

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145637	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/11/2020
NAME OF PROVIDER OF SUPPLIER ST JOSEPH VILLAGE OF CHICAGO		STREET ADDRESS, CITY, STATE, ZIP 4021 WEST BELMONT CHICAGO, IL 60641	
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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to ensure that residents in the third floor dining room maintain social distance to prevent the spread of COVID-19 in the facility; and failed to ensure that facility staff were fit-tested for N95 respirators before use on the designated COVID-19 unit to ensure that they receive the expected level of protection. These failures have the potential to affect all the 28 residents on the skilled units on the first and third floors of the facility. Findings include: On 6/10/2020 at 10:40am, V1 (Administrator) gave the third floor census as 16 with 7 of the residents on quarantine for different reasons, including being recently admitted from the hospital. On 6/10/20 at 12:22pm during lunch observation on the skilled part of the third floor, R16 and R17 were observed sitting at the same table eating lunch, facing each other three and half feet apart. Another resident R15 was also observed coming to this table to help R16 remove her food plates away from the table, without wearing a mask. There were 3 other residents sitting separately in the dining room at other tables. V4(Registered Nurse, RN) was asked if the table separated the two residents R16 and R17 six feet apart, V4 stated it's not up to 6 feet. According to V1, the dining table measures only 42 inches (three and half feet) in length and breadth. Also, there was a sign posted at the window of the dining room that states No communal dining until further notice. V4 was asked if this notice is still in effect, and V4 responded that it is still in effect, and they will remind everyone to stay 6 feet apart. On 6/10/20 at 1:00pm, V3 (Assistant Director of Nursing) stated On the third floor, we allow a maximum of 3 residents in the dining room. The dining table does not allow 2 residents to stay 6 feet apart, it should be one resident per table. On 6/10/20 at 1:31pm, V2 (Director of Nursing) was interviewed regarding social distancing in the communal dining room. V2 stated that R15 likes to help do things in the dining room. V2 later presented a document that shows that staff were given in-service about social distancing According to Center for Disease Control (CDC), Social distancing, also called physical distancing, means keeping space between yourself and other people outside of your home. To practice social or physical distancing: Stay at least 6 feet (about 2 arms' length) from other people Do not gather in groups Stay out of crowded places and avoid mass gatherings In addition to everyday steps to prevent COVID-19, keeping space between you and others is one of the best tools we have to avoid being exposed to this virus and slowing its spread locally and across the country and world. The facility did not follow these guidelines.</p> <p>Findings include: On 6/10/2020 at approximately 9:55am, during the unit tour V5 RN (Registered Nurse) and V6 CNA (Certified Nurse's Aide) noted on the designated COVID-19 unit on the 1st floor east wearing the K95 mask. V5 identified R1 as the only resident that tested Positive for COVID 19 and R2, R10, R11, R12, R13 and R14 were readmit from the hospital. V5 explained that these residents were under 18 days monitoring. At approximately 10:08am, V9 (Central Supply/Medical Record) came to the floor and was passing out another N95 respirator mask to V5 and V6. V5 took the mask, don the mask and after donning stated that this is too tight hope I can breathe in this. The surveyor then asked if V5 has been fit tested , V5 replied that she has not being fit tested for the mask. V9 who was present at the time then explained that this is a new mask, just given to me to give to pass out to the staff on the 1st floor. When the surveyor asked V9 whether the staff has been fitted for the mask, V9 replied that it was newly given to her to pass out to the staff on the 1st floor and none of the staff was tested (Referring to fit testing). At approximately 10:10am, V6 was noted donning the same N95 with V9 V6 stated no test was perform (Referring to Fit Test). V6 continues to state how uncomfortable it is On 6/10/2020 at approximately 10:30am, V2 DON (Director of Nurse) informed the surveyor that R2 on the 1st floor has tested positive COVID-19. V2 presented Report of Laboratory Result dated 6/10/29 that showed that R2 has Positive [DIAGNOSES REDACTED]-CoV-2 On 6/10/2020 at approximately 11:05am, V2 DON (Director of Nurse) stated the facility did not fit test the staff with the N95. V2 explained that she only instruct the staff to perform seal check when wearing the K95 (another Mask). At 1:07pm, V2 stated I'm still confused about the seal checking and the fit testing. At 2:06pm, V2 stated the facility is not using the N95 as a respirator it is just used as a regular mask and no fitting is required. At 2:27pm, When the surveyor asked V2 about the type of PPE (Personal Protective Equipment) the facility provides that should be worn on a COVID -19 dedicated unit with residents that includes confirmed residents that are positive for the SAR-CoV-2 [MEDICAL CONDITION] that causes COVID -19 whether symptomatic or asymptomatic. V2 replied N95, gloves, face shield and gown. The manufacturer's insert for user instructions in the mask box identified the mask as NIOSH 3M 8000/ N95 Particle Respirator This respirator helps protect against certain particles. Misuse may result in sickness or death. Under the use instruction the user instruction pointed out in part that before use of this respirator N95 a written respiratory program must be implemented meeting all the requirements of OSHA 29 CFR 1910.134 that includes but not limited to fit testing. The manufacturer insert indicated that the respirator is designed for occupational/professional use by adults who are properly trained in their use. Under cautions and limitation it documented in part that, all approved respirators should follow all applicable regulations and OSHA regulation that includes but not limited to fitting. According to OSHA (Occupational Safety and Health Administration) respiratory protection regulations at OSHA 29 CFR 1910.134 require that employees be fit-tested before the initial use of a respirator and whenever a different respirator face pieces (Size, style, model or make) are used. According to CDC (Center for Disease Control and Prevention) pointed out that workers who may be called to care for COVID-19 patients should the needs a rise , should be fit tested for N95 respirator use in a health care setting.</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.