

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 14A539	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2020
NAME OF PROVIDER OF SUPPLIER JENNINGS TERRACE		STREET ADDRESS, CITY, STATE, ZIP 275 SOUTH LASALLE AURORA, IL 60505	
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 for residents under monitoring/quarantine. 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 a [AGE] year-old resident who was newly admitted from another long-term care facility. R1 requires assistance with activities of daily living (ADL) care. R1 has multiple assessments since admission which include Covid-19. On 6/16/2020 at 10:15 AM, V2 (Director of Nursing/DON) stated that they have 2 residents under isolation/quarantine one of which is R1. On 6/16/2020 at 10:35 AM, V7 (Certified Nursing Assistant/CNA) was inside R1's room talking to R1 and was about to start providing care. V7 was not wearing a gown and not wearing a face shield. At 10:37 AM on 6/16/2020, V8 (CNA) entered R1's room and stated that she was going to help V7 provide care. Prior to entering, V8 donned a gown and gloves however, she did not use face shield. V2 (DON) who was standing outside R1's room at that time called V8 back and reminded V8 to wear a face shield. Around 10:40 PM on 6/16/2020, V8 left R1's room she (V8) returned the used face shield in a plastic bag which was hanging by R1's door. V8 did not sanitized the face shield before and after using it. At 10:45 AM, V9 (CNA) entered R1's room and stated that V7 needs help with toileting R1. V9 donned gown, gloves and face shield which was used by V8. V9 did not sanitize the face shield prior to using it. Around 11:00 AM on 6/16/2020, V7 emerged from behind R1's privacy curtain, and was noted wearing a gown. V7 stated that she got the gown from R1's bedside drawer. V7 proceeded to remove her gown and gloves and left R1's bedroom without hand hygiene. V7 stated that they are supposed to wear their gown prior to entering an isolation or quarantined room. On 6/16/2020 at 11:30 AM, V6 (Nurse), V7, V8 and V9 (All CNA) stated the following: They consider the newly admitted residents under quarantine/isolation for Covid-19 as infected until the 14-day quarantined days are over. These staff also stated that they must wash hands or perform hand hygiene prior to entering the room, use PPE such as gloves, gown, face shield/goggles and mask. Put the PPE on before entering the resident's room on isolation or quarantine for Covid-19 protocol. Do not enter or leave the room without hand hygiene. On 6/17/2020 at 12:54 PM, V1 (Administrator) stated that when staff enters a resident's room who is under isolation/quarantine for Covid-19 protocol, the staff must wear a mask, gown, gloves and goggles or face shield. The face shield must be sanitized after each usage. In addition, the staff must also wash their hands before entering and before leaving resident's room, in between glove changing and in between residents. Facility's Personal Protective Equipment (PPE) Donning and Doffing Procedure in relation to Covid-19 Infection Protocol showed: Donning Steps: 1. Identify and gather the proper PPE to don. 2. Perform hand hygiene using hand sanitizer. 3. Put on isolation gown. 4. Put on face shield or goggles. 6. Put on gloves. 7. Enter resident's room. Doffing Steps: 1. Remove and discard gloves. 2. Remove and discard gown. 3. Perform hand hygiene.</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.