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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145776 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/03/2020 |
| NAME OF PROVIDER OF SUPPLIER BEACON HEALTH CENTER | | STREET ADDRESS, CITY, STATE, ZIP 4538 NORTH BEACON CHICAGO, IL 60640 | |
| 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 - Some | <p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to follow their visitation and infection control policy by not having personal protective equipment (PPE) inside PPE storage cart, not having hand sanitizer available for residents to use and failed to ensure temperature scan was working/reliable. This failure has the potential to affect all 71 residents and all staff. Findings include: On 6/2/2020 at 9:40 AM, observed third-floor room numbers 318, 319, and 320 with droplet and contact sign at the door and a PPE box in front of room [ROOM NUMBER] with no gown or mask available. V3 stated, Residents in the room were tested positive for COVID-19 infection four weeks ago, and they are asymptomatic. Observed third-floor dining room with a wall-mounted hand sanitizer not working. On 6/2/2020 at 11:00 AM, V2 (Director of Nursing) stated, R3 and R4 are convalescent residents from COVID-19. R3 also has carbapenem-resistant [MEDICATION NAME] (CRE) in wounds, and R4 has CRE in blood. PPE should be available at the door side for resident care. Residents should have hand sanitizer available in the hallway. Facility presented visitation and infection control policy revised on March 9, 2020 document: h. put alcohol-based hand rub in common areas, including hallways. Encourage staff, residents, and visitors to use hand sanitizer frequently. Make PPE, including facemasks, eye protection, gowns, and gloves, available immediately outside of the resident room when it's determined PPE is needed for the resident. Visitors are expected to adhere to instructions from the administrator, DON, and/or Charge Nurse on duty regarding facility infection control practices and visitation Restrictions. To prevent the spread of respiratory germs within the facility (from the IL Department of Public Health): Monitor employees prior to starting their shift for fever or respiratory symptoms. A no touch forehead thermometer is recommended.</p> <p>On 6/02/20 at 9:05am, surveyor entered facility with team member. V6(Receptionist/front desk Clerk/) requested that we sign in, complete COVID-19 screening form and take our temperature with a forehead [MEDICATION NAME] temperature scan. V6 stated that surveyor's temperature was 95.6 degrees Fahrenheit. V6 proceeded to take temperature of team surveyor and reported that his temperature was 95.6 degrees Fahrenheit. On 6/02/20 at approximately 10:15a.m., As surveyor proceeded to leave the building, V6 said, You're only required to take another temperature after four hours of being in the building but I can check it now if you like. Surveyor requested to have temperature taken again. V6 proceeded to take writer's temperature and reported, Your temperature is 94.6. Surveyor asked V6 what is the normal temperature range? V6 said, It's 96. I'm going to let the administrator know that the temperature scan is not working.</p> <p>On 06/02/2020, at 9:10AM, V6 (Receptionist/front desk clerk) was taking temperatures. The thermometer was not working properly. Two members of the survey team had temperatures of 95.6 degrees Fahrenheit. Another survey team member had a temperature of 97.8 degrees. V6 was alerted about the thermometer and stated she would inform V1(Administrator). At 10:00AM, V7 (Dietary Manger) stated, I just started yesterday. V6 takes the dietary staff temperatures. I do not monitor my staff. At 11:17AM, V2 (Director of Nursing) stated, V7 should be taking temperatures or calling someone to take the temperatures. V6 takes the dietary staff temperatures every four hours. I have had concerns with the thermometer.</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.