

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>146169</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/05/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ARBOUR HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1512 WEST FARGO CHICAGO, IL 60626</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observations, interviews, and record reviews, the facility failed to follow their infection prevention and control program policy and coronavirus disease (COVID-19) policy and procedure by not having functional hand sanitizing dispenser in Kitchen and not having personal protective equipment (PPE) available in front of isolation room for resident care. This failure has the potential to affect all 84 residents in the facility. Findings include: On 6/4/2020 at 9:40 AM, observed Kitchen with a nonfunctioning wall mounted hand sanitizing dispenser. V5 (Dietary Aide/Team Leader) stated, Housekeeping is supposed to fill the hand sanitizing dispenser. On 6/4/2020 at 10:25 AM, V4 (Dietary Manager) stated, We have back-ordered on that wall mount hand sanitizer. We will replace it as soon as we received it. On 6/4/2020 at 10:10 AM, observed room [ROOM NUMBER] (R5) with a contact and droplet isolation sign on the door with no PPE cart around. V6 (Nurse) stated, It was there, and housekeeping is kept moving it. Observed V6 looked for the PPE cart inside room [ROOM NUMBER] and the surrounding area and wasn't able to locate. On 6/4/2020, V2 (Director of Nursing) and V3 (infection control nurse) stated, There should be PPE available at door side for isolation rooms. Infection prevention and control program policy (undated) documents: The facility shall ensure that necessary training, equipment, and supplies are maintained to carry out an effective infection control program. Coronavirus disease (COVID-19) policy and procedure revised on 4/4/20 documents: Ensure adherence to standard, contact, droplet precautions. Use PPE appropriately</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.