

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 146159	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/29/2020
NAME OF PROVIDER OF SUPPLIER THE TERRACE		STREET ADDRESS, CITY, STATE, ZIP 1615 SUNSET AVENUE WAUKEGAN, IL 60087	
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 - Few	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation interview and record review the facility failed to ensure staff wore a mask when providing resident care and failed to ensure staff changed gloves and performed hand hygiene to prevent cross contamination for one of three residents (R1) in the sample of three reviewed for infection control. The findings include: 1. On 7/29/20 at 8:53 AM, V2 (Director of Nursing) said R1 was in a room for residents that were under investigation for coronavirus. V2 said staff should have a mask on covering their nose and mouth at all times. On 7/28/20 at 1:05 PM, V5 (Certified Nursing Assistant) was in R1's room sitting in a chair next to R1. V5 was feeding R1. V5 had her mask pulled down below her chin. V5's mouth and nose were exposed. V5 said she pulled the mask down because she was hot. On the sign on R1's door showed staff were to wear a mask when giving close contact care. The facility's Coronavirus policy with a reviewed date of 7/11/20 showed, All staff will wear a face mask while in the facility. 2. On 7/28/20 at 1:20 PM, V5 and V6 (Registered Nurse- RN) provided R1 with incontinence care. V6 confirmed R1's adult incontinence brief was soiled with urine. With gloves on, V5 washed R1's buttocks and with the same contaminated gloves on touched the following items: clean adult incontinence brief, R1's hands and legs, bedsheets, and R1's oxygen tubing. V5 then removed the gloves and placed a new pair of gloves on without performing hand hygiene. On 7/28/20 at 1:30 PM, V5 said gloves should be changed after cleaning a resident's buttocks to prevent cross contamination. On 7/29/20 at 9:10 AM, V7 (CNA) said hand hygiene should be performed when changing gloves. The facility's Glove Use policy dated 7/28/20 showed, Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces to avoid transfer of microorganisms to other resident or environments. The same policy shows hand hygiene should be performed when removing gloves.</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.