

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145868</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/09/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>AVANTARA LONG GROVE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1666 CHECKER ROAD LONG GROVE, IL 60047</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<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 observation, interview and record review, the facility failed to implement isolation precautions on 2 (R1 and R2) of 4 residents reviewed for communicable diseases. R1 is the subject of the complaint. This investigation took place on March 9, 2020. On March 9, 2020 at 10:07 AM, R1 was in his room located in the Garden Place unit. He was sitting next to his bed in a wheel chair. R1 was wearing long pants, shoes, and a long sleeve shirt. No rash was visible on R1's exposed skin. R1 said two weeks ago he had scabies and was treated with [MEDICATION NAME] (an anti-parasite medication used to treat scabies which is also known as [MEDICATION NAME]). R1 said the curtain separating him and his roommate is always closed and that he never leaves his room. At 12:45 PM, R2, roommate of R1, was lying in bed resting with a blanket wrapped around him. No rash was visible on R2's exposed skin. R2 said they intended to put it on him ([MEDICATION NAME]) but he declined it due to his psoriasis. R2 said his room did not have a deep cleaning nor was his clothing taken out and laundered. R2 said staff did not wear gowns and gloves when they came to his room at any time. At 2:41 PM, V7, R1's physician, said he saw R1 on 2/23/20 and he had questionable scabies. V7 agreed that it would have been prudent to isolate R1 and said they had talked about it. At 11:11 AM, V2, Assistant Director of Nursing (ADON)/Infection Prevention Registered Nurse (RN), said they isolate residents with scabies for 24 hours after the first treatment. If a resident diagnosed with [REDACTED], V2 said everything in the room is removed and washed. V2 said they take scabies very seriously as they don't want an outbreak. V2 said they have not had anyone with scabies this year. At 10:40 AM, V4, RN was standing in the hall on the Garden Place unit. She said she has not heard of anyone with scabies in the last month. At 10:44 AM, V5, Licensed Practical Nurse (LPN) said R1 had very itchy, red skin and she called the doctor who ordered [MEDICATION NAME] cream. V5 said R1 was never put on isolation and his roommate was not treated for [REDACTED]. Staff wear gowns, gloves, and a mask when entering the room. Housekeeping uses bleach and water to clean the room. The clothing from the room is put in a red bag and walked directly to the laundry area; it is not sent through the laundry chute. The curtain in the room as well as the shower curtain are changed. V6 said she has not had any reports of possible scabies in the last month. At 10:27 AM, V8, LPN said he does not know about anyone who has had scabies recently on the 100 (Garden Place) unit. At 10:31, V9, Certified Nursing Assistant, (CNA) was at the nursing station on the Garden Place unit. V9 said they have not had anyone with scabies lately. V9 said a resident with scabies is put on isolation precautions and a gown, gloves, and mask is worn when going into those rooms. R1's physician progress notes [REDACTED]. On [DATE] at 12:52 PM, R1's Nurse Practitioner documented R1 is seen and examined today for follow up on skin rash, which was treated with [MEDICATION NAME] and has gotten better. R1's Skin/Wound note dated [DATE]20 at 10:15 AM says, Reassessment done. Rashes resolving. Resident not complaining of itchiness. R1's Minimum (MDS) data set [DATE] shows he is cognitively intact. R1's Medication Administration Record [REDACTED]. The facility's Infection Prevention and Control Policy (revised 7-31-19) shows if the resident with infection needs transmission-based precaution, the facility will provide the transmission-based precaution set required, personal protective equipment (gowns and gloves) and a sign indicating the type of precautions will be provided outside the resident's room. The Infectious Diseases Isolation Guideline &amp; Care provided by the facility, not dated, shows those with scabies should be put on contact isolation which can be discontinued 24 hours after initial treatment, clothes used within 3 days before [DIAGNOSES REDACTED].</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.