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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145329 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/01/2020 |
| NAME OF PROVIDER OF SUPPLIER NORRIDGE GARDENS | | STREET ADDRESS, CITY, STATE, ZIP 7001 WEST CULLOM NORRIDGE, IL 60634 | |
| 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 implement infection control practices as per facility policies to prevent or contain COVID-19. This applies to 20 residents (R1-R20) reviewed for infection control in a sample of 20. Findings include: 1. On May 28, 2020 at approximately 11:40 AM, V7 (CNA-Certified Nursing Assistant) walked into R2's room to assist the resident. V7 came out of the room after providing care to R2 and said, I'm not sure if (R2) has any other isolation issues besides COVID-19 (Coronavirus). I wear the same gown and mask the entire shift while I work on this COVID-19 Unit. I do not change my gown between residents. The EMR (Electronic Medical Record) shows R2 was readmitted to the facility on [DATE] following a hospitalization for COVID-19. R2 has multiple [DIAGNOSES REDACTED]. R2's care plan dated May 19, 2020 shows R2 is in contact isolation due to ESBL in the urine. R2's care plan for droplet isolation dated May 19, 2020 shows R2 is on droplet isolation due to COVID-19. R2's EMR shows orders dated May 19, 2020 for a sputum culture [MEDICAL CONDITION] ([MEDICAL CONDITION]-Resistant Staphylococcus Aureus) and a urine culture to rule out ESBL. R2's laboratory results showed [MEDICAL CONDITION] screen of the nares was collected on May 29, 2020 and positive results [MEDICAL CONDITION] were reported to the facility on [DATE]. R2's urine culture was negative for ESBL. On June 1, 2020 at 1:19 PM, V3 (DON-Director of Nursing) said R2 should have been in contact isolation until the results of her physician-ordered urine and sputum cultures were received by the facility. V3 said R2 has a positive [DIAGNOSES REDACTED]. They should not go from room to room wearing the same PPE (Personal Protective Equipment) when a resident is in isolation for more than one organism. On 5/28/20 at 11:30 AM, V6 (Registered Nurse) stated the gowns worn on the dedicated COVID-19 are washable and are worn the entire shift without being changed and are placed in a box at the end of staff's shifts. V6 stated the same gowns are worn in and out of resident rooms and during care without being changed. V6 stated there were no residents with contact precautions residing on the dedicated COVID-19 unit. On 5/28/20 at 1:27 PM, V3 (Director of Nursing) stated if a resident has a secondary infection in addition to COVID-19 requiring precautions, the staff are to hang two gowns, one for the nurse and one for the CNA (Certified Nursing Assistant), on the resident's room door. Those gowns are to be utilized when entering the resident's room and removed when leaving the room. 2. Facility report entitled Admission, dated 5/13/20-5/28/20, shows R15-R20 were admitted to the facility between 5/13/20 and 5/28/20. Facility document Resident Demographic Detail Report, dated 5/28/20, shows R15-R20 were residing in rooms that were designated post-admission COVID-19 14-day observation rooms for newly admitted residents who tested negative at the hospital for COVID-19. On 5/28/20 at 12:18 PM, V8 (Respiratory Therapist) was in R17's room who was residing in the designated post-admission COVID-19 14-day observation unit on the second floor. R17 was sitting in her wheelchair with V8 standing over R17. R17 was not wearing a mask. V8 placed a pulse oximeter on R17's finger and then removed it. V8 then utilized the stethoscope around her neck to listen to R17's lung sounds by placing the stethoscope on R17's back over her gown. R17 was coughing as V8 listened to R17's lung sounds. V8 removed the stethoscope from R17 and placed it around her (V8's) neck and V8 exited the room with the pulse oximeter in her hand. V8 did not remove her gloves, wash/sanitize her hands, or clean/sanitize her stethoscope or pulse oximeter which she kept in her gloved hand. V8 walked down the hall and entered R15's room without performing hand hygiene or sanitizing her stethoscope or pulse oximeter. V8 left R15's room without changing gloves/washing hands or sanitizing the pulse oximeter/stethoscope. On 5/28/20 at 12:22 PM, V8 stated she understood the second floor was a clean floor and free of COVID-19. V8 stated she was not aware of residents being on 14-day observation for symptoms of COVID-19. On 5/28/20 at 12:25 PM, V8 then left the designated post-admission COVID-19 14-day observation unit, walked across the building, past the center nursing station, to the opposite unit, and entered a resident room without changing gloves/washing hands or sanitizing her stethoscope or pulse oximeter. On 5/28/20 at 12:30 PM, V9 (Licensed Practical Nurse) was working on the second floor. V9 stated newly admitted residents from the hospital who tested negative for COVID were placed on the 2 Center and 2 West Units for 14 days of COVID-19 monitoring and were on droplet precautions. V9 stated the newly-admitted residents have their vitals checked every two to three hours. V9 stated staff must wear a gown, gloves, mask and shield when entering the resident rooms and must remove the gown and gloves and wash their hands when they exit. V9 stated residents were not required to wear masks when direct care was being rendered by staff. V9 stated they have a dedicated blood pressure cuff for the unit and any equipment touching the resident should be cleaned/sanitized after each use. On 5/28/20 at 1:27 PM, V3 (Director of Nursing) stated staff should disinfect a pulse oximeter after each resident use. V3 stated staff should ask residents to wear a mask when performing direct care, when residents leave their rooms, and when residents are being transported within the building. On 6/1/20 at 10:06 AM, V3 stated the staff working on the designated post-admission COVID-19 14-day observation unit were not expected to follow transmission based precautions, other than universal masking, when working with the residents. On 5/28/20 at 1:10 PM, V2 (Assistant Administrator) stated residents who are newly admitted and on 14-day post admission monitoring, as well as the non-COVID residents of the facility, are cared for following the Prevention of Coronavirus (COVID-19) Infection Control Policy. V2 stated the nursing staff encourage residents to stay in their room and to wear a mask if they leave their rooms. V2 stated the nursing staff were supposed to offer residents a mask if they come out of the rooms. Facility policy Categories of Transmission-Based Precautions, revised 11/2017, shows If use of common items is unavoidable, then adequately clean and disinfect them before use for another resident. Facility policy Prevention of Coronavirus (COVID-19) Infection Control Policy, dated May 2020, shows 1. The Facility, consistent with federal regulations, implements standard and transmission-based precautions (contact and droplet) practices . 