

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145662	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2020
NAME OF PROVIDER OF SUPPLIER ELEVATE CARE NILES		STREET ADDRESS, CITY, STATE, ZIP 8333 WEST GOLF ROAD NILES, IL 60714	
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	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to properly contain the spread of COVID-19 by not following their policy for infection precaution during distribution of food trays. This deficient practice affected six (R6, R7, R8, R9, R10, and R11) of 10 residents in a sample of 11 reviewed for infection control. Findings include: 07/15/20 at 11:30 AM during distribution of lunch trays, V8 (Certified Nurse Aide, CNA) was observed passing the tray to R5 and placed it on the bedside table. She (V8) then moved R6's bedside table and situate it adjacent to his (R6) bed before she left and get his (R6) tray. There was no hand hygiene observed on V8 after touching R6's bedside table. V8 took R7's food tray, placed it on the bedside table, left the room, and came back with R8's tray. At this time, she touched and pressed her (R8) bed control to put her (R8) bed in an upright position. No hand washing or hand hygiene observed on V8 after she (V8) continued passing trays to R9, then to R10 and to R11 without performing any hand hygiene. V8 was asked regarding hand hygiene and stated, I have to do hand hygiene during passing of meal trays in between residents and when I touch something like bed tables or bed controls; I know, I forgot to do it. 07/15/20 at 11:38 AM, V2 (Director of Nursing) stated, (regarding infection control) during food tray distribution, staff has to use hand sanitizer or wash their hands after each resident. Facility policy titled, Infection Prevention Guidelines (revised date 1/10/18) reads: Points to Remember Handwashing (hand hygiene) is the single most important precaution to prevent the transmission of infection from one person to another. Wash hands with soap and water before and after each resident contact, and after contact with resident belongings and equipment. Alcohol-based hand rub may be used if hands are not visibly soiled.		

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.