

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>146018</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/22/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LITTLE VILLAGE NRSG &amp; RHB CTR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2320 SOUTH LAWNDALE CHICAGO, IL 60623</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 records reviewed the facility failed to ensure staff followed their practice to safely remove Personal Protective Equipment and practice hand hygiene to prevent the spread of COVID-19. This failure has the potential to affect 87 residents. Findings include: On 5/21/22 at 9:25AM V9, Certified Nursing Assistant (CNA), observed to exit COVID-19 unit wearing 2 face masks and goggles, walked approximately 50 feet to Nursing station, and wash her hands at the sink for less than 20 seconds. V9 then put clean gloves on and removed her goggles and cleaned them. She then removed her gloves and put clean gloves on. V9 did not wash her hands or apply hand sanitizer after removing the goggles from her face. On 5/21/20 at 9:45AM V3, CNA, observed to exit the designated COVID-19 unit with her goggles and 2 face masks on. She removed the mask by pinching the front and pulling off; she removed the mask in the hall and then touched the hall handrail with the same hand. No hand hygiene was observed to be performed. On 5/21/20 at 9:53AM V4, Housekeeper, observed to exit the designated COVID-19 unit with a hazard bin. She removed her Personal Protection Equipment (PPE), outside of the COVID-19 unit. V4 then hung her face shield on the wall hook next to the COVID-19 unit entry door. V4 then opened a drawer of the white bin containing clean PPE and took out clean gloves and a masks. V4 put the gloves and mask on. No hand hygiene was performed during this observation. On 5/21/20 at 10:19AM V11, Laboratory Personal, observed to enter COVID-19 unit with the face shield he got from the hook on the wall next to the COVID-19 door. V11 exited the unit and removed the face shield and placed on the white clean Personal Protective Equipment (PPE) cart and then exited the facility. Surveyor was standing within 50 feet observing this. On 5/21/20 at 10:25AM surveyor observed the face shield had been removed from the white PPE cart. V4 said the faceshield was hers and she should not have left her face shield on the PPE cart or have come out of the COVID-19 unit with it on. V4 said the face shield is supposed to go into the sanitizing bin in the COVID-19 unit before exiting the unit. V4 said, I picked up the face shield and cleaned the surface when I saw you come down here. On 5/21/20 at 10:30AM V3 said, we have the signs posted, like this one shows sign on isolation room door which instructs how to remove PPE. On 5/21/20 at 10:40AM V2, Director of Nursing, said, staff is expected to wear isolation gown, eye shield or face shield, and 2 pairs of gloves while working on the COVID-19 unit. Staff go in and out of the unit and work different units during the same shift. Before staff exits the COVID-19 unit they are expected to remove the isolation gowns and place in the trash bin, face shield and eye shields come off before they exit the unit and are placed in bin to be sterilized. When the staff exists the unit they should only have 1 face mask on and possibly clean gloves. Face shield and glasses should be removed before staff exit the COVID-19 unit. Face shield should not be hanging in the hall way. We have done monthly PPE inservice training including applying and removing PPE. On 5/21/20 at 11:20AM V1, Administrator, said, signs are posted that tell staff how long to wash their hands for (showed surveyor sign in hallway). Staff should wash their hands for 20 seconds. We wash our hands for infection control. The facility's sign on the door as described by V3 titled How to Safely Remove PPE 2 formats. Example 1 and 2 (no date) both list last Wash hands or use an alcohol based hand sanitizer immediately after removing all PPE. The facility policy provided for review for PPE - Using Protective Eyewear revised June 2005. Instructions denote 6. Wash hands after removing the mask and eyewear. The facility policy provided for review for PPE - Using Gloves, revised June 2005. Instructions for Removing Gloves includes discarding the glove into the designated waste receptacle inside the room. The final instruction is wash hands. Facility policy titled Hand Washing dated March 2020 shows in-part it is the policy to assure staff practice recognized hand washing/ hand hygiene procedures as a primary means to prevent the spread of infections amongst residents, personnel and visitors. facility staff must wash their hands for no less than 20 seconds using antimicrobial or non- antimicrobial soap and water.</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.