

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145696	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2020
NAME OF PROVIDER OF SUPPLIER NILES NSG & REHAB CTR		STREET ADDRESS, CITY, STATE, ZIP 9777 GREENWOOD NILES, IL 60714	
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	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to properly prevent and/or contain the spread of COVID-19 by failing to ensure that staff and residents wear Personal Protective Equipment (PPE) correctly and failing to screen Health Care Providers (HCP) for signs and symptoms of COVID-19 midway thru their work shift. This failure has the potential to affect all 210 residents currently in the facility. Findings include: 7/27/2020 at 9:38 AM, V5 (Activity Aide) was screening individuals upon entry to the facility and was observed wearing her face mask below her nose. Surveyor asked V5 if that is the proper way to wear her mask and she pulled the mask up above her nose. When notified of this observation, V3 (DON) said, we have trained everyone on the proper use of mask, we will do a one on one training with her right away. At 10:47AM, noted a resident (R5), walking out of the dining room on the second floor where she was watching TV with a staff member, R5's mask was down to her chin as she then walked to her room, passing several staff members in the hallway with no one redirecting her to pull her mask up. At 10:57AM on the 2nd floor, noted one resident (R7) sitting in the hall way with no mask and another resident (R6) at the nurses station, asking the nurse for something with his mask pulled down to his jaw. V6 (Registered Nurse) was made aware of this observation and she stated that everyone needs a mask. At 12:10PM, V4 (ADON/Infection Preventionist) stated that all staff members are screened once a day as they arrive to work at the beginning of their shift. Surveyor asked V4 if they screen staff members at mid shift and she said no. 7/28/2020 at 10:00AM, V3 and V4 stated that they do not have guidance that requires staff members to be screened at the beginning of their shift and at mid shift but they have started doing that since yesterday. IDPH COVID 19 Testing Plan and Response Strategy for Long Term Care Facilities dated June 9th 2020 has a template provided as a follow-up to the COVID-19 Testing in Long Term Care webinar presented on June 4, 2020. The document states in part under infection prevention and control strategies, item E. Screening for HCP (includes vendors, volunteers, and visitors) at the beginning and mid-shift for temperature and symptoms.		
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.