

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145989	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/03/2020
NAME OF PROVIDER OF SUPPLIER PARKER NURSING & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP 516 WEST FRECH STREET STREATOR, IL 61364	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that protective eye wear was worn and face masks were changed before entering Covid-19 isolation rooms (Yellow Zone) for two residents (R1 and R2) of four residents reviewed for infection control in a sample of four. Findings include: The facility's Covid-19 Response Plan, dated March 2020, documents III. Procedure d. Transmission Based Precautions ii. Droplet Precautions involves droplets generated by the resident, the employee, or visitor primarily during coughing, sneezing, and talking or during the performance of certain procedures. 1. Common variables included with droplet precautions are resident placement, gloves and hand hygiene, mask, goggles, and resident transport. The facility's Clinical Care Practice: Infection Prevention policy includes Information about Personal Protective Equipment (PPE)-Removing Personal Protective Equipment and states Remove PPE at doorway before leaving patient room and perform hand hygiene. Mask: Front of mask is contaminated - DO NOT TOUCH! Grasp bottom then top ties/elastics and remove. Discard in waste container. The facility's Infection Control: Covid-19 PPE Zones Guidelines, effective date 5-18-2020, documents III. Procedure c. Yellow Zone - Prevention/Readmission/Nonsuspected Covid-19 Unit i. Mask (surgical mask), gown, gloves. 3.b. Readmission residents are required to reside on the yellow preventative zone for 14 days to monitor for symptoms due to unknown nature of exposure. This same Covid-19 PPE Zones Guideline also includes signage stating Green Zone - There should be no staff entering this unit from the Red or Yellow Zones. 1. On 6-2-2020, at 9:27am, R1 was in R1's room on the Yellow Zone unit. A sign on R1's door states Yellow Zone Suspect Presumptive Covid-19 - Mask (N95 if adequate supply, may use surgical mask if not), gown, gloves, eye protection, hair covering, shoe covering and face shields. An isolation cart sat just outside of R1's room and included disposable gowns, gloves, shoe covers, and surgical masks with face shields attached. On 6-2-2020, at 9:31am, V7, Certified Nursing Assistant/CNA, responded to R1's call light with a surgical face mask in place. V7 stood at R1's doorway and donned gloves, a gown, and shoe covers then entered R1's isolation room with the same surgical mask on, no eye protection, and no hair covering. On 6-2-2020, at 9:39am, V7, CNA, stepped out of R1's room, removed her gloves, gown, and shoe covers, then discarded them in a nearby bathroom trash can. V7 left her same surgical mask in place and washed her hands. On 6-2-2020, at 9:43am, V7, CNA, walked over to R1's previous room on A-Hall and retrieved some of R1's belongings. A-Hall contains signage that states it is a Green Zone. On 6-2-2020, at 9:50am, V7, CNA, returned to R1's isolation room in the Yellow Zone unit and stated that V7 is assigned to A Hall, but helps out on D Hall and had come over to answer R1's call light. At this time, V7 donned gloves, a gown, and shoe covers, leaving the same surgical mask on, and re-entered R1's isolation room. On 6-2-2020, at 11:13am, V7, CNA, stated that in the Yellow Zone they are to wear gown, shoe covers and mask. V7 stated, I can wear this same mask into the isolation room, but must change it before leaving that yellow zone unit. I did not do that. I totally forgot. V7 also stated at this time that they were told this morning that they didn't have to wear eye protection and that she didn't see any in the isolation cart. 2. On 6-2-2020, at 10:31am, R2 sat in a wheel chair in her room on the Yellow Zone unit. There was no Yellow Zone sign on R2's door. An isolation cart sat just outside of R1's room which included disposable gowns, gloves, shoe covers, and surgical masks with face shields attached. On 6-2-2020, at 10:34am, V9, CNA, responded to R2's call light with a personal cloth face mask in place. V9 donned gloves then entered R2's isolation room. V9 did not put on any other personal protective equipment/PPE. On 6-2-2020, at 10:38am, V9 stated that V9 floats to all the units and also does the resident transports. V9 stated that V9 wears this personal mask all the time and no one has told her she couldn't. V9 stated that V9 thought they only had to put gloves on for the yellow zone now. On 6-2-2020, at 10:46am, V3, Infection Control Preventionist/ICP Nurse, stated that the D Hall has three residents who are considered in the yellow zone for isolation due to being a new admission from the hospital (R1), having gone out of the building for a funeral (R2), and for going to [MEDICAL TREATMENT] three times per week (R3). V3 stated at this time that staff should be wearing gowns, gloves, surgical face masks, eye protection, hair and shoe covers when caring for residents in the Yellow Zone. V3 stated that staff should not wear the same mask they enter the Yellow Zone unit with, but should change it before entering the isolation rooms.</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.