

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145429	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/05/2020
NAME OF PROVIDER OF SUPPLIER WENTWORTH REHAB & HCC		STREET ADDRESS, CITY, STATE, ZIP 201 WEST 69TH STREET CHICAGO, IL 60621	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to follow their policies on Infection Prevention and Control Program, Covid-19 Control Measures for Residents and Environmental Services for 3 residents (R1, R3 and R4) out of 6 reviewed for Infection Control in the sample of 6. These failures have the potential to affect 4 residents whose current health status is negative for Covid-19 infection. Findings include: On 8/4/2020 at 9:55 AM, during facility tour V2 (Director of Nursing/DON) stated that the 4th floor was the dementia floor. The facility has a Covid-19 designated area where 6 residents are residing. R1 and R2 are currently positive for Covid-19, and R3, R4, R5 and R6 are Covid-19 negative. All 6 residents reside in this designated area which are closed by doors. R1 was observed in her room. R1 walked out of her room into the hallway. V4 (Activity Staff) redirected R1 to room. V4 stated he has to often redirect R1 back to her room. V3 (Activity Staff) was also present to assist R1 back to her room. Both R1 and R2's room doors were visibly open. R3 was seen in the hallway walking with V3; R3 tried to go to R2's room where R2 was lying on the bed. According to V3, R3 needed to be out of her room because it was being cleaned by housekeeping staff. V5 (Housekeeping Staff) was observed inside R3's room without wearing Personal Protective Equipment (PPE) (gown). V5 stated that he does not use any gown when cleaning rooms of residents not positive for Covid-19. R4 was observed in R4's room. V5 went into R4's room without using a PPE gown. After cleaning R4's room, V5 was asked again why he did not use a PPE gown. Surveyor pointed out instructions posted on the walls of R1 - R6's rooms that read: STOP Droplet/Contact Precautions: 1. GOWN - Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back. - Fasten in back of neck and waist. 2. MASK OR RESPIRATOR - Secure ties or elastic bands at middle of head and neck. - Fit flexible band to nose-bridge. - Fit snug to face and below chin. - Fit-check respirator. 3. GOGGLES OR FACE SHIELD - Place over face and eyes and adjust to fit. 4. GLOVES - Extend to cover wrist of isolation gown. After seeing the instructions posted in each room, V5 stated, Oh then I need to put on my gown. V5 then went to get a gown from the drawer outside R4's and put on the gown. On 8/4/2020 at 10:25 AM, V2 stated that all staff, nursing or otherwise, need to follow infection control procedures and should wear the correct personal protective equipment including gown. All rooms in the Covid-19 area have an instruction which directs appropriate personal protective equipment to wear and it should be followed. All staff, medical or otherwise, follow the same infection control policy and procedure. With regards to residents who reside in the Covid-19 designated area who are Covid-19 negative (R3, R4, R5 and R6), V2 stated that those residents had been exposed to Covid-19 positive residents. Some of them had roommates that tested positive for Covid-19. The facility's Infection Prevention and Control Program dated 2019 reads: Policy: It is the policy that this facility's Infection Prevention and Control Program (IPCP) is based upon information from the Facility Assessment and follows national standards and guidelines to prevent, recognize and control the onset and spread of infection whenever possible. The Infection Prevention and Control Program includes: Written standards, policies and procedures for the program, which includes standard and transmission-based precautions to be followed to prevent the spread of infections. Selection and use of PPE (Personal Protective Equipment). Interim Guidance - Covid-19 Control Measures (Environment Services) dated March 20, 2020 reads: Guidance: The facility is committed to reducing the spread and transmission of Covid-19 and will continue to follow all guidance and recommendations from the CDC, state and local health departments. Environmental Services: Ensure appropriate PPE (Personal Protective Equipment) is worn during cleaning and disinfection work. Droplet/Contact Precautions reads: 1. GOWN - Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back. - Fasten in back of neck and waist. 2. MASK OR RESPIRATOR - Secure ties or elastic bands at middle of head and neck. - Fit flexible band to nose-bridge. - Fit snug to face and below chin. - Fit-check respirator. 3. GOGGLES OR FACE SHIELD - Place over face and eyes and adjust to fit. 4. GLOVES - Extend to cover wrist of isolation gown. Infection Prevention and Control Manual (Standard Precaution) dated 2019 reads: Gowns: Purpose is to reduce the opportunity for transmission of pathogens from residents, their environment or items in their environment. Policy is to wear a barrier gown if clothes or skin are likely to be soiled with blood or other potentially infectious materials or organism. Covid-19 Control Measures (Resident) dated 3/24/2020 reads: If patient has been screened and their testing is POSITIVE for Covid-19 or if patients have signs/symptoms of respiratory [MEDICAL CONDITION] infection: - Private Room or Cohort with another symptomatic/positive - Door should remain closed at all times - Maintain Standard, Contact and Droplet Precautions (including eye protection) - Consider staff caring for positive or symptomatic patients do not care for negative or asymptomatic patients - Positive or symptomatic patients should be given a surgical mask and be encouraged to wear at all times. These patients should be wearing a surgical mask when close contact with others is anticipated.</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.