

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145765</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/07/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PARK VIEW REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>5888 NORTH RIDGE CHICAGO, IL 60660</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 - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to follow policies on Infection Prevention and Control and Covid-19 Policies for 7 out of 7 residents (R1, R2, R3, R4, R5, R6 and R7) reviewed in the sample of 7. These failures have the potential to affect all 35 residents on the 2nd Floor in maintaining health status being free from infection. Findings Include: On 8/6/2020 at 11:42 AM, during facility tour on the 2nd Floor, the following rooms are in Contact / Droplet Isolation Precautions: room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER] and room [ROOM NUMBER]. All of these rooms have instructions posted on the wall that read: STOP Droplet Precaution. Another instruction that reads: Sequence for Putting on Personal Protective Equipment (PPE) 1. Gown - Fully cover torso from neck to knees, arms to end of wrist, and wrap around the back. Fasten in back of neck and waist. 2. Mask or Respirator - Secure ties or elastic bands at middle of head and neck. Fit flexible band to nose-bridge. Fit snug to face and below chin. Fit-check respirator. 3. Goggles or Face Shield - Place over face and eyes and adjust to fit. 4. Gloves - Extend to cover wrist of isolation gown. R1 and R2 were seen inside room [ROOM NUMBER]. R3, R4, R5 and R6 were observed inside room [ROOM NUMBER] and R7 was observed inside room [ROOM NUMBER]. On 8/6/2020 at 11:50 AM. V2 (Assistant Director of Nursing / Infection Preventionist) entered room [ROOM NUMBER] V2 was not using any Personal Protective Equipment (PPE) but a surgical mask. After exiting the room, V2 stated I should have used isolation gown when entering inside rooms that are in isolation. On 8/6/2020 at 11:54 AM. V3 (Licensed Practical Nurse) stated all facility staff, when entering Contact / Droplet Isolation Precautions rooms, need to put on Personal Protective Equipment that includes gown, gloves, face shield, surgical mask but needs N95 respirator when doing bedside care. On 8/6/2020 at 12:07 PM. R3 was found wheeling herself out of room [ROOM NUMBER] that was in Contact / Droplet Isolation Precautions. V4 (Social Worker) redirected R3 and went inside room [ROOM NUMBER] using surgical mask, gloves and isolation gown. V4 exited room [ROOM NUMBER] holding used isolation gown. V4 then entered room [ROOM NUMBER] (R1's Room) which was also in Contact / Droplet Isolation Precautions and disposed of the used isolation gown. V4 stated that room [ROOM NUMBER] does not have bins for both Personal Protective Equipment (PPE) and soiled linen, so he disposed of the gown into another room that has bins. V4 further stated that he should have used Personal Protective Equipment (PPE) when entering room [ROOM NUMBER]. On 8/6/2020 at 12:25 PM. V3 (Licensed Practical Nurse) stated that rooms that are in Contact / Droplet Isolation Precautions need to have two bins for soiled Personal Protective Equipment (PPE) and soiled linens. PPE that was used in an isolation room should be disposed within the room and not elsewhere. On 8/6/2020 at 12:43 PM. V5 (Certified Nursing Assistant) went inside room [ROOM NUMBER] Contact / Droplet Isolation Precautions room without any Personal Protective Equipment, touching high touched areas that includes bedside table, bed rails. V5 collected meal tray placed it inside meal tray cart. V5 then entered a non-isolated room and collected a meal tray and placed it inside meal tray cart. V5 stated that she forgot to perform hand hygiene. On 8/6/2020 at 1:05 PM. V2 (Director of Nursing) stated that when entering Contact / Droplet Isolation Precautions Rooms proper Personal Protective Equipment (PPE) must be used. These includes Isolation Gowns, Mask, Face Shield, Respirator when doing bedside care and gloves. Each Isolated Rooms must have two bins for collecting used Personal Protective Equipment and used linens. Staff should put used PPE in the bin inside the isolated room. Hand Hygiene must be performed before exiting a room that is in Contact / Droplet Isolation Precaution. Covid-19 Revised Policy dated 7/21/2020 reads: A mask and eye protection (face shield or goggles) should be used for care of all residents. Contact and droplet precautions (including gown, gloves, mask, and eye protection) should be used for any residents that are symptomatic / Person Under Investigation (PUI), have a known or possible exposure, or are confirmed to have Covid-19. General Infection Control Policy reads: Routine Practices Includes: - Hand Hygiene - Appropriate use of personal protective equipment (PPE) - Handling of waste and linen Hand Hygiene shall be performed: 1. Before contact with resident or resident's environment 2. After contact with resident or resident's environment Coronavirus (Covid-19) dated 3/20 Policy reads: Ensure that a trash can is placed near the exit inside of any isolation / restriction room for ease of discarding used Personal Protective Equipment (PPE). Encourage staff hand hygiene according to CDC Guidelines including before and after resident contact, after contaminated surface and equipment contact and after removing personal protective equipment (PPE).</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.