

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145712</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/22/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WILLOW CREST NURSING PAVILION</b>		STREET ADDRESS, CITY, STATE, ZIP <b>515 NORTH MAIN SANDWICH, IL 60548</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> - Few	<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 ensure staff removed a gown worn inside a Covid-19 isolation room prior to exiting the room, and before entering a non-Covid-19 room. This applies to 1 resident (R4) outside the sample (the resident residing in the non-Covid-19 room). The findings include: On 7/21/20 at 12:24 PM, V7 (Certified Nursing Assistant-CNA) carried a meal tray down the hall to room [ROOM NUMBER] and entered the room. The residents in room [ROOM NUMBER] are on contact/droplet isolation due to Covid-19. V7 exited the room wearing the same gown she wore into room [ROOM NUMBER] and walked back up the hall to the dining area to place a tray and food cover with the other trays. V7 then walked back down the hall and went into room [ROOM NUMBER] (R4's room) wearing the same gown she wore into room [ROOM NUMBER]. V7 closed the door to room [ROOM NUMBER]. V7 exited the room at 12:29 PM wearing the same gown. On 7/21/20 at 12:29 PM, V7 said she went into the Covid positive room to take a meal tray to one of the isolated residents. V7 said she just leaned in and placed the meal tray on the resident's bed table. V7 said as long as she did not go all the way into the room, she did not have to change her gown. This surveyor informed V7 that she had entered the room and was not just leaning in the room. V7 said she only went to the first bed and did not go over to the roommate's side, on the far side of the room, so she did not think she had to change her gown, because the first resident did not test positive for Covid-19. At 1:01 PM, V2 (Director of Nursing) said R5 (the resident in the first bed in room [ROOM NUMBER]) was having symptoms (coughing) and therefore was under suspicion for Covid-19. V2 said the minute staff cross the doorway threshold of an isolation room they should wear full PPE (personal protective equipment) and should remove the gown and gloves in the room prior to exiting the room so they do not spread germs to other residents or to themselves. At 1:34 PM, V3 (Assistant Director of Nursing) said staff should remove the gown and gloves before coming out of an isolation room so they do not spread the infection. The facility's undated policy and procedure titled Removing PPE shows Remove PPE at doorway before leaving patient room or in anteroom. (A small room between areas of contamination and other areas such as treatment areas). An undated sign posted on room [ROOM NUMBER] titled Contact Precautions shows Before Care .3. Wear gown to enter the room. Discard gowns in the room. Do not re-use.</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.