STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145879	A. BUILDING _____ B. WING _____	03/26/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
TRI-STATE VILLAGE NRSG & RHB	2500 EAST 175TH STREET LANSING, IL 60438

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** - Many	**Provide and implement an infection prevention and control program.** Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program to manage and prevent the spread of infection to the residents of the facility. Review of the facility's infection control logs for March, 2020; February, 2020; and January, 2020; revealed that the facility failed to accurately track and trend the infections of the residents of the facility. Two observations on 3/25/20 revealed that a nurse aide failed to change gloves during peri-care, prior to assisting a resident to don a new incontinence brief. On 3/25/20, during the noon meal; a dietary staff person failed to correctly wear a facemask for the duration of serving residents. The facility census included 72 residents. Findings included: 1. Review of the facility's infection control logs for January, 2020, documented that the facility recorded 17 infections for the month. Of the 17 infections, the facility log documented that only three received McGeer's criteria screening (criteria used to evaluate symptoms of an infection), only three infections received a diagnostic test, and four infections had a listed infectious organism. All infections received orders for antibiotic treatment. The log failed to document any signs or symptoms of infection that the residents experienced, if the ordered antibiotic was appropriate to treat the infection, and failed to document any trending of the infections. Of the 17 infections, ten had hospital written next to the entry. The facility failed to document a resolution date for one infection, documented approximate dates of resolution for three infetions, and wrote resolved, without a date, for the remaining 13 infections. Review of the facility's infection control logs for February, 2020, documented that the facility recorded 14 infections for the month. Of the 14 infections, three received McGeer's criteria screening, and three received a diagnostic test. Only three infections were logged with an infectious organism. The log failed to document any signs or symptoms of infection that the residents experienced, and the log failed to document any trending of the infections. Of the infections, three lacked resolution dates, and the remaining infections were documented as resolved, without a date. Of the infections, six were marked with hospital next to the entry. All infections were treated with antibiotics, but the log failed to document if the ordered antibiotic was appropriate to treat the infection. Review of the facility's infection control logs for March, 2020, documented that the facility recorded 11 infections for the month. Of the infections, none documented received McGeer's criteria screening. Only one infection logged documented an infectious organism, and all infections were treated with antibiotics. Only one infection received a diagnostic test. The log failed to document any trending of the infections, and failed to document any signs or symptoms of infection that the residents experienced. All infections were treated with antibiotics, but the log failed to document if the ordered antibiotic was appropriate to treat the infection. Of the infections, five were marked with hospital next to the entry. Of the infections, five were marked as resolved, without a date. Review of the facility's census sheet and resident clinical records documented that one resident discharged to the hospital on or around 3/20/20, with an elevated temperature. A second resident discharged to the hospital on or around the same date with symptoms including altered mental status and shortness of breath. Further review of the infection control logs for March, 2020, revealed that the facility failed to track these two residents as having symptoms of possible infection. On 3/25/20 at 2:30pm, the Assistant Director of Nursing (ADON) indicated that she and the Director of Nursing (DON) oversaw the infection control program. The ADON indicated that licensed nurses notified her when a resident began an antibiotic, and that was when the resident would be added to the infection control log. This was done in the daily clinical meeting each morning. Licensed nursing staff monitored any cultures to ensure that the prescribed antibiotic was appropriate. The ADON indicated that the word 'hospital,' when written on the log, indicated that an infection was identified outside of the facility, and that the facility failed to track the organisms or test dates for those infections. The ADON indicated that a resident's infection was considered resolved when the resident completed their antibiotics, and confirmed that the