2. To prevent the spread of respiratory illness WITHIN the Facility the following shall be followed: g. New admissions will be placed in quarantine for 14 days to monitor for fever or respiratory symptoms . H. Residents should be encouraged to remain in their room. If they must leave the room, have them wear a facemask (if tolerated). I. When rendering care to a resident encourage the resident to wear a face mask (if tolerated). J. Communal dining and activities may be restricted. Facility Policy/procedure Handwashing/Hand Hygiene, revised 11/2017, shows, 4. Everyone must wash their hands for at least twenty (20) seconds using antimicrobial soap or non-antimicrobial soap and water under the following conditions: a) After touching blood, body fluids, secretions, excretions, and contaminated items, whether or not gloves are worn. b) When otherwise indicated to avoid transfer or microorganisms to other residents, personnel, equipment and/or the environment. 3. On 5/28/20 at 11:21 AM, R4-R10 were all sitting together in the third floor dining room not wearing masks. R6 and R7 were sitting at the same table across from each other approximately two to three feet apart. R8 was sitting at the adjacent table to R7 with their backs facing each other in less than six feet proximity. On 5/28/20 at 11:21 AM, V4 (Activities) stated none of the residents had been wearing face masks all morning. V4 asked, Are they supposed to be wearing face masks? They have been sitting here all morning and not been wearing masks. I am not sure if the residents are supposed to be wearing masks or not. On 5/28/20 at 12:08 PM, R4-R10 remained in the dining room and were not wearing masks. On 5/28/20 at 1:27 PM, V3 stated the residents who were sitting in the third floor dining room should have been socially distanced and wearing masks. 4. On 5/28/20 at 11:25 AM, V5 (Nursing Supervisor) was wheeling R11 in her wheelchair through the halls of the third floor. R11 was not wearing a mask while being transported in her</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.

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| F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some | <p>(continued... from page 1)</p> <p>wheelchair. V5 stated R11 was no longer COVID positive and did not pass through any isolation areas of the building, and therefore did not need to wear a mask. 5. Facility document Resident Demographic Detail Report, dated 5/28/20, shows R1-R3 and R12-R14 were residing on the facility dedicated COVID-19 positive unit. On 5/28/20 at 11:30 AM on the third floor dedicated COVID unit, no transmission-based precaution signage was present at the entrance of the dedicated COVID unit. Additionally, R1-R3 and R12-R14 had no transmission-based precaution signage present at the entrance of their rooms. 6. On 5/28/20 at 12:18 PM, R15-R20 were residing on the hallway identified by V3 (Director of Nursing) as the dedicated hall for newly admitted residents who require 14-day observation for COVID symptoms. No signage was present at the entrance to R15-R20's room regarding transmission-based precautions. 7. On 5/28/20 at 11:30 AM, V6 (Registered Nurse) was working on the COVID dedicated unit. V6 stated staff temperatures are monitored before and after shifts, but not during their shifts. V6 stated during care, residents are not asked to wear masks in the facility and only staff wear PPE. V6 stated the residents are only given a mask to wear when they go out for [MEDICAL TREATMENT]. On 5/28/20 at 10:30 AM during entrance conference with V1 (Administrator), V2 (Assistant Administrator), and V3 (Director of Nursing), V1 stated staff temperatures are taken before and after shift but not during their shift. Facility policy Care of Resident with Coronavirus (COVID-19) Infection Control Policy, dated May 2020, shows, 1. The Facility, consistent with federal regulations, implements standard and transmission-based precautions (contact and droplet) practices. 3. Resident confirmed or symptomatic for COVID-19: b. Resident should be provided individual equipment (BP-blood pressure cuff, stethoscope, thermometer), c. If unable to provide individual equipment for staff, disinfect and clean equipment after each use. g. Post sign on resident door that clearly describes type of precautions needed and necessary PPE to be worn. J. Confirmed or symptomatic residents should be encouraged to wear a face mask when close contact with others is anticipated. P. Hand and respiratory hygiene as well as cough etiquette by residents, visitors and employees is imperative. t. Post signs on the door of resident room that clearly describe the type of precautions needed and required PPE. v. Perform hand hygiene upon exiting patient rooms. Illinois Department of Public Health document COVID-19 Control Measures for Long Term Care Interim Guidance, revised 5/7/20, shows, Ensure all residents wear a cloth face covering for source control whenever they leave their room or are around others, including whenever they leave the facility for essential medical appointments. Whenever a resident is outside their room, they should wear a cloth face covering or facemask, perform hand hygiene, limit their movement in the facility, and perform social distancing (stay at least six feet away from others.) Residents should wear a face covering or facemask (if tolerated) during direct care activities. Screen staff: Screen all staff for respiratory symptoms and check temperatures at the beginning of the shift and again at mid-shift. Ensure staff are educated on and correctly performing hand hygiene, donning and doffing of PPE (Patient Protective Equipment). All employees should be pre-screened for fever and symptoms prior and mid-shift. PPE should not be worn off affected units or areas unless approved as enhanced control measure.</p> | | |