

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145724	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/11/2020
NAME OF PROVIDER OF SUPPLIER ADDOLORATA VILLA		STREET ADDRESS, CITY, STATE, ZIP 555 MCHENRY ROAD WHEELING, IL 60090	
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 - Many	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, interview and record review, the facility failed to ensure that employees followed the current standards of infection control practices and facility protocol regarding coronavirus by failing to utilize medical grade personal protective equipment (PPE) and failing to screen visitors per protocol. These failures affected ten residents (R3, R4, R5, R6, R7, R8, R9, R10, R11, R12) in the sample and have the potential to affect all 58 residents in the facility.</p> <p>Findings include: On 6/10/20 at 10:00am, surveyors entered the facility and were greeted by V4 (receptionist) who immediately escorted us to a small room across from the receptionist area. V4 placed a thermometer on the table and stated, Go ahead and take your temperatures and I'll go get the Administrator. V4 left the room without performing the screening process. At 10:03am, V4 re-entered the room and asked, Are you done with the questionnaire? The administrator will be right with you. At 10:25am, V1 (Administrator) stated, (V4) may be nervous but still needs to follow the protocol. V2 (Director of Nursing/DON) stated, For visitors, the receptionist does the screening and takes the temperatures and directs (them) to answer questions. We'll have to remind her. On 6/11/20 at 10:26am, V4 stated, When screening visitors, we don't really get that many, I give questionnaire and ask the questions. I take the temperatures and write it on the questionnaire. V4 stated that she did not do screening process with state surveyors because, I was thinking I better get the administrator. On 6/10/20 at 10:20am, V1 and V2 indicated that the facility had 58 residents. During lunch service on 6/10/20 at 11:40am, V12 (Dietary Aid) was wearing a personal cloth mask to serve R5, R6, R7 and R8 their lunch meals in the Orchid dining room. At 11:48am, V11 (Restorative Aid) walked towards the Orchid dining room which was located at the end of the 2nd floor hallway. V11 was wearing a personal cloth mask when she entered the dining room. V11 washed her hands in preparation to assist R5, R6, R7 and R8 with their lunch meals. At 11:50am, V11 came into contact with R8 as she tried to assist V13 (Assistant Director of Nursing) with waking R8. At 11:52am, V11 stated, I just washed my face and my (surgical) mask was dirty. I should be going to get another one. V11 confirmed that she knew where to obtain the masks. At 11:52am, V12 stated, I wear this mask because it has a filter inside. V12 confirmed that the Dietary Director gave her a facility approved mask to wear. On 6/10/20 at 11:54am, V10 (Dietary Director) stated, Initially, there was a shortage, so they used their own masks. I didn't know that we stopped that. On 6/10/20 at 11:55am, V2 stated, Right now, we have no shortage of masks. We have 2500 procedural masks on site. Staff should not have any problems getting a replacement mask. On 6/10/11 at 11:56am, V12 was in a different dining room on the 2nd floor still using her personal cloth mask. V12 was serving R3, R4, R9, R10, R11 and R12 their lunch meals. V1 submitted a document titled, Supply Inventory that reads: Masks (procedure lightweight ear loop) - 5 (five) cases plus 5 (five) packs - total 2800. On 6/10/20 at 12:23pm, V3 (Infection Preventionist) stated, Staff was inserviced on PPE. Masks are available on every nurses cart, supply room which nurses have a key to and in the nursing office. (There's) enough for them to access. It has been a battle. But we encourage staff to use the masks that we have on hand because they are medical grade. Cloth masks are not medical grade. V3 confirmed that when the facility policies reference use of PPE that they are referring to medical grade PPE. On 6/11/20 at 2:30pm, V2 indicated that V11 regularly interacts with residents on both 1st and 2nd floors. A facility policy dated 3/16/2020 and titled, Interim COVID-19 Visitation Policy documents, in part: Policy Explanation and Compliance Guidelines: 5. Interventions when limiting visitation: a. Visitors will be screened for fever or respiratory illness prior to entry. 6. Special considerations: b. Surveyors: Screening for fever and respiratory symptoms along with requesting hand hygiene apply. A facility policy dated 4/1/2020 and titled, Universal Mask Policy and FAQ (Frequently Asked Questions) documents: Effective April 1, 2020, all employees working at (facility) providing direct patient care areas will be expected to wear face masks, at all times, while in their respective clinical care settings. Process to Obtain and Discard Face Mask: A face mask will be issued at the start of each shift, for those individuals working in one of the clinical care settings outlined above. Masks will be available at designated area near Healthcare employee entrance. In the event that the mask becomes visibly soiled, saturated or damaged, a new mask must be obtained. Should you need a replacement mask, you must request one from supervisory personnel. A facility policy dated October 1, 2012 and titled, Infection Control Policies and Practices documents: POLICY: It is the policy of the community to perform and maintain infection control policies and procedures. PURPOSE: To facilitate maintaining a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infection. PROCEDURE: 6. Requirements for preventing transmission of infections and communicable diseases as set forth in current OBRA (Omnibus Budget Reconciliation Act), OSHA (Occupational Safety and Health Administration) and CDC (Centers for Disease Control) guidelines and recommendations.</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.