STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145324	A. BUILDING _____ B. WING _____	**04/17/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
PRESENCE RESURRECTION N & R	**1001 NORTH GREENWOOD AVENUE PARK RIDGE, IL 60068**

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	**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 prevent the spread of infections such as COVID-19 as evidenced by failures to: (1) follow infection control practices related to the storage of clean linens in one wing; and, (2) perform hand hygiene when delivering meal trays for twenty (R1, R2, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15, R16, R17, R18, R19 and R20) residents in the sample of 20. The failures by staff to properly store clean linens to prevent contamination and to perform hand hygiene while delivering meal trays had the potential to affect residents residing on three units (3rd floor D wing, 2nd floor D wing and 2nd floor C wing) of the facility. Findings include: 1. Observation of the linen cart on third floor D-wing, on 4/15/20 at 2:10pm, revealed that the linen cart was not covered. During the entrance conference with the Administrator and Director of Nursing (DON) on 4/15/20 at approximately 10:30am, the Administrator indicated that the third floor D-wing was dedicated for residents who have undergone quarantine. In an interview with the Assistant Director of Nursing (ADON), DON and the Administrator on 4/15/20 at 4:15pm when told about the observation of a linen cart not being covered, the Administrator stated, Linen carts should be covered. During the same interview, the Administrator stated that the facility did not have a policy and procedure that addressed that linen carts should be covered. 2. Observation on 4/15/20 at 12:05pm revealed that a nursing assistant (NA1) brought lunch trays to R1's, R2's, R3's and R4's rooms on 3rd floor C wing. NA1 was not observed performing hand hygiene before delivering the lunch trays to the four rooms. NA1 assisted in setting up the lunch trays on residents' over-bed tables then NA1 left their rooms without doing hand hygiene. Observation on 4/15/20 at 12:19pm revealed that NA1 assisted in setting up R5's lunch tray on an over-bed table in the hallway across the nurses' station. NA1 was not observed performing hand hygiene before helping R5 with the meal set-up. Without doing hand hygiene, NA1 brought R6's meal tray in the dining room where R6 ate her lunch. NA1 helped R6 with the meal set-up. Observation on 4/15/20 at 12:30pm revealed that NA1 brought lunch trays to R7's, R8's, R9's, R10's, R11's, R12's, R13's, R14's, R15's, R16's, R17's, R18's, R19's and R20's rooms on 3rd floor D wing. NA1 was not observed performing hand hygiene before delivering the lunch trays to the 14 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 R1's, R2's, R3's, R4's, R5's, R6's, R7's, R8's, R9's, R10's, R11's, R12's, R13's, R14's, R15's, R16's, R17's, R18's, R19's and R20's current care plans revealed under Problem/Need, .is at risk for infection related to COVID-19 pandemic. Further review of their care plans revealed under Approaches, Follow established infection prevention protocol including visitor restrictions, transmission based precautions, and staff, resident and family teaching regarding hand hygiene and all necessary precautions . Review of the current [DIAGNOSES REDACTED]. In addition, some diabetes-related health issues, such as nerve damage and reduced blood flow to the extremities, increase the body's vulnerability to infection.). Further review of the current [DIAGNOSES REDACTED]. In an interview with the ADON, DON and the Administrator on 4/15/20 at 4:15pm, when told about the observations of lapses in hand hygiene by the nursing staff while delivering meal trays to residents, the Administrator stated, (There should be) hand hygiene in between residents. Review of the facility's Hand Hygiene policy and procedure with the last revision date of 4/2020 revealed under Policy Interpretation and Implementation, .E. Wash hands with soap and water for the following situations: .3. Before and after handling food . Further review of the same policy revealed .F. Use an alcohol-based hand rub, per CDC (Centers for Disease Control and Prevention) recommendation use alcohol-based hand sanitizers with greater than 60% [MEDICATION NAME] or 70% [MEDICATION NAME], alternatively, soap and water for the following situations: .12. After contact with objects .in the immediate vicinity of the resident .16. Before and after assisting a resident with meals . Review of the resident room roster provided by the facility on 4/15/20 at 11:13am, revealed 23 residents resided on the 2nd Floor D wing and the 3rd Floor D wing.

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.