facility failed to track the symptoms of infections that residents experienced. The ADON indicated that the facility failed to thoroughly track and trend the infections of the residents of the building, and that the two residents discharged to the hospital should have been included on the infection control log. 2. On 3/25/20 at 12:05pm, Dietary Staff (D1) began serving the noon meal. D1 wore a disposable surgical mask which covered her mouth, but failed to cover her nose, as required for appropriate wearing. The top edge of the mask sat above D1's upper lip and beneath her nostrils, leaving the nostrils exposed. Continuous observation from 12:05pm until 12:40pm revealed that D1 failed to dispose of the mask and reapply an appropriately placed mask, for the duration of serving the meal. On 3/25/20 at 1:00pm, D1 indicated that in order to be worn properly, the mask should be worn to completely cover the nose. However, D1 chose not to do so because wearing it like that would cause her glasses to fog up. On 3/25/20 at 2:30pm, the ADON indicated that her expectation of staff, if they donned personal protective equipment (PPE), would be that it would be worn correctly at all times, in order to prevent the possible spread of infection. 3. On 3/25/20 at 1:30pm, Nurse Aide (NA1) and NA2 assisted resident (R1) with incontinence care. NA1 and NA2 performed hand hygiene after they entered the room, applied gloves, then assisted R1 with transferring to her bed. NA1 and NA2 assisted R1 to remove her lower clothing and wet incontinence brief. NA2 assisted R1 with rolling and repositioning, while NA1 assisted with the removal of garments and the wet incontinence brief. NA1 then provided perineal care to R1 using disposable washcloths, cleansing underneath her abdominal fold, groin, and genital areas. NA1, failing to remove her soiled gloves, retrieved a clean incontinence brief and assisted R1 with putting it on. NA1's soiled gloves touched multiple parts of the brief. NA1 and NA2 then assisted R1 with putting on a nightgown and light pajama pants. NA1 and NA2 removed and disposed of their gloves and performed hand hygiene. On 3/25/20 at 1:50pm, NA1 and NA3 assisted R2 with incontinence care. NA1 and NA3 entered the room, performed hand hygiene, and donned disposable gloves. NA1 and NA3 assisted R2 with removing her shirt and putting on a pajama top, then assisted her with transferring to her bed using a gait belt. NA3 removed then disposed of her gloves, donning a new pair. NA1 and NA3 assisted R2 with removing her pants, then NA3 assisted R2 with rolling and repositioning while NA1 removed R2's incontinence brief, which contained a moderate amount of soft, brown stool. NA1 then assisted R2 with perineal care, using a washcloth moistened with warm water and perineal wash. NA1 cleansed R2's groin and genital area, then placed the soiled washcloth in a separate laundry bag. NA1 retrieved a new washrag to complete perineal care. NA1, failing to remove her soiled gloves, which had come into contact with stool, retrieved a clean incontinence brief for R2. NA1's soiled gloves again touched multiple parts of the brief, including the crotch gusset. NA1 assisted R2 with putting on the new incontinence brief, then NA1 and NA3 assisted R2 with putting on her pajama bottoms before positioning her in bed. NA1 and NA3 then removed and disposed of their gloves, performed hand hygiene, and left the room. On 3/25/20 at 2:10pm, NA1 indicated that she was unaware that she needed to change her gloves following pericare, before assisting a resident to put on a clean incontinence brief. NA1 indicated that in the past, she had always completed perineal cares in the manner she had done so in the earlier observations. On 3/25/20 at 2:30pm, the ADON indicated that her expectation of staff would be for staff to remove gloves and perform hand hygiene following perineal care, before obtaining a new incontinence brief for a resident. Review of the facility policy, dated 2019, titled Infection Prevention and Control Program, documented: Surveillance, including process and outcome surveillance, will include monitoring, data analysis, documentation and

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.

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F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	(continued... from page 1) communicable diseases reporting (as required by State and Federal law and regulation). Surveillance activities will be conducted to identify practice, infection trends and early identification of new infections and potential outbreak situations. Review of the facility policy, revised December, 2006, titled Standard Precautions, documented: c. Change gloves between tasks and procedures on the same resident after contact with material that may contain a high concentration of microorganisms. d. Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces .