

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145460	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/15/2020
NAME OF PROVIDER OF SUPPLIER THRIVE LAKE COUNTY		STREET ADDRESS, CITY, STATE, ZIP 850 E US HIGHWAY 45 MUNDELEIN, IL 60060	
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 observation, interview and record review the facility failed to ensure staff changed isolation gowns, between resident cares on the COVID-19 unit, to prevent cross contamination. This applies to 8 of 13 residents (R2-R6, R10, R11, R13) on the COVID-19 unit in the sample of 13. Findings include: The Unit Six/COVID-19 Unit census sheet dated July 14, 2020 showed 13 residents (R1-R13) resided on the unit. On July 14, 2020 at 9:25 AM, an initial tour of the COVID-19 unit (6000 unit) in the facility was completed with V3 (Clinical Services Coordinator/CSC). V3 stated, Our COVID unit contains 5 residents that are COVID positive (R1, R7-R9, R12) and 8 residents (R2-R6, R10, R11, R13) that are on a 14 day quarantine because they have been recently readmitted to us or have gone out numerous times for doctor's appointments. All 13 residents on this unit are on both contact and droplet isolation. Of the 8 residents (R2-R6, R10, R11, R13) under 14 day quarantine and currently residing on the COVID unit, all have recently tested negative for COVID-19 except for (R4) as he is on quarantine for readmission but has not been recently tested for COVID. On July 14, 2020 at 9:30 AM, V4 (Registered Nurse/RN) was seated at the nurse's station of the COVID-19 unit with a white cloth isolation gown on. V4 stated, We wear the same cloth (isolation) gown the entire shift and don't change it unless it's soiled. We were told we could wear them in and out of COVID rooms. Yes, we do wear the same gown when we go into the all resident rooms on the unit, quarantined residents and COVID positive residents. On July 14, 2020 at 9:57 AM, V6 (Certified Nursing Assistant/CNA) exited room [ROOM NUMBER], on the COVID-19 unit, with a white cloth isolation gown on. V6 walked down the hallway of the unit to get a resident mechanical lift device. A contact isolation and droplet isolation sign hung on the wall by the doorway of room [ROOM NUMBER]. When V6 was asked about wearing an isolation gown in the hallway, V6 stated, I can wear the same gown my entire shift. I don't have to change it to go into each room. On July 14, 2020 at 10:50 AM, V3 stated, Staff have cloth isolation gowns that are not to be worn in the hallway or from room to room. They are to remove the isolation gown before exiting a COVID room or a room that is on droplet isolation. V3 denied any shortage of isolation gowns in the facility. On July 14, 2020 at 11:00 AM, V2 (Director of Nursing) stated, Staff are to take off isolation gowns before they leave a COVID room or any residents room that is on droplet isolation. They are not to wear isolation gowns in the hallways. V2 denied any shortage of isolation gowns in the facility. The facility's Coronavirus Policy dated June 3, 2020 showed, 9. PPE (personal protective equipment) will include face masks, eye protection, gloves, and gowns. Place a trash can near the exit inside any resident room on isolation to make it easy for employees to discard PPE.</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.