

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 146062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/20/2020
NAME OF PROVIDER OF SUPPLIER CENTER HOME HISPANIC ELDERLY		STREET ADDRESS, CITY, STATE, ZIP 1401 NORTH CALIFORNIA CHICAGO, IL 60622	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on the unprecedented coronavirus global pandemic that resulted in the Presidential declaration of a State of National Emergency dated 3/13/20, the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) Memo QSO-20-14-NH revised on 3/13/20, Nursing Home guidance from the Centers for Disease Control (CDC), interview and record review, the facility failed to correlate staff and resident illnesses to identify possible trends and patterns of COVID-19 transmission within the facility. This had the potential to affect all 111 residents residing in the facility at the time of the survey. Findings include: An interview on 4/16/20 at 11:15 am, with the Assistant Administrator, revealed, that the facility's Assistant Director of Nursing (ADON), was the person that does the tracking and trending for the facility's infection control program. The Assistant Administrator also confirmed that the ADON had tested positive for COVID-19 and was not working. When asked who was tracking and trending the facility's residents and staff with confirmed COVID-19 or suspected COVID-19, the Assistant Administrator revealed, that the Director of Nursing (DON) was tracking the cases from home. The Assistant Administrator also confirmed that the DON had tested positive for COVID-19. When asked if the DON was tracking and trending staff illnesses, the Assistant Administrator revealed, that the facility's Human Resource Department was tracking staff illnesses. Review of the facility's hospitalized Residents April 2020, revealed, the facility had transferred 26 residents to the hospital that were positive for COVID-19 and had transferred 11 residents to the hospital that had COVID-19 testing results pending. The facility's hospitalized Residents April 2020 did not contain information related to residents' onset of symptoms. Review of the facility's Employee Tracking Log, dated 3/22/20 to 4/16/20, revealed that 14 staff members had tested positive for COVID-19. There was also no evidence in the facility's hospitalized Residents April 2020 or the Employee Tracking Log that the facility was correlating resident onset of symptoms with staff onset of symptoms to identify potential trends and patterns. During an interview on 4/20/20 at 11:45 am, with the Administrator, when asked if anyone was currently correlating staff illnesses and resident illnesses to identify trends and patterns, the Administrator stated, I am the only one left. Most of this was done by nursing staff. It's very unusual because it didn't follow a pattern at first. We are isolating and watching anyone that may have been around someone with it. The Administrator confirmed that there was no one in the facility currently keeping record of correlation of employee and staff illnesses to determine trends and patterns. The Administrator confirmed that the facility hasn't been officially correlating staff infections with resident infections of COVID-19 since the ADON fell ill to [MEDICAL CONDITION] during the first week of April, 2020. Review of the facility policy titled, Infection Report and Surveillance Procedures dated 8/14, revealed it was the responsibility of the Infection Control Nurse to: 1. Investigate the source/cause of infection 2. Determine if the appropriate precautions were initiated and convey information to unit staff 3. Instruct and assist Unit or Supervising Nurse as necessary Determine if it is a significant, reportable or outbreak infection 5. Investigate for other contributing factors 7. Investigate other relevant factors for outbreaks .8. Complete Analysis and summation. The policy detailed specific actions to be taken to accomplish this directive including, but not limited to, obtaining information from staff; reviewing resident records for information including diagnostic tests and vital signs; assessing residents; determining if airborne, droplet and contact precautions were appropriately initiated and implemented; ensuring vital signs are taken and recorded every shift; investigating employee adherence to handwashing, and practices related to use of protective barriers, handling of linen, adherence to aseptic technique, adherence to isolation precautions, proper use of chemicals; monitoring employee health, monitoring cleaning and disinfection procedures; gathering tracking data and using that data for calculating nosocomial infection rates, and calculating infection rates by unit as well as for the facility as a whole to ensure close monitoring. Review of the undated facility policy titled, Infection Report and Criteria Definitions revealed it was the policy of this facility that an Infection Report shall be initiated when a resident exhibits signs/symptoms of an infection The policy identified the following Standards of infection control to be adhered to: 1. An Infection Report will be completed by a Nurse at the time signs/symptoms of infection are observed. A notation shall be made on the condition report to alert staff for follow up. 2. Signs and symptoms shall be recorded accurately and in detail, including time of onset, on the Infection Report. 3. Infection Control Nurse shall review the Infection Reports within one work day and promptly review/initiate surveillance activities as necessary. 4. Actual and/or potential infections will be tagged on a daily basis. 5. The Administrator and Medical Director shall be notified by the Director of Nursing or Infection Control Nurse in any situation where there is potential danger of the spread of infection and need for increased surveillance and control measures</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.