

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145639	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/06/2020
NAME OF PROVIDER OF SUPPLIER CHICAGO RIDGE NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415	
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 - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interviews, and record reviews, the facility failed to follow its policies and procedures related to use and correct wearing of face masks and handwashing in an effort to prevent and/or contain possible spread of infectious microorganisms including COVID-19. These failures affected one (R10) of ten residents in a sample of 21 reviewed for infection control and have the potential to affect all 181 residents currently residing in the facility. Findings include:</p> <p>According to facility's Resident Census and Conditions of Residents Form dated 08/03/20, the census was 181 residents. On 08/03/20, the following were observed while doing rounds in the facility: First floor: At 1:40 PM, V13 (Certified Nursing Assistant, CNA) was wearing a black cloth mask while on duty. At 2:03 PM, V12 (Registered Nurse, RN) was talking to surveyor with mask below her chin. At 2:25 PM, V13 was again observed wearing her facemask covering only her chin. V13 adjusted her facemask with her hands and placed it underneath her nose. V13 did not perform hand hygiene after touching her mask. Second floor: At 12:50 PM, V7 (CNA) wearing a red cloth face mask while passing food trays. Her mask covers half of her mouth only. Her nose was exposed. At 1:06 PM, V8 (Activity Aide) was observed wearing a black cloth mask. Third floor: At 12:52 PM V21 (Bed maker) was observed on the third floor wearing a cloth mask over her mouth with her nose exposed. When confronted with this observation she said, The mask slips down and I keep on pulling it up. At 12:54 PM V22 (Floor Care) was also observed wearing a cloth mask with his nose exposed. Surveyor asked him if this is the proper way to wear his mask and he said, No, you got to cover your nose up. At 12:58 PM R10 was observed standing in the hallway by the door to his room with no facial covering. When asked why he is not wearing a mask he said, I don't need it but I have one in my room. During interview, V11 (RN) stated, All staff and residents are supposed to wear mask, residents who remove their mask are redirected by staff. Review of R10's care does not address any issues with him refusing to wear a mask. V16 (Dietary Aide) was also observed coming out of the elevator with his mask down to his chin. When confronted with this observation, he said, I was hot for a second, I just pulled it down, I will adjust it. V19 (Housekeeper) was also observed performing housekeeping duties and walking through the facility wearing her face mask underneath her nose. On 08/03/20 from 12:51 PM to 1:15 PM during kitchen observation, V14 (Dietary Aide), V15 (Dietary Aide/Cook), V16 (Dietary Aide), V17 (Dietary Aide) and V18 (Dietary Aide) all with their facemasks positioned underneath their noses while working in the kitchen. V18 was also observed adjusting her face mask with her hands multiple times without performing any hand hygiene. She (V18) was also observed donning and doffing gloves without performing hand washing in between. On 08/03/20 at 2:30 PM, V1 (Administrator) was asked regarding the use of masks in the facility. V1 stated, Staff are given disposable surgical masks. Staff should not wear cloth mask. They wear cloth mask over surgical but not cloth alone. We have plenty of supplies for the surgical masks. Facility's Inventory list of supply dated 08/03/20 indicated that there are 1100 available surgical masks in the facility. V3 (Director of Nursing) also stated in an interview on 08/03/20 at 3:07 PM, Everybody has to wear masks, goggles or face shield in the facility. Staff should wear disposable surgical mask and it should cover the nose and mouth. Our policy says it should be surgical mask. There has not been any shortages in PPE (Personal Protective Equipment) in the facility. V3 also stated, It has been difficult to make sure residents are wearing masks when out of their rooms although several cloth masks have been distributed to them. Staff has to redirect them to their room or ask them to don their masks. She was also asked regarding infection control in the kitchen, stating that any kitchen staff who doff gloves should wash their hands before placing on a new pair of gloves. She also added if staff touch their face masks, they should remove the mask, wash their hands and don a new mask regardless of the duties they are performing. Facility's policy titled, COVID (Coronavirus Disease) Prevention Policy, updated 7.22.2020 documented in part but not limited to the following: Objective: To prevent the introduction of COVID 19 into our facility. Residents: 5. Ensure residents wear a cloth face covering for source control whenever they leave their room or are around others, including whenever they leave the facility for essential medical appointments. Whenever a resident is outside their room, they should wear a cloth face covering or face mask, perform hand hygiene, limit their movement in the facility, and perform social distancing (stay at least 6 feet from other). Residents should wear a face covering or face masks (if tolerated) during direct care activities. Facility's policy titled, Universal Mask Policy dated March 2020 documented in part but not limited to the following: Procedure: 1. All staff must wear procedure/surgical masks while present in the facility, following the (state agency) recommendation that congregate living facilities serving vulnerable populations implement a universal-masking policy. Universal masking will include staff responsible for direct interaction or care involving residents as well as staff who do not normally interact directly with patients and residents, such as Administrative, Dietary, environmental services and facility maintenance staff. Homemade or Alternative Masks: 1. Home-made cloth masks will be used only as a last resort solution until availability of standard PPE (personal protective equipment) is restored. Homemade masks are not considered PPE. State's PPE Guidance for COVID - 19 in Long Term Care Settings, dated 6.22.2020 documented in part but not limited to the following: Cloth masks: Are not considered PPE and should not be used by HCP (Healthcare Provider) with direct patient/resident care responsibilities. Reserve cloth masks for patients/residents to wear if they can tolerate it. Encourage them to don the mask if they must leave the room or when HCP provide care to them when feasible. Facility's policy titled, Food and Nutrition Services Sanitation and Food Safety dated 2017 documented in part but not limited to the following: Handwashing Policy: Food and Nutrition Services employees will practice safe food handling to prevent food borne illness. Procedure: Food and Nutrition services employees will thoroughly wash their hands and exposed areas of their arms with soap and water in the designated hand washing sink at the following times: Between removing gloves or aprons and before putting on new gloves or aprons.</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.