

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145671	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2020
NAME OF PROVIDER OF SUPPLIER VILLA AT SOUTH HOLLAND, THE		STREET ADDRESS, CITY, STATE, ZIP 16300 WAUSAU STREET SOUTH HOLLAND, IL 60473	
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 - Few	Provide and implement an infection prevention and control program. Based on observation, interview and record review the facility failed follow its policy on guidelines for Standard and Transmission-based Precautions by not donning the appropriate PPE (Personal Protective Equipment) to include N95 respirator mask and gloves when physically interacting with known COVID19 positive resident 1 of 3 (R1) reviewed for infection control prevention. Findings include: On 7/15/2020 at 9:35am, V2 (Interim Director of Nursing) said staff is expected to wear a N95 mask or surgical mask when working with the positive Covid-19 resident. It's their choice. On 7/15/2020 at 9:54 am, V1 (Administrator) said we have five hundred N95 masks. On 7/15/2020 at 10:14 am, V3 (Nurse) said, I wear N95 mask, gown and face shield. I can wear a surgical mask if I don't have a N95 mask. On 7/15/2020 at 10:42am, V3 (Nurse) was observed passing oral medication to R1 in R1's room. R1 was on contact and droplet precaution related to a positive Covid-19 test. V3 was observed wearing a surgical mask under her nose without gloves, and resting her ungloved left hand on R1's bed side table which was directly adjacent to R1's bed. On 7/15/2020 at 3:37pm, V2 said, It is our policy to follow the CDC guidelines. We are not in crisis capacity. On 7/15/2020 at 3:37pm and 4:42pm, V2 (Interim Director of Nursing) said, Staff must wear gloves with residents on contact precaution isolation. V2 said, The nurse should have their mask on their face and not below their nose. On 7/16/2020 at 1:59pm, V3 (Nurse) said, The proper way to wear a face mask is to cover the mouth and nose. I need to wear gloves with all residents on contact precaution isolations. Record Review: R1's lab result collected 6/17/2020, reported 6/22/2020, documents: SAR-CoV-2-RNA detected. R1' Physician order, dated 6/22/2020, documented: Droplet Isolation/strict isolation related to COVID 19. R1's care plan, dated 6/22/2020, revised 6/29/2020, documented: Contact/droplet/strict single room isolation related to COVID 19. Policy: Guideline for Standard and Transmission-based Precautions effective 10/2/19: It is the practice of this facility to follow the CDC established guidelines. Contact Precautions: wear gloves whenever touching the patient's intact skin or surface and articles in close proximity to the resident. Don gloves upon entry into the room. Center for Disease (CDC) Transmission Based Precautions guidelines: For a resident with known or suspected COVID-19: staff wear gloves, isolation gown, eye protection and an N95 or higher-level respirator if available. A facemask is an acceptable alternative if a respirator is not available.		
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.