

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145956</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/24/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PRESENCE VILLA SCALABRINI N&amp;R</b>		STREET ADDRESS, CITY, STATE, ZIP <b>480 NORTH WOLF ROAD NORTHLAKE, IL 60164</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<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 staff failed to remove PPE (Personal Protection Equipment) when exiting the rooms of residents on droplet isolation precautions. The facility also failed to place residents on transmission based precautions after exposure to a COVID 19 (Coronavirus)-symptomatic staff. This applies to 4 of 10 residents (R3-R6) who were reviewed for infection control in a sample of 10. The findings include: 1. CDC (Centers for Disease Control) document Responding to Coronavirus (COVID 19) in Nursing Homes, dated 4/30/20, shows, Create a plan for managing new admissions and readmissions whose COVID 19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID 19. All recommended COVID 19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown A single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID 19 for 14 days after admission and cared for using all recommended COVID 19 PPE. On 6/23/20 at 11:35 AM on the 14 Day Admissions Unit with V2 (Director of Nursing) present, V2 pushed R3 into R3's room while wearing her white, washable lab coat. V2 did not place another gown over the lab coat. V2 exited R3's room and did not remove her white lab coat. On 6/23/20 at 11:40 AM on the 14 Day Admissions Unit with V2 present, R4 was walking in the hall using a walker accompanied by two staff. V2 stated the two staff members were from the therapy department and were performing physical therapy on R4. One staff member was walking on the right side of R4 supporting/guiding her body and one staff walked on R4's left side supporting/guiding her body. Both staff were wearing white lab coats when entering R4's room and did not don any additional gowns. The staff guided R4 into her room and then left R4's room wearing the same white lab coats. On 6/23/20 at 12:10 PM, V5 (CNA-Certified Nursing Assistant) walked into R4's room to deliver a lunch tray to R4 while wearing her white lab coat and no gloves. V5 did not don any additional gown entering the room. V2 (DON) walked into R4's room, without donning an additional gown, and provided R4 gloves in the room to wear. V2 and V5 both exited the room without removing/ replacing their white lab coats. On 6/23/20 at 12:05 PM, V5 (CNA) stated the staff keep their washable lab coats on during their entire shifts unless they become soiled. V5 stated when she walks out of a resident room after performing direct resident care, she only removes her gloves and performs hand hygiene. V5 did not mention the use of wearing aprons in addition to the white lab coats when entering residents' room for care. On 6/23/20 at 11:45 AM, V4 (Registered Nurse) stated when they enter and leave 14 Day Admission Observation Unit resident rooms, they are required to perform handwashing and don gloves. V4 stated they are not required to replace their washable white lab coats when exiting the rooms. V4 stated she only changes her white lab coat when it is visibly soiled when providing direct resident care. V4 did not mention the use of wearing aprons in addition to the white lab coats when entering residents' room for care. On 6/23/20 at 9:40 AM with V1 (Administrator) and V2 (Director of Nursing), V3 (Infection Control Preventionist) stated the residents who have been admitted to the facility within the prior fourteen days are placed on the 14 Day Admissions Unit. V3 stated the PPE (Personal Protective Equipment) required to initially enter the unit hallway included a washable, white lab coat for all staff. V3 stated the washable, white lab coat was worn by all staff throughout their entire shift while on the unit and they are only replaced if they become soiled. V3 stated the staff are not required to remove/replace the lab coats when they exit individual resident rooms after providing care unless they become soiled. V3 stated the facility provides plastic aprons to place over gowns for staff if splashing is anticipated while performing direct care, however the aprons were not required to be worn into each resident room. Facility document COVID 19 Transmission-Based Precautions (TBP) and Bed Placement Guidance), undated, shows, New and returning resident with no infectious clinical concern: The resident was not hospitalized due to COVID 19 investigations (e.g. may be for other conditions, surgical and needs rehab services) are to be placed on droplet precautions for 14 days. Facility policy Transmission-Based Precautions, revised 3/2020, shows, .Droplet Precautions . 