

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145970	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/04/2020
NAME OF PROVIDER OF SUPPLIER VILLA AT WINDSOR PARK		STREET ADDRESS, CITY, STATE, ZIP 2649 EAST 75TH ST CHICAGO, IL 60649	
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 - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to follow their policy titled Guideline for Standard and Transmission-based Precautions. Staff failed to don gowns upon entering a contact isolation room affecting 2 (R5 and R6) out of 6 residents reviewed for transmission-based precautions. Findings include: On 07/31/2020 at 11:20 AM, surveyor observed isolation signage for R3 and R4's room. PPE (Personal Protection Equipment) PPE bin was located in the hall near doorway. On 07/31/2020 at 12:18 PM, V4 (CNA, Certified Nursing Assistant) and V9 (CNA) were passing lunch trays. Both entered R3 and R4's room without donning an isolation gown. V4 placed lunch tray on R3's bedside table and retrieved previous finished meal tray. V9 placed lunch tray on R4's bedside table. On 07/31/2020 at 12:21 PM, V9 went to R6's room who is not on isolation. V4 entered R5's room who is not on isolation. V4 placed R5's lunch tray on the bedside table and assisted R5 cut up the fish that was on the plate. At 12:27 PM, surveyor observed V9 feeding R6. On 07/31/2020 at 12:31 PM, V4 stated you have to wear an isolation gown when you go to an isolation room. On 07/31/2020 at 12:45 PM, V6 (Nurse) stated staff should wear gowns in isolation rooms because fluids or secretions can transfer from the isolation residents onto the staff. Those residents can infect the staff and staff can infect the other residents. On 07/31/2020 at 1:05 PM, V2 (Director of Nursing) stated the facility had sufficient PPE supplies. V2 stated facility had a couple hundred gowns in stock. On 07/31/2020 at 1:35 PM, V9 stated staff must wear gowns in isolation rooms. On 07/31/2020 at 3:18 PM, record review of R3's physician orders [REDACTED]. Progress note from 07/23/2020 12:24 PM reads suspicion for exposure to COVID-19. On 08/04/2020 09:46 AM, record review of R4's progress note dated 07/23/2020 12:55 PM reads suspicion for exposure to COVID-19. Resident placed on precautionary droplet and contact isolation. Facility policy titled Guideline for Standard and Transmission-based Precautions effective 10/02/19 under section Contact Precautions reads: Wear a gown whenever anticipating that clothing will have direct contact with the resident or potentially contaminated environmental surfaces or equipment in close proximity to the resident. Don gown upon entry into the room. Remove gown and observe hand hygiene before leaving the resident-care environment.		

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.