

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145334</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/09/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LANDMARK OF DES PLAINES REHAB</b>		STREET ADDRESS, CITY, STATE, ZIP <b>9300 BALLARD ROAD DES PLAINES, IL 60016</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 observation, interview and record review the facility failed to properly prevent the spread of infections such as COVID-19 as evidenced by failures to: (1) follow infection control practices related to the use of glucometer (medical device used for measuring sugar levels in the blood) for two residents (R1 and R2); and, (2) perform hand hygiene when delivering room trays for eight residents (R3, R4, R5, R6, R7, R8, R9 and R10) in the sample of 10. The failures by staff to handle medical equipment to prevent contamination and to properly utilize hand hygiene while delivering meal trays had the potential to affect residents residing on two units of the facility. Findings include: 1. Observation of the Licensed Practical Nurse (LPN1), on 4/8/20 at 10:52am, revealed LPN1 used the Assure Prism glucometer to check R1's blood sugar in R1's room. Without using any barrier, LPN1 sat the glucometer on R1's over-bed table. Using an alternate glucometer, LPN1 checked R2's blood sugar in R2's room at 10:56am. LPN1 sat the glucometer on R2's over-bed table without using any barrier. In an interview with the Director of Nursing (DON) and the Administrator on 4/8/20 at 1:30pm when told about the observation of nursing staff sitting the glucometer on residents' over-bed table without using any barrier, the DON stated, I will have to check our policy. Review of the facility's undated Glucometers Cleaning Instructions policy and procedure revealed under Cleaning process: Before going into room - please (sic) a towel as a barrier on the med cart; Once completed remove from room and placed (sic) on the barrier. According to a Centers for Disease Control and Prevention (CDC) article titled, Guidelines for Environmental Infection Control in Health-Care Facilities published on 6/6/03 under Recommendations - Environmental Services on subsection Cleaning and Disinfecting Strategies for Environmental Surfaces in Patient Care Areas, .3. Use barrier protective coverings as appropriate for noncritical surfaces that are 1) touched frequently with gloved hands during the delivery of patient care; 2) likely to become contaminated with blood or body substances. 2. Observation on 4/8/20 at 12:06pm revealed that a nursing assistant (NA1) brought lunch trays to R3's, R4's, R5's, R6's, R7's, R8's, R9's and R10's rooms. NA1 was not observed performing hand hygiene before delivering the lunch trays to the eight rooms. NA1 assisted in setting up the lunch trays on residents' over-bed tables then NA1 left their rooms without doing hand hygiene. Review of R3's, R4's, R5's, R6's, R7's, R8's, R9's and R10's current care plans revealed under Focus, .is at risk for exposure and contracting the [MEDICAL CONDITION]. Further review of their care plans revealed under Interventions, .Ensure employees clean their hands according to CDC guidelines, including before and after contact with residents, after contact with contaminated surfaces or equipment. In an interview with NA1 on 4/8/20 at 1pm, stated, I have a pocket hand sanitizer. When asked to show what kind of hand sanitizer NA1 was using, NA1 was not able to show the sanitizer. In an interview with the DON and the Administrator on 4/8/20 at 1:30pm, when told about the observations of lapses in hand hygiene by the nursing staff while delivering meal trays to residents' rooms, the DON stated, They should be performing hand hygiene. Review of the facility's Tray Line and Food Delivery policy and procedure with the last revision date of November 2018 revealed under Policy: Food Service employees will practice safe food handling practices during meal service to prevent the risk of food borne illness. Further review of the same policy revealed under Procedure: .7. All employees shall maintain good personal hygiene when serving food such as washing of hands. Review of the facility's Meal Service policy and procedure dated 8/11/11 revealed under Procedure: .6. Staff providing direct resident care by passing meals will wash their hands before serving food. Staff will wash their hands after removing dirty dishes from a resident's table and assisting another resident with their meal delivery and set up.</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.