

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145967</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/14/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WINDSOR ESTATES NSG &amp; REHAB</b>		STREET ADDRESS, CITY, STATE, ZIP <b>18300 SOUTH LAVERGNE COUNTRY CLUB HILLS, IL 60478</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> - Many	<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 properly prevent and/or contain the spread of COVID-19 by failed to ensure that staff wear required Personal Protective Equipment (PPE) while entering a patient isolation room; failing to ensure that residents maintained social distance while in the activity room; and they failed to monitor residents to ensure correct use of facial masks. This failure has the potential to affect all 124 residents currently in the facility. Findings include: On 7/13/2020 at 9:45AM while conducting random check on the second floor, observed a resident in a wheelchair sitting at the nursing station by herself, holding a surgical mask in her hand and chewing the string attached to the mask. No staff was monitoring or redirecting resident to stop chewing the string or put on her mask. Some residents were also observed sitting in an activity room on the second floor, not socially distanced and some of them not wearing a mask. On 7/13/2020 at 10:05AM, V9 (Registered Nurse) was interviewed regarding facility protocol on COVID 19. V9 stated that residents are monitored through vital signs check every shift and staff are screened daily upon arrival to work. All staff and residents are supposed to wear a mask. On 7/13/2020 at 12:40PM while conducting random tour of the 3rd floor, V5 (Certified Nursing Assistant/CNA) was in an isolation room and could be heard talking from the hallway. Surveyor monitored V5 from 12:35 to 12:39PM to gather more information, and when V5 came out of the room, V5 did not have on any PPE except for mask. Surveyor asked V5 if she knew why the resident was in isolation and V5 stated, Her roommate was moved due to testing positive to COVID-19, so she has to be isolated too. When asked what type of PPE is required for an isolation room, V5 stated, Gown, gloves and mask. V5 then added, I was not wearing a gown or gloves because I was just taking her food to her. At 12:50PM while on the 4th floor for random observation, surveyor noted a resident sitting in a wheelchair in the hallway by his room with no face mask. When asked if resident had a mask, resident responded, Right here by my chair. A surgical mask was noted hanging on the side of his wheelchair. Facility COVID-19 Testing and Response Plan, under infection prevention and control interventions states that the facility implements universal source control for residents, HCP, and any persons entering the building including [MEDICATION NAME] care. The same document states that the facility implements social distancing, maintaining 6 feet between individuals except during direct care activities.</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.