

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>146062</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/07/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CENTER HOME HISPANIC ELDERLY</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1401 NORTH CALIFORNIA CHICAGO, IL 60622</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 <b>F 0880</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p><b>Level of harm - Minimal harm or potential for actual harm</b></p> <p><b>Residents Affected - Many</b></p>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based upon observation, interview, and record review, the facility failed to ensure that the shower was cleaned prior to use, failed to ensure that (R6) received immediate assistance with visibly soiled pants, failed to ensure that (R6) does not enter peers room, and failed to ensure that residents wore face masks in the hallway in an effort to prevent the spread of infectious microorganisms, including COVID 19. These failures have the potential to affect 93 residents. Findings include; The (7/5/20) census includes a total of 93 residents. The Coronavirus (COVID- 19) Policy (revised 6/23/20) includes but not limited to; transmission: most commonly spread from infected person to person within 6 feet range. Respiratory germs prevention spread WITHIN your facility: restrict residents to their rooms as much as possible. If they must leave room for medically necessary procedures, have them wear a face mask. Respiratory germs prevention spread BETWEEN facilities: isolate if needed. On 7/6/20 at 12:05pm, R3 was observed (in the hallway) with his mask falling off as he was assisted to his room by a staff. Surveyor inquired about R3's mask V6 (Licensed Practical Nurse) stated, It's underneath his chin while he was with the therapy. On 7/6/20 at 12:06pm, R4 was observed (in the hallway) wearing a mask below his chin while staff were present. Surveyor inquired about R4's mask . V6 stated, It's underneath his chin. On 7/6/20 at 12:07pm, R6 was observed (in the hallway) without a mask on her face while staff were present. Surveyor inquired about R6's mask. V6 stated, She's holding her mask. On 7/6/20 at 12:08pm, R5 was observed (in the hallway) without a mask present. Surveyor inquired about R5's mask. V6 stated, She doesn't have a mask on. Surveyor inquired about infection control protocol V6 responded, They must wear a mask at all times over their nose when they're out of their rooms. On 7/6/20 at 12:14pm, R7 was observed (in the hallway) wearing a mask on her chin. V7 (Certified Nursing Assistant, CNA) instructed R7 to put the mask on and walked away. R7 placed the mask over her mouth (nose exposed) and proceeded to ambulate in the hallway. On 7/6/20 at 12:19pm, R6 walked into a residents room, and stood next to a peer lying in bed (without a mask). (R6 does not reside in this room). A brown substance (likely feces) was observed on the rear of R6's pant (near her foot). Surveyor inquired about the substance on R6's pants. V7 stated, I'm not sure what it is. I'll definitely inform her CNA. On 7/6/20 at 12:29pm, the (2nd floor) men's shower room was inspected. A brown substance was smeared on the floor and shower chair. V9 (Certified Nursing Assistant) advised R8 she needed a shower and subsequently brought her into the soiled shower. Surveyor inquired about the brown substance on the floor and shower chair. V9 responded, That's a good question, its feces. On 7/6/20 at 12:32pm, R9 was observed sitting (in the hallway) without shoes, socks and/or a mask. V11 (Licensed Practical Nurse, LPN) passed R9 in the hallway, however, redirection and/or a mask were not provided. At 12:33pm, surveyor inquired about R9's mask. V10 (Certified Nursing Assistant) stated, You need to ask the Nurse. A mask and/or redirection were not provided. At 12:34pm, V11 affirmed that she is assigned to R9. Surveyor inquired about R9's mask. V11 responded, I went to look for her shoes. I was gonna get her a mask too but I was worried about her shoes. On 7/6/20 at 12:39pm, R6 was observed ambulating (in the hallway) wearing a mask under her chin. The brown substance (brought to staff's attention at 12:20pm) remained on her pants. On 7/6/20 at approximately 2:00pm, V1 (Administrator) affirmed that residents admitted from the Hospital are quarantined for 14 days.</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.