

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145864</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/28/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BRIA OF FOREST EDGE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>8001 SOUTH WESTERN AVENUE CHICAGO, IL 60620</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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observations, interviews and record review the facility failed to promote a sanitary environment, properly don required personal protective equipment (PPE) while working in the facility, follow the standard infection control practices regarding hand hygiene for staff and residents and failed to properly follow social distancing of 6 feet away from others to prevent the spread of COVID-19. These failures apply to R5, R6, R8, R9, R10, R11, R12, R13, R14, R15, R16, R17, R18, R19, R20, R21, R22, R23, R24, R25 and has the potential to affect all residents residing on the 3RD, 4TH and 5th floors. Finding: On 05/27/2020 at 9:58am observed V13, Certified Nursing Assistant (CNA) and V14 (Restorative Aide) passing trays to residents without sanitizing their hands between each tray. On 05/27/2020 at 10:00am asked V14 (Restorative aide) about sanitizing her hands, she stated she had not been sanitizing her hands in between trays because she washed her hands before she began passing trays. On 05/27/2020 at 10:02am Asked V13 (CNA) about hand sanitizing between trays she said, yeah I forgot and that V14 (CNA) just reminded me. On 05/27/2020 at approximately 10:04am asked V15 License Practical Nurse (LPN) how often should staff sanitize or wash hands when passing trays, she stated before and after serving each resident. On 05/27/2020 at 10:07am asked V14 (Restorative aide) what is done for the residents hands? She stated that they either have them to wash their hands or have them use hand sanitizer before they eat. On 05/27/2020 at 10:52am V18, Licensed Practical Nurse (LPN) on the 6th floor stated that hands should be sanitized after every two trays and should be washed after every two residents when passing trays. On 05/27/2020 at 11:11am surveyor observed 3 residents getting water from the water container with on/off valve on the 7th floor at the nurses' station. Residents did not wash or sanitize hands before getting water. On 05/27/2020 at 11:13am asked V17 Licensed Practical Nurse (LPN) what is the procedure for getting water for the residents? She stated they can get water, but they cannot drink it at the nurses' station; residents are to go in their room and drink the water. On 05/27/2020 at 11:28am V3 (Director of Nursing, DON) stated the protocol for the water stations is that each floor has sanitizing wipes to clean the on/off valve of the water container before each resident gets water. On 05/28/2020 at 11:16am via phone interview with V3 (DON) it was stated that staff should be washing or sanitizing hands every 1-2 trays passed to residents. V3 (DON) stated that staff are to direct residents to sanitize their hands before each attempt to get water. He stated the wipes are hand sanitizing wipes. Hand hygiene with a revision date of 01/2020 states in part under guideline section 1 that hand hygiene is done before and after resident contact, before and after any procedure, and before eating or handling food. In section 2 it states that hand hygiene with a waterless system is appropriate any time hand hygiene should be done. Management of Patient with COVID-19 Policy with revised date of 04/2020 states in part that Health Care Professional (HCP) should strictly follow basic infection control practices between patients (e.g., hand hygiene, cleaning and disinfecting shared equipment). How the Facility Will Monitor Residents Policy with revision date of 4/20/2020 in part states that residents will be reminded to practice social distancing and perform frequent hand hygiene before snacks and meals. On 05/27/2020 at 10:05am observed 10 residents (R16, R17, R18, R19, R20, R21, R22, R23, R24, R25) sitting in TV area finishing their breakfast, but not social distancing. On 05/27/2020 at 10:15am V15 (LPN) stated resident should be 6 feet apart but they are not. She then began to tell the residents to go to their rooms. On 05/28/2020 at 11:16am via phone interview with V3 (DON) stated residents are supposed to sit 6 feet apart when sitting in the TV area on each floor. He stated if there are 5 tables it should be 2 residents per table instead of 4. Table measurements are 3.5ft x 3.5ft for the square tables and 2.5ft x 2.5ft for the round tables on the fifth floor. On 05/28/2020 at 1:12pm asked V1 (Administrator) how many feet apart should residents sit when in the TV area or dayroom and she stated they encourage them to sit 6 feet apart. Requested policy on social distancing on 05/28/2020 at 11:33am and facility did not provide policy. V1 (Administrator) provided a statement via email dated 05/28/2020 at 1:25pm said as far as social distancing, we encourage the resident's to follow the CDC recommended guidelines.</p> <p>Findings include: On 5/27/2020 at approximately 10:06am, R12 and R13 were noted on the 4th floor getting water from the water dispenser with bare hands after touching their faces and adjusting their mask. No hand hygiene offered or provided to R12 and R13 before or after use of the water dispenser. R13 went into the garbage can attached to the medication cart with bare hands. V8 (RN) who was present at the time of observation re-direct R13 from rummaging through the garbage. After R13 went straight to the water dispenser to get some drinking water touching the spout without hand hygiene offered or provided. The staff and R12 were noted touching the same spout without cleaning or disinfecting the spout dispensing water to other resident. When V8 was asked about how often surface of equipment are cleaned, V8 stated I don't know. When asked how often the water dispenser spout is disinfected or cleaned by staff, V8 stated I don't know. On 5/27/2020 at approximately 10:20am, on the 4th floor during dining, V10 was noted passing the breakfast food trays to R5, R6, R8, R9, R10, R11, R12, and R13 without any hand hygiene being performed in-between. V10 was noted touching the outer part of the face mask and touching the resident's toasted bread served in their tray applying condiments (Jelly) without performing any hand hygiene. At 10:27am, when these observations were brought to V8's attention, concerning infection control and prevention hand hygiene and use of mask. V8 stated I'm supposed to wash my hands or use sanitizer in between serving. And after touching the mask I'm to wash my hands before touching the resident's food. Sorry I didn't do that (referring to hand hygiene). On 5/27/2020 at approximately 10:37am V7 CNA (Certified Nurse's Aide) was noted walking around on the 3rd floor with face mask placed around the neck not covering the mouth and nose. V7 was noted in R14 and R15's room without face mask and was touching their belongings. When the surveyor asked about facility protocol on use of mask, V7 stated we are (referring to staff) to wear our mask at all times. I did not remember, I put it on my neck. V9 LPN (Licensed Practical Nurse) who was present at the time signed and told V7 to place the mask back properly. V9 added we have no shortage of PPE (Personal Protective Equipment) now. On 5/27/2020 between 11:31am and 11:38am, when V3 DON (Director of Nurses) was asked by the survey about the facility protocol on infection control and prevention hand hygiene, use of mask and cleaning and disinfecting the frequently touched surfaces. V3 stated the mask should be worn at all times and hand hygiene should be done as needed and frequently. V3 stated after touching the front part of the mask, hand hygiene should be done. Because the mask is considered soiled and infected. V3 explained that the staff are to perform hand hygiene in-between 2(two) resident's trays. V3 stated concerning the water dispenser spout the facility has provided a special wipes for wiping of the part being touched frequently by staff and the residents. V3 stated it should be cleaned after each resident use. The facility Hand Hygiene policy presented with review date 1/2020 pointed out that proper hand hygiene is necessary for the prevention and the transmission of infectious disease. The facility Universal Mask policy presented with revision date 4/20/2020 pointed out that the guideline is to protect the facility residents and staff in the event staff have pre-symptomatic or asymptomatic COVID-19 infection. And to protect staff should they come in close contact with an individual with pre-symptomatic or mild COVID-19 infection or who has not yet recognized. The policy documented in part that the front of the mask is contaminated.</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.