

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145701	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/03/2020
NAME OF PROVIDER OF SUPPLIER BELLA TERRA STREAMWOOD		STREET ADDRESS, CITY, STATE, ZIP 815 EAST IRVING PARK ROAD STREAMWOOD, IL 60107	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to follow their policy for infection control protocol by failing to perform hand hygiene and changing gloves when providing pericare, delivering lunch trays, having the doors open for patients with orders for contact droplet precautions and to clean the face shield after going out contact/droplet isolation resident rooms. These failures affect seventeen residents (R1, R2, R4, R5, R7, R9, R10, R11, R12, R13, R14, R15, R16, R17, R19, R20, and R21). Findings include: 1. On 8-27-2020 at 1:00pm V7 (Certified Nursing Assistant/CNA) was observed passing lunch trays on the first floor. V7 donned PPE then went into R9's room. R9 is on contact droplet precautions. V7 came out of the isolation room and did not clean her face shield. At 1:05pm and 1:10pm V7 went into R10 and R11's rooms without cleaning the face shield. At 1:15pm V7 stated, I did not clean the face shield because it takes time for me to pass the lunch trays. I know R9, R10 and R11 are on contact droplet precautions, and I need to clean the face shields after each room. But I'd rather clean it at the end when I finished passing all the trays. 2. R7 is an [AGE] year old admitted on [DATE] with medical [DIAGNOSES REDACTED]. Minimum Data Set (MDS) dated [DATE] reads that R7 needs extensive assistance of one person for personal hygiene. On 8-28 -2020 at 10:00am V17 (CNA) and V18 (CNA/Restorative Aide) were observed performing incontinence care to R7. V17 and V18 applied a pair of gloves without performing hand hygiene. V17 removed the soiled adult brief, which was saturated with urine, took a new clean adult brief and placed it under R7's body. At 10:15am V18 stated, I forgot to wash my hands before I put on the gloves and started to provide the incontinence care to R7. At 10:20am V17 stated, I did not wash my hands before and after I removed the soiled diaper. I needed to change the gloves and wash my hands, but I did not do it. 3. On 8-27-2020 at 11:00am during initial rounds, the following residents currently on contact droplet isolation were observed to have the entry doors open: R12, R13, R14, R2, R15, R16, R17, R18, R19, R20, R11, R21, R10, R9, and R1. On 8-28-2020 at 11:40am during walking rounds with V3 (Assistant Director of Nursing) on the first floor, the following residents who are on contact and droplet isolation were observed to have the entry doors open: R12, R13, R14, R2, R15, R16, R17, R18, R19, R20, R11, R21, R10, R9, and R1. V3 stated, The entry doors must be closed to minimize the risk for cross contamination. 4. On 8-28-2020 at 12:40pm on the third floor V16 (CNA) was observed taking two lunch trays, one in each hand, and walking in the hallway to R4's room. V16 went into the room and set both trays on the bed side table. V16 set up the tray for R4 and moved the table closer to R4. V16 then proceeded to pick up the other tray and left the room walking into R5's room. V16 set up the other lunch tray and positioned the tray for R5. At 12:46pm V16 stated, I was not supposed to take R5's tray into R4's room. I forgot to wash my hands or use hand sanitizer after I set up R4's tray and went into R5's room. I did not wear any gloves, nor did I perform hand hygiene. On 9-2-2020 V2 (Director of Nursing) stated the following: The nursing staff needs to make sure to perform hand hygiene and clean the face shield before going into the next patient's room. When performing incontinence care the nursing staff needs to do hand hygiene before and after putting on gloves, after cleaning the patient, going from dirty to clean, and when they finished taking care of the patient. The nursing staff is not supposed to take two meal trays if the residents are in different rooms; they need to perform hand hygiene after delivering the tray and going into another patient's room. The doors to the patients' rooms who are on contact and droplet isolation need to be closed to avoid any spreading of microorganisms, cross contamination. Record review of Facility's policy Hand Hygiene, revised date 8-5-2020 provided by V2 reads: Hand hygiene is important in controlling infections. Hand Hygiene consists of either hand washing or the use of alcohol gel. The facility will comply with the CDC guidelines. Before moving from soiled body site to a clean body site. Record review of Facility's policy and procedure on how to put on PPE Gear (undated) provided by V2 reads: While wearing gloves, carefully wipe the inside, followed the outside of the face shield, carefully wipe the outside of the face shield or goggles using a wipe or clean cloth saturated with EPA registered hospital disinfectant solution.</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.