

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 146128	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/11/2020
NAME OF PROVIDER OF SUPPLIER PLYMOUTH PLACE		STREET ADDRESS, CITY, STATE, ZIP 315 NORTH LA GRANGE ROAD LA GRANGE PARK, IL 60526	
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 infection prevention protocol during provisions of care. This applies to 1 of 3 residents (R1) reviewed for Covid-19 infection prevention procedure in the sample of 3. The findings include: R1 is an [AGE] year-old who has multiple medical [DIAGNOSES REDACTED]. Minimum Data Set ((MDS) dated [DATE] showed that R1 requires moderate to extensive assistance for activities of daily living care. On 6/10/2020 around 12:20 PM an observation of the Covid-19 unit was conducted. There were three staff working on the unit. V4 (Nurse), V5 and V6 (both Certified Nursing Assistant/CNA). These staff all stated that when they enter a resident's room, they must don another gown on top of the gown that they are already wearing, they put gloves on and goggles or shield for safety. On 6/10/2020 at 1:00 PM, V5 (CNA) entered R1's bedroom to provide assistance, leaving the door wide open. V5 wore gown and gloves, however she (V5) did not wear goggles or face shield. R1 was seen talking to V5 without wearing a mask. V5's face was about 1 to 2 feet away from R1 while providing care assistance. On 6/10/2020 at 1:20 PM, V2 (Director of Nursing/DON) stated that when a staff enters a resident's room who is on isolation for Covid-19, the staff must wear gown, gloves, haircap/bonnet and goggles or face shield to prevent potential spread of infection. Facility's Policy and Procedure for Infection Prevention and Control Manual Interim Policy for Suspected or Confirmed [MEDICAL CONDITION] (Covid-19) with effective date of 03/2020 showed: Policy: The facility minimizes exposures to respiratory pathogens and promptly identifies residents with Clinical Features and an Epidemiologic Risk for the Covid-19 adhering to Standard, Contact, Airborne Precautions, including the use of eye protection. Procedure: - Limit only essential personnel to enter the room with appropriate personal protective equipment (PPE) and respiratory protection. PPE includes: gloves, gown, respiratory protection in accordance with health department directives, and eye protection that covers both the front and the sides of the face.</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.