

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 146174	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2020
NAME OF PROVIDER OF SUPPLIER MERCY CIRCLE		STREET ADDRESS, CITY, STATE, ZIP 3659 WEST 99TH STREET CHICAGO, IL 60655	
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 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), observation, interview and record review, the facility failed to prevent the spread of infections such as COVID-19 as evidenced by failure to adhere to infection control practices related to: failure to disinfect high-touch surfaces and resident care binder; failure to perform hand hygiene; and failure to properly wear a face mask. Findings include: 1. Review of R1's medical record revealed that R1 was readmitted from hospital on [DATE]. Hospital [DIAGNOSES REDACTED]. R1 was placed on reverse isolation. On 4/21/20 at 12:04 pm, Licensed Practical Nurse1 (LPN1) was observed entering R1's room wearing a face mask and gloves. LPN1 brought a binder, a thermometer and a pulse oximeter inside the room. LPN1 placed the binder on top of the R1's dresser. After the procedure, LPN1 performed hand hygiene. Without a barrier or covering, LPN1 placed the binder, the thermometer and the pulse oximeter on top of the medication cart. LPN1 disinfected the thermometer and the pulse oximeter. LPN1 did not disinfect the top of the medication cart and the binder. When LPN1 was asked if she missed anything, LPN1 stated, I have to wipe the binder too. When LPN1 was further asked when should she disinfect the top of the medication cart, LPN1 stated she did it at the start of the shift, middle and at the end of the shift. During interview with the Director of Nursing (DON) on 4/22/20 at 11:30am, when asked about her expectation when staff brings items/equipment to a residents' room, the DON stated, They (staff) have to disinfect the items that were used. Review of undated facility policy titled Cleaning and Disinfection of Environmental Surfaces revealed under #1c, Noncritical items are those that come in contact with intact skin but not mucous membranes. (1) Noncritical environmental surfaces include bed rails, some food utensils, beside tables, furniture and floors. Under #2, it revealed, Noncritical surfaces will be disinfected with an EPA-registered intermediate or low-level hospital disinfectant according to the labels safety precautions and use directions. Review of undated facility policy titled Cleaning and Disinfection of Resident Care Items and Equipment revealed under 1d, Reusable items are cleaned and disinfected or sterilized between residents (e.g. stethoscopes, durable medical equipment). In a CDC article titled Preparing or COVID-19: Long Term Care Facilities, Nursing Homes dated April 15, 2020, under Things Facilities should do now revealed, Environmental Cleaning and Disinfection: Develop a schedule for regular cleaning and disinfection of shared equipment, frequently touched surfaces in resident rooms and common areas; Ensure EPA-registered, hospital-grade disinfectants are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment. https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html 2. On 4/21/20 at 12:24pm, Environmental Service Staff (E2) was observed wearing a cloth face mask. E2 was observed touching her mask multiple times. E2 did not perform hand hygiene. E2 then showed the surveyor the laundry chute room. An open plastic bag containing yellow-colored linen bags was observed on the floor. E2 stated that these bags are used to store soiled linen. E2 further stated that those bags have not been used yet. Multiple yellow-colored linen bags were also observed on top of a trash bin. When E2 was asked if the bags were dirty, E2 stated they were clean. Clean gloves were available inside the laundry chute room but E2 placed her bare hand on the side of the trash bin to check if it was lined with a plastic bag. E2 confirmed there was no lining in the trash bin. E2 did not perform hand hygiene. With her bare hands, E2 touched the soluble plastic bag on a hamper that contained soiled linen. E2 did not perform hand hygiene. E2 touched the handles to the chute then E2 touched her cloth face mask multiple times. E2 did not perform hand hygiene. The Director of Nursing (DON) was present during this observation. The DON stated they will provide a hand sanitizer in the laundry chute room so staff can easily perform hand hygiene. Review of facility's Hand Hygiene Policy dated 12/11/18 revealed under procedure, The following is a list of some situations that require hand hygiene .after handling soiled equipment, surfaces, or utensils Review of undated facility policy titled Personal Protective Equipment - Gloves revealed under #3, The use of gloves will vary according to the procedure involved. The use of disposable gloves is indicated .d. when handling soiled linen or items that may be contaminated. In a CDC article titled Hand Hygiene in Healthcare Settings dated [DATE], revealed under when and how to perform hand hygiene, Multiple opportunities for hand hygiene may occur during a single care episode. Following are the clinical indications for hand hygiene . after contact with blood, body fluids or contaminated surfaces. https://www.cdc.gov/handhygiene/providers/index.html 3. A. On 4/21/20 at 12:17pm, Utility Worker (E3) was observed walking the hallway wearing a face mask but his nose was exposed. This was confirmed by the DON. E3 was observed touching and readjusting his face mask. E3 did not perform hand hygiene. B. On 4/21/20 at 12:20pm, Dietary Staff (E4) and server (E5) were observed wearing their face masks but their noses were exposed. This was confirmed by the DON. C. On 4/21/20 at 2:25pm, Certified Nursing Assistant1 (CNA1) was observed coming out of room [ROOM NUMBER] wearing a face mask but her nose was exposed. D. On 4/21/20 at 2:33pm, Physical Therapist (E6) was observed wearing a face mask but her nose was exposed. E. On 4/21/20 at 2:37pm, Dietary Staff/Cook (E7) was observed not wearing a face mask. This was confirmed by the Director of Nursing. The (DON) instructed E7 to wear one. During interview with the DON on 4/22/20 at 11:30am, when asked if a face mask should cover both the nose and the mouth and if she expected staff to perform hand hygiene when they touched the mask, the DON stated, Yes. Review of facility policy titled Usage of Masks dated 4/7/20 revealed, Mercy Circle is making every effort to keep our residents and employees safe. With this in mind, effective 4/7/20, employees will be required to wear a mask while on duty and in the building .Employees must take care not to touch their facemask. If they touch or adjust their facemask they must immediately perform hand hygiene . Under best practices for homemade masks or face coverings revealed, .The mask should fit snugly around your mouth and nose .Avoid touching the mask while using it. If you o wash your hands with soap and water or alcohol-based hand rub. In a CDC article titled Preparing for COVID-19: Long-Term Care Facilities, Nursing Homes dated April 15, 2020, under Things facilities should do now revealed, .Educate and train HCP - Reinforce adherence to standard infection prevention and control measures including hand hygiene and selection and use of personal protective equipment (PPE). Have HCP demonstrate competency with putting on and removing PPE and monitor adherence by observing resident care activities. https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html In a CDC article titled Using Personal Protective Equipment (PPE) dated 4/3/20 revealed under How to put on (Don) PPE Gear, 4. Put on NIOSH-approved N95 filtering face piece respirator or higher (use a facemask if a respirator is not available). If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin or store in scrubs pocket between patients. https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html In an article by WHO titled When and how to use masks under when to use a mask revealed, Before putting on a mask, clean hands with alcohol-based hand rub or soap and water. Cover mouth and nose with mask and make sure there are no gaps between your face and the mask. Avoid touching the mask while</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.

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