

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145671</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>VILLA AT SOUTH HOLLAND, THE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>16300 WAUSAU STREET SOUTH HOLLAND, IL 60473</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review, the facility failed to follow their infection control policy and practice by not wearing required PPE while caring for residents who tested positive for COVID-19, and failed to ensure that the manufacturer's guideline for contact time was followed while cleaning with sodium hypochlorite 0.74% for 5 of 28 residents (R1, R3, R6, R7 and R8) of 28 residents reviewed for infection control in COVID-19 Unit. Findings include: On 5/20/20 at 11:30am, surveyor observed V3 (Housekeeping Manager) cleaning 3 overbed tables located in the hallway of Covid-19 unit. Overbed table #1 in the COVID-19 unit, V3 sprayed the table's surface and waited 12 seconds before wiping. At 11:32am, overbed table#2 was sprayed by V3; table surface was left wet for 15 seconds, and at 11:35am, overbed table #3 was sprayed and left wet for 20 seconds. Surveyor timed these observations using a wrist watch. On 5/20/20 at 11:35am, surveyor observed V3 go to R3's and R6's room, spray the door knob and light switch as he entered the room with the spray cleaner, and wipe the surface right away, without waiting for the 30 seconds contact time recommended by the manufacturer. On 5/20/20 at 11:50am, V3 stated, We use sodium hypochlorite 0.74% to clean the surfaces. It kills the bacteria on any contact touch on the surface. The contact time is 30 seconds. I counted in my head. I don't have a watch and I cannot use my cellphone to time the 30 seconds. On 5/21/20 at 12:30pm, V3 stated, Contact time is when you cover the whole surface, leave it wet for 30 seconds, and when the 30 seconds is completed, that is when we wipe the surface. I count for thirty seconds in my head and then I wiped. It would be the same pace every time I count in my head. If the surface is not clean properly, it would not kill the germs that are on the surface. On 5/20/20 at 12:15pm, surveyor observed V6 (Certified Nursing Assistant) touch the zipper wall in Covid-19 unit as V6 received two meal trays from the other side of the zipper wall to distribute in residents' room. V6 placed the tray on the overbed table and wheeled it in R1's room. V6 observed carrying the tray and entering the room without gloves, and without performing hand hygiene, V6 placed the tray in R1's overbed. This incident was also observed by V2 (Director of Nursing), and V2 reminded V6 to wear gloves and wash hands, and stated to V6, Don't do it again, always wear gloves in all isolation rooms. On 5/20/20 at 12:20pm, observed V8 (Certified Nursing Assistant) deliver two room trays in R7's and R8's room without hand hygiene before entering room and no gloves. Surveyor observed V8 place trays on R7's and R8's overbed table. Surveyor observed V2 reminding V8 to always have gloves when entering an isolation room and do hand hygiene upon entering and leaving isolation room. On 5/21/20 at 1:00pm, V2 (Director of Nursing) stated, I showed V6 the sign at the door, I corrected V6 at the time that you (surveyor) observed V6 going in isolation room without gloves. I instructed V6 to wash hands and put gloves on. The staff are required to follow facility's infection control policy for residents' who are on Droplet and Contact precaution. Staff are required to wear PPE before entering the Covid-19 resident's room, staff need to wear surgical mask or N95 mask, gown, face shield and gloves. Staff to perform hand hygiene before entering the room and when leaving the room. If the staff is not wearing proper PPE when entering isolated room, the staff could be exposed to the infection. Reviewed facility's Environmental Cleaning and Disinfection COVID-19 (effective date of 3/19/20), and it reads in part: Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product label) are appropriate for [DIAGNOSES REDACTED]-CoV-2 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed. Reviewed facility provided form, List-N: Disinfectants for use against [DIAGNOSES REDACTED]-CoV-2 which reads in part: sodium hypochlorite 0.74% contact time 30 seconds. Reviewed facility's Infection Prevention and Control Guidance (effective date of 11/28/17) and it reads in part: Standard and transmission based precautions to be followed to prevent the spread of infections. Hand Hygiene to be followed by staff with direct care, handling resident care equipment and the environment. Selection and use of PPE. Facility provided copy of signage used in the COVID-19 unit for contact precaution dated 3/20/20, reads in part: clean hands including before entering and when leaving the room. Put on gloves before entry and discard gloves before room exit.</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.