

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145827	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/07/2020
NAME OF PROVIDER OF SUPPLIER BRITISH HOME, THE		STREET ADDRESS, CITY, STATE, ZIP 8700 WEST 31ST STREET BROOKFIELD, IL 60513	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to follow their COVID-19 isolation policies by not displaying isolation sign for one resident (R1) who is COVID positive when reviewed for infection control. Findings include: On 7/6/20 at 1:15pm, V3 (Registered Nurse ,RN) stated that R1 tested positive for COVID infection and is on isolation precautions but we do not have to wear eye protection. On 7/6/20 at 1:30pm, R1 sat in room with door open. No isolation sign on door but isolation bin located outside of room. On 7/6/20 at 1:35pm,V4 (Certified Nursing Assistant, CNA) entered and exited R1's room with a surgical mask mask on and no eye protection. V4 stated that I don't wear a face shield or goggles on my face and I either use my N95 respirator or a regular surgical mask like I have on now, which is ok. I keep my N95 mask in my locker. On 7/6/20 at 1:55pm, R1 sat in her room in wheelchair with no face mask on. V5 (Wound Care Nurse) informed R1 that she would change R1's upper arm dressing as it was coming loose. V5 put on gown, gloves and N95 respirator mask. V5 had personal glasses on. Upon leaving room, V5 stated that R1 had a positive COVID test and was on droplet isolation. I should have had on a separate face shield over my glasses but I don't always wear it as I get dizzy and my depth perception is off then. On 7/6/20 at 2:10pm, V2 (DON) stated that R1 is on droplet and contact isolation but is considered observation while awaiting her second negative COVID test result to come back. R1 had a positive COVID test result but it was thought to be a false positive because she had no symptoms. We would require a face shield or eye protection for staff if she was really on transmission based precautions. On 7/6/20 at 3:11pm, V6 (Infection Control Registered Nurse) stated that R1 tested positive for COVID on 6/19. We are awaiting the last negative test result and she is on droplet precautions until we another negative result and order to discontinue the precautions. There should be a sign indicating droplet precautions with pictures on what personal protective equipment to wear on the outside of the door, which includes wearing eye protection and an N95 respirator. If staff are unable to tolerate the face shield, they should let us know. There is no sign on the door right now. On 7/7/20 at 11:34am, V1 (Administrator) stated that R1 had a positive COVID test and was placed on droplet isolation which means an N95 respirator and eye protection should be worn with R1. The sign should be outside R1's room on the door so staff are aware. While awaiting the second negative laboratory result, staff should wear full PPE (personal protective equipment). R1's laboratory test results noted a positive [DIAGNOSES REDACTED]-CoV-2 test collected on 6/19/20. COVID swab collected on 6/26/20 was negative and test results from 7/3/20 were not back yet as of 7/6/20 at 3:15pm. Facility COVID-19 infection control policy notes transmission based precautions are used for residents who are suspected or confirmed to have COVID-19 and are needed to prevent infection transmission. Facility will implement all three Contact, Droplet and airborne precautions for confirmed with COVID-19. Facility will use personal protective equipment appropriately, wearing a respirator before entry into the patient room or care area, wearing eye protection (i.e. goggles or a disposable face shield that covers the front and sides of the face) upon entry to the resident room or care area. Personal eyeglasses are not considered adequate eye protection.</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.