

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145384	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2020
NAME OF PROVIDER OF SUPPLIER EDEN VILLAGE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 400 SOUTH STATION ROAD GLEN CARBON, IL 62034	
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 - Few	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 perform proper hand hygiene on a COVID-19 positive unit to prevent the spread of COVID-19 infection for 1 of 12 residents (R2) reviewed for infection control in the sample of 12. Findings include: Throughout this survey, R2 resided on the COVID-19 unit. R2's Care Plan, dated 5/17/2020, documents, I have tested positive for COVID 19. Monitor me for signs and symptoms of COVID 19. Document and promptly report signs and symptoms: fever, cough, sneezing, sore throat, respiratory issues. Educate senior, family, visitors of COVID 19 signs, symptoms and precautions. Isolation precautions per facility/Illinois Department of Public Health protocols. On 5/26/2020 at 11:10 AM, V5, Certified Nursing Assistant (CNA), exited R2's room after performing care. V5 removed her gown in the hallway. V5 removed the lid to the biohazard barrel, placed the gown inside the biohazard barrel and placed the lid back on the biohazard barrel with ungloved hands. V5 walked past the alcohol-based hand rub sanitizer dispenser, touched the door bar opening the door and left the unit without performing hand hygiene. On 5/26/2020 at 11:28 AM, V2, Director of Nursing, stated, Absolutely, I would expect the staff to perform hand hygiene prior to leaving the unit. On 5/26/2020 at 11:36 AM, V7, CNA, stated, When entering the unit, you spray down, dress in gown gloves and eyewear. Go inside, wash your hands in room [ROOM NUMBER] and apply gloves. When leaving the hall, you remove the gown. Put it (gown) in the biohazard barrel then go to room [ROOM NUMBER] and wash your hands. You can also use the alcohol-based hand rub sanitizer dispenser before going off the hall. You are to clean your hands before leaving the hall. The Facility's COVID 19 Policy and Procedures, dated 3/12/2020 and updated 5/2020, documents, Infection Control: Follow hand hygiene protocol. It also documents, Objective: Contact Precautions will be used for residents known or suspected to be infected with epidemiologically important microorganisms that can be transmitted by direct contact with the resident or indirect contact with contaminated environmental surfaces or resident-care items.		

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.