

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145683	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/10/2020
NAME OF PROVIDER OF SUPPLIER ABINGTON OF GLENVIEW NURSING		STREET ADDRESS, CITY, STATE, ZIP 3901 GLENVIEW ROAD GLENVIEW, IL 60025	
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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<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 properly contain COVID-19 by not ensuring that protocols were being followed for donning and doffing (putting on and off) PPE (Personal Protective Equipment) when providing resident care and while caring for a resident who is on contact precautions; the facility also failed to ensure that staff wore face masks and performed hand hygiene in accordance with facility protocols. This failure affected six residents (R1 - R6) reviewed for infection control. Findings include: R1 is a [AGE] year old male, admitted on [DATE] with most recent re-admission on 5-24-2020 with medical [DIAGNOSES REDACTED]. 6-9-2020 at 11:30 a.m. R1 was observed sitting up in bed, dressed in regular clothing with no mask on, next to R1's bed was V12 (Private Care Taker) noted to be sitting and watching television. V12 was observed to have on a cloth hospital gown and no gloves or mask on. V12 said, I am the private care taker for R1. R1 has an order for Droplet/Contact Precautions as of 5-25-2020. Surveyor asked V12 if V12 wears any Personal Protective Equipment (PPE). V12 did not provide an answer. R1's Care plan dated: 5-27-2020 reads under focus: On droplet/contact isolation for precautionary measures. Under interventions: Instruct family/visitors/caregivers to wear disposable mask, gown and gloves. 6-9-2020 at 11:45 a.m. V8 (Certified Nursing Assistant) was observed delivering the lunch tray to R2. When V8 exited R2's room, V8 was observed removing gown and gloves, then performed hand hygiene but did not change face mask. V8 said, I have my mask from home and it is a very good one, I do not need to put any surgical masks over it; anyway I do not have any surgical mask available to put on top of my N95. R2 is [AGE] year old female, admitted on [DATE] with medical [DIAGNOSES REDACTED]. R2 has an order for [REDACTED]. Under interventions: Keep on droplet/contact isolation at all times. Strictly observe and follow droplet/contact precautions at all times 6-9-2020 at 1:40p.m. V3 (Director of Nursing) said, we do not allow any visitor, the exception is when someone is actively dying, the family can come and visit after they are screened. V12, is not consider an employee but needs to follow the infection policy and knows that V12 needs to wear the gown, gloves, and mask and performed hand hygiene like all employees do. V12 has been educated on infection control policies. V3 also said, the staff members that go into a contact/droplet precaution room need to wear all PPE including: masks, N95's and surgical, gowns, gloves, and perform hand hygiene before donning and doffing the PPE. The N95 is the only PPE that is not removed because the surgical mask is removed and replaced with a new one after coming out of the precaution room. Policy titled: Personal Protective Equipment - Using Face Masks (dated: June 2005) includes: To prevent transmission of infectious agents through the air, to protect the wearer from inhaling droplets, to prevent transmission of some infections that are spread by direct contact with mucous membranes.</p> <p>06/09/20 at 12:11PM Observed V11 (Activity Aide) with the top of her surgical mask laying underneath her nose while feeding R3, who was not wearing a mask. 06/09/20 at 12:15PM Observed V10 (Memory Care Director) adjust the outside of her surgical mask with her hands and continue working without performing hand hygiene. V10's surgical mask fell below her nose several times while walking through the memory care dining area collecting trays and speaking with the residents who were not wearing masks. 06/09/20 at 12:21PM Observed V10 (Memory Care Director) adjust the outside of her surgical mask with her hands then touch R3 without performing hand hygiene. 06/09/20 at 12:25PM Observed V11 (Activity Aide) with the top of her surgical mask resting under her nose while walking around the memory care unit dining room speaking with and assisting residents R3 and R4, who were not wearing masks. 06/09/20 at 12:28PM Observed V10 (Memory Care Director) adjust the outside of her surgical mask with her hands then continue pushing R5 in her wheel chair without performing hand hygiene. 06/09/20 at 12:30PM Observed V10 (Memory Care Director) adjust the outside of her surgical mask with her hands and use the remote control to change the television station in the memory care dining area without performing hand hygiene. 06/09/20 at 12:32PM Observed V11 (Activity Aide) wipe R4's hands and face with a wet towel then, without performing hand hygiene, proceeded to touch R3's arm to assist her with sitting down in her wheel chair. V11 continued holding the towel she used to clean R4's face in her left hand which hung over and grazed R3's arm. 06/09/20 at 12:36PM Observed V10 (Memory Care Director) adjust the outside of her surgical mask with her hands then touch R3's arm, shoulder and back without performing hand hygiene. V10 did not perform hand hygiene after touching R3. 06/09/20 at 12:48PM Observed V11 (Activity Aide) with the top of her surgical mask laying under her nose enter R6's room and lean down over her bed to speak with her. R6 was laying in her bed and not wearing a mask. 06/09/20 at 1:07PM V10 (Memory Care Director) stated that her mask does fall down off of her nose and if her mask does not completely cover her nose there is a chance a person she is in contact with could become ill. V10 stated hand hygiene should be performed after touching residents or after touching a face mask. 06/09/20 at 1:15PM V3 (Director of Nursing - DON) stated that hand hygiene should be performed after touching a face mask and after touching residents. V9 (Registered Nurse - RN) stated that if a staff member's mask is not completely covering their nose they could contaminate others especially if they cough or sneeze. V9 stated that the mask is used for droplet precautions. 06/10/20 at 12:29PM V12 (Assistant Director of Nursing) stated that when staff are using towels to clean residents they should put the towel away and sanitize their hands before taking care of another resident because there is a possibility of contamination occurring. V12 stated if hand hygiene is not performed after touching a resident there is a possibility of causing cross contamination to other residents. Facility's Personal Protective Equipment Policy for Using Face Masks (revised June 2005): Be sure that face mask covers the nose and mouth while performing treatment or services for the patient. Handle mask only by the strings (ties). Never touch the mask while it is in use. Facility's Hand Washing/Hand Hygiene Policy (March 2020) states: When hands are not visibly soiled, employees may use an alcohol-based hand rub (foam, gel, liquid) containing at least 60% alcohol in all of the following situations: o after direct contact with a resident but prior to direct contact with another resident; o after contact with potentially infectious material</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.