STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145878	A. BUILDING _____ B. WING _____	**09/09/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ST PATRICK'S RESIDENCE	**1400 BROOKDALE ROAD NAPERVILLE, IL 60563**

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 interview and record review, the facility failed to perform contact tracing and failed to identify residents/staff that were potentially exposed to COVID-19 following a nurse who tested positive for COVID-19 (Coronavirus). The facility also failed to develop policies/procedures for COVID-19 resident /staff contact tracing and isolating potentially exposed residents. This applies to 7 of 9 residents (R1 and R4-R9) reviewed for infection control in a sample of 9. The findings include: Daily census, dated 9/9/20, shows R1 and R4-R9 all resided on the 3 West Unit on 8/9/20. Facility's document titled Resident Positive Cases, updated on 8/24/20, shows on the following dates, the following residents were tested positive for COVID-19: R1 - 8/31/20 R4 - 8/20/20 R5-R9 - 8/24/20 On 9/9/20 at 8:39 AM, V8 (Licensed Practical Nurse) stated she tested positive for COVID-19 when she was tested on [DATE] and worked at the facility caring for residents on 8/9/20, 8/10/20 and 8/11/20. V8 stated since she tested positive for COVID-19 she was not asked by anyone at the facility if she had contact within six feet of any facility residents or staff for a period of fifteen minutes or greater during the shifts she worked on 8/9/20, 8/10/20 or 8/11/20. On 9/9/20 at 9:30 AM, V1 (Administrator) stated V8 worked the following: 8/9/20: 3 West (PM and Night Shifts); 8/10/20: 3 East Unit (Night Shift); 8/11/20: 2 West Unit (Night Shift). On 9/8/20 at 2:13 PM, V2 (Director of Nursing) stated if a direct care staff tests positive for COVID-19 who had worked with residents two days prior to being tested for COVID-19, the facility continues to monitor the potentially exposed residents' vitals each shift and monitor the residents for the development of symptoms. V2 stated the facility does not isolate any of the potentially exposed residents or require the use of contact/droplet PPE (Personal Protective Equipment) for potentially exposed residents, because all the residents would all be potentially exposed and therefore would require isolation. V2 stated V8 worked on many of the units in the facility prior to her testing positive for COVID-19 on 8/11/20. On 9/9/29 at 11:27 AM, V2 stated there were no facility policies/procedures which addressed contact tracing of residents if a direct care staff tests positive for COVID-19. V2 also stated there were no facility policies/procedures which address what actions the facility should take if residents/staff have had direct contact with staff who test positive for COVID-19 to prevent further spread of COVID-19 by potentially infected individuals. Review of facility policies/procedures Infection Prevention and Control Policy, revised on 1/30/19, and COVID-19 Policy and Response Strategy, effective 7/15/20, fail to show procedures for COVID-19 resident/staff contact tracing. The policies also fail to show procedures regarding the isolation of residents identified as having had close contact exposure with COVID-19 positive staff. Centers for Disease Control document Clinical Questions About COVID-19: Questions and Answers, updated 8/4/20, shows, Anyone who had prolonged close contact (within 6 feet for at least 15 minutes) with the infected healthcare provider might have been exposed If the provider did not have symptoms, collecting information about when the provider may have been exposed could help inform the period when they were infectious If the date of exposure cannot be determined - For the purposes of contact tracing, it is reasonable to use a cutoff of 2 days before the specimen testing positive for COVID-19 was collected as the starting point, continuing until the criteria to discontinue Transmission-Based Precautions or Home Isolation are met Contact tracing is generally recommended for anyone who had prolonged close contact with the person with COVID-19 during these time periods. While this question addresses exposure to a potentially infectious provider, the following actions are also recommended if the potentially infectious individual is a patient or visitor. Recommended actions for HCP (Health Care Provider), patients, and visitors: Perform a risk assessment and apply work restrictions for other HCP who were exposed to the infected provider based on whether these HCP had prolonged, close contact and what PPE they were wearing Place exposed patients who are currently admitted to the healthcare facility in appropriate Transmission-Based Precautions and monitor them for onset of COVID-19 until 14 days after their last exposure. Perform contact tracing of exposed patients who are not currently admitted to the healthcare facility and for visitors Healthcare facilities . should establish a plan, in consultation with local public health authorities, for how exposures in a healthcare facility will be investigated and how contact tracing will be performed. The plan should address the following Who is responsible for identifying contacts and notifying potentially exposed individuals? . What actions and follow-up are recommended for those who were exposed? Anyone who had prolonged close contact (within 6 feet for at least 15 minutes) should be considered potentially exposed. Schedule for V8, printed 9/8/20, shows V8 worked the PM and Night shifts on 8/9/20, the PM shift on 8/10/20, and the PM shift on 8/11/20. The schedule shows V8 tested positive for COVID-19 on 8/11/20.

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.