

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145798</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/07/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>COUNTRYSIDE NURSING &amp; REHAB CTR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1635 EAST 154TH STREET DOLTON, IL 60419</b>	
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 <b>F 0880</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p><b>Level of harm - Minimal harm or potential for actual harm</b></p> <p><b>Residents Affected - Many</b></p>	<p><b>Provide and implement an infection prevention and control program.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to properly prevent and/or contain the spread of COVID-19 by failing to ensure that staff follow facility protocol for hand hygiene while assisting residents with meals; failed to ensure that staff wear proper Personal Protective Equipment (PPE) while entering rooms with COVID-19 positive residents; failed to post any isolation signs at the entrance of the COVID-19 section of the unit or at the entrance of rooms on isolation precautions; failing to have an area to perform hand hygiene or have hand sanitizer available in the COVID-19 unit; failed to have facility-wide infection prevention and control policies that include required standards, policies and procedures that are in line with current Center for Disease Control (CDC) guidelines related to healthcare and COVID-19; and failed to have appropriate PPE in the isolation carts outside of the isolation rooms. This failure has the potential to affect all 159 residents currently in the facility. [DATE] at 11:38AM while conducting random observation on the COVID-19 section of a unit, observed an area demarcated with white plastic covering hanging from a top wall down, with no sign indicating an isolation area, what type of isolation or any precautions to enter the area. On entering the area identified as the COVID-19 section by a staff, observed residents in single rooms with no signs on the door or any precautions. Also noted isolation carts in front of some of the rooms, and upon inspection, the carts are not stocked with any type of PPE for the isolation room. [DATE] at 11:53AM, V3 (Assistant Director of Nursing) was observed entering the COVID section of the unit with no PPE except face mask, and putting some items in the isolation carts that were empty. V3 then entered an isolation room with no PPE except a mask, spoke to the resident and exited room, did not perform any hand hygiene, V3 then went into the room again, gave resident water, came out and went to the cart down the hall to get a hand wipe. No wipes were located on the isolation cart outside the room. When presented with this observation, V3 stated that she did not have any patient contact that's why she entered the room with no PPE. V3 was asked what the required PPE for the Covid-19 unit are and she answered, Google and N95 mask, then if you are having direct patient contact then you need gown and gloves. When asked what is supposed to be in the isolation cart, she stated mask, glove, hand sanitizer, goggles or face shield. V3 was asked why the isolation carts are empty and she said, they are supposed to be restocked. At 12:20 PM, V3 was observed putting a stop sign in the entrance to the Covid-19 section of the unit, but no signs or precautions were placed on the doors to the isolation rooms. [DATE] at 12:30PM, observed lunch on the Covid-19 section of the unit. Residents were served lunch by staff in their rooms. V2 (DON, Director of Nursing), V3 (ADON), V7 (LPN, Licensed Practical Nurse) and V12 (CNA, Certified Nursing Assistant) were all passing trays to residents, wearing a mask, gown and gloves. None of the staff members performed any hand hygiene before donning gloves to pass lunch trays, and were observed going from one resident's room to another, removing gloves and donning another pair without any type of hand hygiene being performed. V12 entered resident room with no PPE except face mask. When presented with these observations, V2 (DON) stated, all staff are supposed to wear PPE before entering Isolation rooms, we are also supposed to perform hand hygiene after removing gloves and before donning another. V7 (LPN) was also questioned about her knowledge of when to perform hand hygiene and she stated, after being in contact with patient, before and after switching gloves. Surveyor then asked her if she realize that she has been going from one isolation room to another and switching gloves without any type of hand hygiene and she answered yes. Interviewed V4 (Infection Control Nurse) on [DATE] at 1:40PM regarding their protocol for COVID-19 and she said that they are following Centers for Disease prevention and Control (CDC) and Nursing Home Guidelines. She said the facility does not have a specific policy for COVID-19, except their regular infection prevention policy. When asked why there is no sign in the COVID-19 section of the unit or the isolation rooms indicating what type of isolation and any precautions to follow, she stated that staff from CDC came to the facility and did not say anything to her about signs. [DATE] at 11:32 AM V9 (Housekeeper) was interviewed regarding cleaning for COVID-19 areas. V9 stated, When I clean the COVID unit I use bleach and water for the surfaces and bathroom. I use Don-O-Mite and some Pine-Sol too. I pour half bleach and half water to dilute it. At 2:03 PM, V10 (Housekeeping Supervisor) was interviewed regarding cleaning for COVID-19 areas. V10 stated, For our COVID unit, we clean with bleach and water and they are cleaned every 2 hours. The other rooms are cleaned daily. We change the mop water every [DATE] rooms. I dilute the bleach and water up to the number 10 on the bottle. I take my own adjustment on how to mix the bleach; it doesn't come with any instructions. A clear cleaning bottle with measuring increments was presented by V10. V10 pointed to the #10 on the bottle. Facility issued CDC guidelines for bleach dilution cleaning presented to V10 by surveyor. Upon review, V10 stated, Oh, I was using too much bleach; I see. Can I keep this paper? V4 (QA/Infection Control and Prevention Nurse) stated, We follow the CDC guidelines for COVID. [DATE] CDC Coronavirus Disease (COVID-19) Cleaning and Disinfecting Your Facility form presented by V2 (Director of Nursing) states: Recommend use of EPA-registered household disinfectant. Always read and follow the directions on the label to ensure safe and effective use. Use no more than the amount recommended on the label. Unexpired household bleach will be effective against coronaviruses when properly diluted. Follow manufacturer's instructions for application and proper ventilation. To make a bleach solution, mix: 5 tablespoons ([DATE]rd cup) of bleach per gallon of room temperature water or 4 teaspoons of bleach per quart of room temperature water. The Arocep Ultra Bleach for Commercial / Institutional Use dilution instruction sheet states: Disinfecting floors walls, mops and brushes- use cup of product to 1 gallon of water. Sanitizing work surfaces, bathtubs and showers - use 1 tablespoon of product to 1 gallon of water. Document titled, Hand-Washing/Hand Hygiene Policy with an effective date of March, 2020 includes that it is the policy of the facility to assure staff practice recognized hand-washing/hand hygiene procedures as a primary means to prevent the spread of infections among residents, personnel and visitors. Section 4 of the policy specifications states that when hands are not visibly soiled, employees may use an alcohol-based hand rub containing at least 60% alcohol in all of the following situations, including but not limited to; before direct contact with residents, after direct contact with a resident but prior to direct contact with another resident, before donning gloves, before and after putting on PPE, including gloves, after removing gloves, during resident meal service; in between tray pass, when removing trays and before contact with fresh tray.</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.