

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145946</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/10/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SYMPHONY AT ARIA</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4600 NORTH FRONTAGE ROAD HILLSDALE, IL 60162</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview, and record review, the facility failed to follow their infection control policy but failing to monitor a covid positive resident vital signs every 4 hours for 1 ( R4) of 4 residents reviewed monitoring covid positive residents for signs and symptoms, and the facility failed to follow manufactures direction and allow a contact time of at least 10 minutes for disinfection of face shields on covid unit for 1 of 4 (R3) residents reviewed for disinfection of personal protective equipment. Findings include: R4's face sheet document admitted to facility on 6/5/2020 with a [DIAGNOSES REDACTED]. Observed for evidence of deterioration. Call MD as indicated. R 4's medication administration record document vital signs every shift dated 6/5/2020. There are no values or entries documented on MAR from 6-5-2020 through 6-9-2020. R4 vitals record titled oxygen saturation documents oxygen saturations on 6/5/2020 one entry 100%, on 6/6/2020 2 values documented 96% and 98%, on 6/7/2020 one entry 94%, on 6/8/2020 one entry 95%, and on 6/9/2020 one entry 98%. R4s vital record titled blood pressure summary documents blood pressure values on 6/5/2020 one entry 148/72, on 6/6/2020 two entries 160/ 90 and 157/76, on 6/7/2020 157/77 and 146/82, on 6/8/2020 one entry 148/82 and 6/9/2020 118/69. R4s vital record titled pulse summary documents pulse values on 6/5/2020 one entry 62, on 6/6/2020 two entries of 79 , on 6/7/2020 one entry 78, on 6/8/2020 one entry 85 and 6/9/2020 one entry 68. R4s vital record titled respiration summary documents respiration values on 6/5/2020 one entry 18, on 6/6/2020 two entries of 17 and 18, on 6/7/2020 one entry 17, on 6/8/2020 one entry 19 and 6/9/2020 one entry 16. R4s vital record titled temperature summary documents temperature values on 6/5/2020 one entry 98, on 6/6/2020 two entries of 99 and 98, on 6/7/2020 one entry 98.6, on 6/8/2020 one entry 98.5 and 6/9/2020 one entry 97.4. R4's care plan dated 6/9/2020 documents R4 has confirmed covid 19 infection as evidence by one or more symptoms new or worsen cough; fever; shortness of breath, under interventions monitor vital signs every 4 hours. On 6/10/2020 at 11:23AM, V3 (ADON) stated vital signs are monitored every 4 hours for covid positive residents. Vital signs are documented on the medication administration record (MAR). On 6/10/2020 at 1:35 Pm. V3 (ADON) stated R4's order dated 6/5/2020 was not entered correctly and was not being documented on the MAR. R 4 had vitals documented in medical record but not every 4 hours. On 6/9/2020 at 10:50 AM, V6 (nurse) stated, residents on covid unit have vital signs monitored every 4 hours and as needed. We document in vitals tab. Facility policy revised 4/17/2020 titled Covid 19 Control Measures for long term care documents under residents: If patients have been screened and their testing is positive for covid 19 or if patients have signs and symptoms of respiratory [MEDICAL CONDITION] infection full vitals and pulse oximetry every 4 hours. Based on observation, interview and record review, the facility failed to follow manufacturers contact time for disinfection of face shields on covid unit for 2 residents in a sample of 4 reviewed for infection control. Findings include: On 6/9/2020 at 12:49 Pm, V 9 (RT) observed spraying face shield with disinfectant and wiped immediately. On 6/9/2020 at 12:53 PM, V 6 (nurse) observed spraying face shield with disinfectant spray and wiping immediately with paper towel. Face shield placed back on V 6 (Nurse). V 6 (nurse) than observed delivering R3's lunch tray. At 12:58 Pm, V 6(nurse) observed spraying face shield with disinfectant and wiping immediately after spraying. V 6(nurse) placed face shield back on and remained on covid unit. On 6/10/2020 at 11:23 AM, V 3 (ADON) stated staff should be remove face shield and spray disinfectant for desired contact time and then wipe clean. Staff have other face shield available if needed and would use a clean face shield while other shield was disinfecting. V 3 unsure contact time for disinfectant used for face shields on covid unit. List N: Products with emerging [MEDICAL CONDITION] pathogens and human coronavirus claims use against [DIAGNOSES REDACTED]-COV-2 dated 6/10/2020 documents product with EPA number -93 has a contact time of 10 minutes. Facilities policy titled Environmental cleaning and disinfection during an outbreak of Coronavirus with revision date of 3/24/2020 documents facility will follow manufacturer's instruction for cleaning and maintaining non critical medical equipment. Educate and observe practice on appropriate disinfection (clean to dirty, appropriate dwell time, when to switch clothes and wipes etc.).</p>		
F 0885  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview, and record review, the facility failed follow their policy on communicating and facility reporting about Covid-19 to the residents, their representatives and families for two confirmed Covid-19 cases in the facility. This failure affected 3 of 3 (R1, R2, R3) reviewed for notification in a total sample size of four. Findings Include: R3's physician order [REDACTED]. Contact and Droplet Precautions testing for COVID-19 prior to discontinuation. R4's admission noted dated 6/5/2020 documents: R4 is a new admission with Covid-19. Physician order [REDACTED]. Contact and Droplet Precautions. On 6/9/2020 at 10:22am, V3 (Assistant Director of Nursing) said, we document the family notification in the progress note. We only notify the family if we test the resident and get a positive Covid-19 result. On 6/9/2020 at 10:40am, V1 (Administrator) said, we call or send a letter every time we have a positive case. We update in real time, exactly the same day or by 5pm the next day. If we don't have any positive cases we don't update. Record Review of R1, R2 and R3's progress note from 6/3/2020 - 6/9/2020: No family notification was documented Communicating and Facility Reporting about Covid-19 revised 4/29/2020: Purpose: addresses notification procedures by the facility to residents, resident's next of kin, guardians or emergency contacts when that resident, another resident or a staff member is diagnosed with [REDACTED]. B. Facility will update residents and their representative weekly, or each subsequent time a confirmed infection of Covid-19 is identified.</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.