

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 146029	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/25/2020
NAME OF PROVIDER OF SUPPLIER FRANCISCAN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP 1270 FRANCISCAN DRIVE LEMONT, IL 60439	
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 - Many	<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 implement complete, accurate, tracking and trending/tracing of residents and employees who are positive for Covid-19. Covid-19 cases are increasing in the facility. The Facility Data Sheet dated [DATE] documents the resident census of 88. This deficient practice has the potential to affect all 88 residents in the facility. The Findings Include: On [DATE] at 9AM, upon entrance and communicated on the Facility Data Sheet the Covid-19 line list (tracking of Covid/19 infections for staff and residents) was requested. On [DATE] at 9AM, V2(DON) said currently 4 residents in the facility are positive for Covid-19 and 7 employees. V2 said the facility had an outbreak [DATE] with R7 and V12 (Life Enrichment Staff). V2 could not show tracking of how R7 contracted [MEDICAL CONDITION]. V2 said the designated Covid-19 unit is on the 3rd floor and was initiated on Saturday [DATE]. V2 said R7 is on the first floor now. On [DATE] at 9:50AM, R7 was in the room on the first floor. R7's Progress Notes were reviewed from [DATE] to [DATE]. According to the notes R7 is positive for Covid-19. R7 is listed on the Resident Tracking as being in a room on the 3rd floor. On [DATE] at 10:13AM, the designated unit was toured, there were 3 residents on the unit positive for Covid-19. The Facility did not provide any type of tracking until [DATE] after 10:00AM. The Resident Tracking did not contain R5. R5's Lab Report dated [DATE] documents Covid-19 was detected. R5's Progress Notes were reviewed from [DATE] to [DATE], summarized R5 was in hospice and had died at the facility on [DATE]. The Resident Tracking did not have trending or analysis of patterns for the contraction of [MEDICAL CONDITION]. All of the residents were documented as residing on the 3rd floor including R7, there was no documentation of where the residents resided before moving to the Covid-19 Unit. There were no test dates or results listed on the resident tracking. The Employee's Tracking does contain a date or a category for onset of symptoms. The following are the categories for Employee Tracking: Name, Department, Phone number, hire date, birthdate, last day worked, estimated balance, Projected balance, exposure, contacted physician, scheduled return, Notes leave approved and Leave denied. On [DATE] at 10AM, V2(DON) said R5 died and was in hospice at the time, IDPH said I did not have to include the [DIAGNOSES REDACTED]. I did not put it on the infection log. When asked how can you try to determine what is going on in the facility with incomplete tracking, it has been six months since the restrictions related to the Coronavirus, V2 responded I will re-do the tracking and submit it. V2 said this is the Corporate Office's Tracking. The In-service retraining was reviewed. It was re-started on [DATE], more than 2 weeks after the outbreak which started on [DATE] with R7 and V12. There was no infection control policy or procedure specific for tracking, trending, analysis or tracing of Covid-19.</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.