

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145926	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2020
NAME OF PROVIDER OF SUPPLIER GARDENVIEW MANOR		STREET ADDRESS, CITY, STATE, ZIP 14792 CATLIN TILTON ROAD DANVILLE, IL 61834	
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	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to follow Infection Control policy when staff and physician provided wound care for seven residents (R1,R2,R3,R4,R5,R6,R7) of seven residents reviewed for infection control in a sample list of seven residents without wearing the recommended Personal Protective Equipment (PPE). Findings Include: The facility's policy COVID-19 Testing Plan and Response Strategy, effective 6/2020, states, Cohorting and managing care for new/readmissions with unknown COVID19 status (transitional/observational area). This designated area is The Villas. The required PPE for this area is face shields, masks, gowns, and gloves. On 8/19/20 at 9:45AM, V9, Wound Care Physician, was observed making rounds at the facility. V9 entered the facility wearing a white lab coat and an N95 mask covered by a blue fabric mask. V6, Licensed Practical Nurse (LPN), accompanied V9. V9 and V6 went to the Villa's unit into R1's room. V6 donned a gown and gloves after using alcohol based hand sanitizer. V6 was wearing mask and eye protection. V9 wore no gown. V9 performed hand hygiene and donned gloves and eye wear. V9 wore the same masks he entered with. Following wound care for R1, V6 and V9 exited the room. V6 and V9 removed gloves and completed hand hygiene. V6 removed her soiled gown and disposed of it in R1's room. On 8/19/20 at 10:01AM, V9 and V6 went from the Villas unit to unit D. On Unit D, V6 and V9 went into R2's room to provide wound care. V6 and V9 followed the same PPE and hand hygiene process as described for the Villas above. V9 wore the same lab coat (and no protective gown) he had worn for R1's treatment. When V6 and V9 finished R2's wound treatment, both doffed PPE and performed hand hygiene. On 8/19/20, V6 and V9 went to Unit E. On unit E, V6 and V9 went to the rooms of R3, R4,R5, R6, and R7 in succession. V9 wore the same lab coat without a gown in each of these rooms. On 8/24/20 at 11:22AM, V3, Licensed Practical Nurse (LPN)/Infection Preventionist, stated (V9) should have worn a new gown in every room he did wound evaluations in. I have talked to him about the CoVid precautions before. On 8/24/20 at 11:32AM, V6 stated, During wound rounds last week (V9) did not wear a gown or change his lab coat. I wore a gown in all rooms we went into. (V9) should have. (V9) left in the same lab coat he wore in the facility for the whole visit. On 8/24/20 at 1:56PM, V9 stated, I suppose I should have worn a clean gown in all of the resident rooms I went in. I have a supply from the clinic and I can wear a gown into the rooms. I do wear a clean lab coat every day.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.