| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | **145420** | A. BUILDING _____ B. WING _____ | **07/16/2020** |

| NAME OF PROVIDER OF SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP |
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| **BRIDGEWAY SENIOR LIVING** | **111 EAST WASHINGTON BENSENVILLE, IL 60106** |

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) |
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| F 0880<br><br>**Level of harm -** Minimal harm or potential for actual harm<br><br>**Residents Affected -** Some | **Provide and implement an infection prevention and control program.**<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br><br>Based on observation, interview and record review, the facility failed to follow their policies to ensure residents are provided services in a manner that reduces exposure to COVID infection. This applies to all 18 residents who reside on unit B and are on contact and droplet transmission based precautions. The findings include: On 7/15/20 beginning at 10:00 AM, a tour of the B wing began. This unit housed confirmed COVID positive residents and other residents who are quarantined and monitored while on contact and droplet precautions. The following observations were made: 10:15 AM: V11 (nurse) stated he is the only nurse on the floor and provides care for COVID and all other residents on the wing who are under droplet/contact isolation observation. V11 was wearing a head covering, mask and face shield with his personal stethoscope around his neck. During the tour of the COVID unit, V11 was observed closing doors on the COVID unit with bare hands and not performing hand hygiene. V11 stated all doors should remain closed. V11 entered R4's room to respond to a beeping equipment after donning PPE (personal protective equipment) while still wearing his stethoscope. EHR (electronic health records show R4 is COVID positive). After exiting R4's room V11 did not wipe down stethoscope and readjusted the stethoscope around his neck. V11 acknowledged he has worn his stethoscope since the start of his shift; had entered resident's rooms without removing or cleaning and added he should not have done so. As the tour continued outside the COVID area, V11 continued to close open doors of R6, R7, R8 and R9, with bare hands and not perform hand hygiene. V11 acknowledged lack of hand hygiene after closing doors. V10 (CNA) was observed by V11 to don gloves without performing hand hygiene prior to entering a resident's room. V11 stated hand hygiene should have occurred. 11:00 AM: V12, Housekeeper was observed in a vacant room [ROOM NUMBER] and wearing head cover, white gown, mask, face shield and gloves making the bed. V12 stated she had just completed a deep cleaning of the room after moving the resident's belongings to another room and was preparing the room for a new admission.V12 stated she has been employed for 3 months at the facility and cleans all rooms on wing B that includes positive COVID residents. V12 stated she uses the same cart and equipment in all rooms on unit B including COVID positive rooms. Still gowned and after removing gloves without hand hygiene, V12 went to her cart which was in front of R6's room to show surveyor the number of mop heads available, then to dirty supply room to show where they are disposed of and to the clean utility room to show supply available. V12 then went inside R6's room after donning gloves without performing hand hygiene, was observed using the vacuum and rolling the cord with gloves on. V12 then exited the room, removed gloves, did not perform hand hygiene and pushed vacuum into R7's room. V11 observed V12 (housekeeper) going in and out of rooms with the same white gown, don gloves without performing hand hygiene and handling/moving the vacuum without cleaning and stated gown should have been changed as she leaves each room, hand hygiene should be performed and equipment should be cleaned after leaving an isolation room. At 11:30 AM, V2 (Director of Nursing) stated hand hygiene should be performed prior to donning gloves; the doors of resident who are in droplet and contact isolation should be closed and personal stethoscopes should not be worn when going into isolation rooms.V2 added each isolated resident should have their own. V2 also stated the vacuum cleaner should be wiped down like all other equipment prior to taking it into another resident's room. Facility provided policy titled Isolation - Categories of Transmission-Based Precautions revised February 2020 which showed: c. Gloves and Handwashing (3) Remove gloves before leaving the room and wash hands immediately with an . (4) After removing gloves and washing hands, do not touch potentially contaminated environmental surfaces or items in . 2. On 7/15/20 at 10:55am, V8 (Nurse Practitioner) was observed walking into the facility and the reception area without wearing a facemask. V4 (Receptionist) had just completed screening V8 at the entrance of the facility. On 7/15/20 at 10:56am, V4 stated she should have given V8 a facemask at the entrance during the screening. V4 stated she did not want to leave the box of facemask at the screening table for accountability purposes, so she keeps them with her at the reception desk. On 7/15/20 at 12:35pm, V8 stated she was expected to wear a facemask while in the facility but did not come in with one and decided to obtain one at the desk. On 7/15/20 at 11:05am, V2 (Director of Nursing) stated everyone coming into the facility is expected to wear a facemask and V8 should have had a facemask on. Review of facility's policy titled, 'Policy and Procedure for Suspected or Confirmed Coronavirus (COVID-19)' revised 7/14/20 showed, Per CDC, ensure all staff wear a facemask while in the facility. . |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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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.