirmed that all facility staff should be performing proper hand hygiene before going into resident's room and after making contact with the resident. When the surveyor asked about equipment and residents belongings, V2 replied, Including those too. On 5/19/20 at approximately 2:36pm, V8 was asked by the surveyor about the facility social distancing protocol. V8 confirmed that it should be 6 feet apart. V8, who was present on the 3rd floor where this observation was made, acknowledged that the table was small and R5, R6 and V9 should not be sitting that close to one another. On 5/19/20 at approximately 3:40pm, V1 (Administrator) stated (concerning the 6 feet social distancing protocol) he is aware that the table is too small because the table is about four and half feet apart. V1 stated, We have to correct that for infection prevention and control. V1 acknowledged that V4 should have adhered to the facility infection control and prevention concerning hand hygiene and use of gloves. The facility presented its policy on hand hygiene procedure which pointed out that the staff will perform hand hygiene at the appropriate times using the appropriate techniques to prevent the spread of infection via health care workers hands. Under education the policy pointed out that handwashing in-servicing will be completed to aide in decrease of microorganisms, including COVID-19.</p> <p>2. On 05/19/2020 at 9:44am surveyor observed 4 staff entering building. V11 (Hospitality Aide) did not complete the COVID-19 screening process (require the use of hand sanitizer, take temperature, complete questionnaire and/or provide PPE or education). On 05/19/2020 at 9:45am V11 did not complete the COVID-19 screening process for surveyors as we entered the facility. On 05/19/2020 at 9:50am surveyors were led by V1 (Administrator) through the first floor unit to the stairwell. V1 asked if our temperatures had been taken when surveyors came into the facility? Surveyors replied, No and V1 stated, Come on; everyone should be screened. On 05/19/2020 at 2:06pm V2 (Director of Nursing) stated all staff and visitors are supposed to be screened. Screening includes: taking temperature, completing questionnaire, and providing education on COVID-19 and PPE usage. Per policy titled Infection Control: COVID-19 Prevention, Surveillance &amp; Education Guidelines dated 03/04/2020 states under scope in part Ib that all visitors will be screened prior to entering a patient area to reduce the risk of spreading possible infection/infectious disease. Under surveillance part 1 states all persons entering the facility will be asked to provide information requested on the Infection Screening Tool prior to entry to any resident area. This includes a body temperature. On 05/19/2020 at 10:37am V13 (Housekeeper /Floor Tech) stated mop water and cloths (pads) are changed every 2-3 rooms and after every room for COVID-19 rooms. On 05/19/2020 at 11:28am surveyor asked V19 (Housekeeper) how often mop water and mop head/cloth are changed when cleaning rooms or isolation rooms. V19 stated that she changes the mop water and mop cloth every 2 rooms. On 05/20/2020 at 9:04am V20 (Housekeeper) stated mop water and cloths are changed after each room is cleaned and disinfected for isolation rooms. Per policy titled Housekeeping services dated 05/01/2017 under purpose states to promote a sanitary environment. Under Infection prevention in part E states mop water and cloths are to be changed after every contact isolation room. On 05/19/2020 at 10:26am surveyor asked V12 (Certified Nursing Assistant) why she was wearing a cloth mask. V12 stated that she has a regular one but it is hot. On 5/19/2020 at 11:45am surveyor asked V17 (Licensed Practical Nurse) where her face shield was and why she was not wearing it. V17 stated she could not do the face shield; it's too hot to have on. On 5/19/2020 at 2:06pm surveyor asked V2 what Personal Protective Equipment (PPE) should staff be wearing when working in the red zone (wing designated to COVID-19 residents)? V2 said, All. Surveyor asked what is all and V2 stated, Face shield, mask, hair net, gown and gloves. On 05/20/2020 per policy titled Standard Precautions dated 07/19/2018 states in part under purpose to prevent the spread of infection within the facility through the use of Standard Precautions with all residents. Under I. Personal Protective Equipment (PPE) in section C part 2 states masks and/or eyewear should be worn during procedures that are likely to generate droplets/splashing of blood/body fluids. Under section III. Respiratory Hygiene it states excellent respiratory hygiene practice shall be used for all patients at all times. This practice should be in use by all healthcare workers and families at all time to reduce the spread of respiratory illnesses. Per policy titled Transmission Based Precautions dated 07/19/2018 in part it states under</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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<p>F 0880</p> <p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Many</p>	<p>(continued... from page 1)</p> <p>purpose to prevent the spread of infection within the facility through the use of Transmission Based Precautions with the residents when appropriate. In part D it states staff wear appropriate PPE during care.</p>		