2. If secretions cannot be contained: a. Initiate isolation procedures: III Gown - Wear a gown upon entering the resident's room. 3. If secretions can be contained: a. Initiate Transmission-based Precautions when in contact with infected secretions/substances/body: .III. Gown - Wear a gown if potential exists for exposure to infectious body material. Facility document COVID 19 Key for Color Coded Precaution Sign, dated 6/15/20, shows, EXTENDED USE: Use for assignment on precautions. Wear the same gown for multiple residents except protect the exterior by wearing a disposable apron. Change the apron between residents. Replace if visibly worn, after taking care of a resident with [MEDICAL CONDITION] illness or COVID+ Precautions, or if wet, contaminated or damaged. IF entire assignment is COVID+, keep gown on, replace if gown becomes visibly worn, soiled or wet. Protect the exterior by wearing a disposable apron. Change disposable apron between residents. Facility document Procedure: COVID 19 Infection and Prevention Guidelines, revised 5/2020, shows, . Infection Control Practices . E. Transmission-Based Precautions . 2. Initiation of Precautions a. COVID positive i. Droplet and Contact precautions + Eye Protection upon entry to the community and already initiated for current residents when they were a Person Under Investigation (PUI) b. PUI/Symptomatic Resident i. Droplet precautions + Eye Protection initiated with any observation of a positive respiratory observation. c. Admission/Readmission and Frequently out of the building for treatment (e.g. [MEDICAL TREATMENT]) i. Droplet Precautions upon entry to the community G. 1. PPE for COVID 19 and PUI . b. Supplies . ii. Gown. CDC (Centers for Disease Control) document Preparing for COVID-19 in Nursing Homes, dated 5/19/20, shows, If extended use of gowns is implemented as part of crisis strategies, the same gown should not be worn when caring for different residents unless it is for the care of residents with confirmed COVID-19 who are cohorted in the same area of the facility and these residents are not known to have any co-infections (e.g. Clostridioides difficile). 2. On 6/23/20 at 9:40 AM with V1 and V2, V3 stated V10 (Registered Nurse) reported COVID 19 symptoms to the facility on [DATE] and last worked at the facility on 6/19/20 and 6/20/20 during the overnight shift on the Unit B. V3 stated V10 returned to the facility on [DATE] to be COVID 19 tested however the results were pending. V3 stated none of the residents on the Unit B had been re-tested for COVID 19 since V10 reported her COVID 19 symptoms. V3 stated none of the residents on the unit were placed on transmission based precautions, however the residents were being monitored every four hours. V3 stated residents on the Unit B are long term residents and staff are only required to wear a face shield and mask during any resident care activities. On 6/23/29 at 2:29 PM on the Unit B, V8 (CNA) was wheeling R5 in her wheelchair towards her bed in her room. V8 had no isolation gown or gloves on while in R5's room. No transmission based precautions signs were visible outside R5's room. On 6/23/20 at 2:31 PM on the Unit B, V9 (CNA) walked into R6's room to assist R6 and was not wearing an isolation gown. No transmission based precaution signage was visible outside R6's room. On 6/23/20 at 12:18 PM, V6 (Registered Nurse) stated Unit B is typically staffed with only one nurse each shift. V6 stated when walking into the resident rooms to perform care, the staff are only required to wear a facemask and a face shield. V6 was not wearing a lab coat or disposable gown. Facility Daily Assignment Sheet, dated 6/19/29, shows V10 worked at the facility from 11:00 PM on 6/19/20 until 7:00 AM on 6/20/20 on Unit B. CDC document Responding to Coronavirus (COVID 19) in Nursing Homes, dated</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.

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<p>F 0880</p> <p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Some</p>	<p>(continued... from page 1)</p> <p>4/30/20. Shows, Response to Newly Identified [DIAGNOSES REDACTED]-CoV-2-infected HCP (Health Care Provider) or Residents -</p> <p>HCP who worked with symptoms consistent with COVID-19 or in the 48 hours prior to symptom onset: Prioritize these HCP for [DIAGNOSES REDACTED]-CoV-2 testing. Exclude HCP with COVID-19 from work until they have met all return to work criteria. Determine which residents received direct care from and which HCP had unprotected exposure to HCP who worked with symptoms consistent with COVID-19 or in the 48 hours prior to symptom onset. Residents who were cared for by these HCP should be restricted to their room and be cared for using all recommended COVID-19 PPE until results of HCP COVID-19 testing are known. If the HCP is diagnosed with [REDACTED].</p>		