

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145660	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2020
NAME OF PROVIDER OF SUPPLIER WESTCHESTER HEALTH & REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 2901 SOUTH WOLF ROAD WESTCHESTER, IL 60154	
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 ensure that staff wear face mask as recommended; and failed to use the recommended cleaning solutions on surface areas, in an effort to prevent and/or contain the possible spread of infectious microorganisms, including COVID 19. This deficient practice has the potential to affect 33 residents residing in Unit 1. Findings include: 1) On 5/19/20 at 12:14 PM, during the lunch observation, V5 (Registered Nurse) was observed wiping the over bed table using a cleaning cloth labeled Fit Right Aloe Cleansing Cloth. The over bed table was observed being used to hold the resident's meal tray during dining. On 5/19/20 at 12:35 PM, V5 stated that they do not necessarily use the aloe cleansing wipe, but rather use the bleach wipe. On 5/19/20 at 12:33 PM, V3 (Infection Control Nurse) said that Fit Right Aloe Cleansing cloth is not a surface sanitizer and it is used to wipe residents' hands, and not used to clean tables. On 5/19/20 at 1:10 PM, V6 (Housekeeping Manager), stated that Quat Disinfectant Cleaners are used to clean table or high touch surface area. The facility document titled Coronavirus in Long Term Care Facilities, stated in part: While there aren't chemicals that can say they definitely kill COVID-19, we use chemicals that have been effective [MEDICAL CONDITION] similar to COVID-19. Facility Document titled COVID-19 Approved Disinfectants documented in part: 3M Quat (5L,5H,5A) Contact time 10 minutes. Dilution: Dispenser. The cleanser Fit Right Aloe Cleansing Cloth was not included in the list. 2) During lunch observations on 5/19/20 at 12:16 PM, V4 (Restorative Aide) was observed pouring juice into drinking glasses, with her surgical face mask tucked under her chin. V4's nose and mouth were left uncovered. During an interview on 5/19/2020 at 12:26 PM, V4 stated that staff are to wear face masks at all times. On 5/20/20 at 09:03 AM, V3 (Infection Control Nurse) stated that staff are required to wear face masks at all times, while in the building. On review of the facility document titled [MEDICAL CONDITION] COVID- 19 - CMS Update, dated May 4, 2020, stated in part: Use of Surgical Face Mask and Cloth Masks-For the duration of the state emergency in your State, all personnel should wear a face mask while they are in the center.</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.