

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145662</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ELEVATE CARE NILES</b>		STREET ADDRESS, CITY, STATE, ZIP <b>8333 WEST GOLF ROAD NILES, IL 60714</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, interview, and record review, the facility failed to properly prevent and/or contain the spread of COVID19 by not following their infection control protocol by failing to change gloves and/or perform handwashing in between resident care. This failure affected five residents (R5, R9, R10, R11, and R12). 5/20/20 12:30 PM V15 (CNA-Certified Nursing Assistant) was observed feeding R5 in his room while wearing gloves. V15 returned R5's tray to food cart and pushed the cart to the end of the hall without changing gloves. V15 went to another food cart on the floor, still wearing the same gloves that were donned while feeding R5. V15 then took a cup from the second tray, filled it with water and returned the cups to the trays for R9, R10, R11 and R12. V15 did not remove his gloves or perform hand hygiene between feeding R5 and getting water for the residents R9 - R12. 5/20/20 12:45 PM V5 said, I should clean my hands and get new gloves. I don't know why I didn't do it, I just forgot. 5/20/20 1:20 PM V2 (Director of Nursing) said, he should have removed the gloves and washed his hands after feeding a resident. Staff should wash hands and change gloves after all resident contact. A policy titled Hand Hygiene/Handwashing revised 1/10/18 reads Examples of When to Perform Hand Hygiene (Either Alcohol Based Hand Sanitizer or Handwashing): after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.		
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.