

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145835	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2020
NAME OF PROVIDER OF SUPPLIER BELLA TERRA WHEELING		STREET ADDRESS, CITY, STATE, ZIP 730 WEST HINTZ ROAD WHEELING, IL 60090	
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	<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 practice hand hygiene in an effort to prevent and/or contain the possible spread of infectious microorganisms, including COVID-19. This deficient practice has the potential to affect 42 residents currently receiving meals from the first floor of the facility. Findings include: On 7/15/20 at 12:08 PM, V16 (Certified Nursing Assistant-CNA) was observed delivering lunch tray to R5's room. With a complete visual from the door, V16 was observed putting down lunch tray on R5's over bed table. V16 left R5's room and went back to the first floor food preparation area without sanitizing hands. On 7/15/20 at 12:11 PM, V17 (Certified Nursing Assistant-CNA) was observed delivering lunch tray to another room on the first floor. With a complete visual from the door, V17 was observed putting down lunch tray on the over bed table. V17 left the room, then went back to the first floor food preparation area without sanitizing hands and started to pour coffee to cups. On 7/15/20 at 12:23 PM, V17 was observed opening R6 and R7's room by turning the door knob. V17 took R6's tray from food cart and laid tray on the over bed table. V17 did not sanitize hands after delivering R6's tray or after touching the door knob, or after coming out from the room, or before picking up R7's tray for delivery. On 7/15/20 at 12:40 PM, V3 (Infection Control Nurse) stated that during lunch tray delivery staff are expected to disinfect their hands prior to going in and out of resident's room, even if they did not touch anything; as they leave they have to sanitize their hands. On 7/16/2020 at 10:08 AM, V18 (Food Services Supervisor) said, staff are expected to sanitize their hands before and after going in the resident's room during meal tray delivery. Facility policy and procedure titled Infection Prevention and Control (dated May 29, 2020) documents: Hand washing for 15 to 20 seconds will be required for all staff after direct patient contact and after each situation that necessitates hand washing. Alcohol-based rubs may also be used in place of hand-washing unless in cases of contact with residents with [MEDICAL CONDITION].</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.