

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/10/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146180	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/25/2020
NAME OF PROVIDER OR SUPPLIER ASCENSION NAZARETHVILLE PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 300 NORTH RIVER ROAD DES PLAINES, IL 60016		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000			
F 689 SS=G	<p>Complaints 2093882/IL123065 - No findings 2094705/IL123939 - F880 cited 2094571/IL123796 - F880 cited 2094570/IL123795 - F880 cited 2094706/IL123941 - F880 cited Facility Reported Incident of 6/15/20/IL125994 - F689 G cited</p> <p>Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)</p> <p>§483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to use a mechanical lift with two staff members while transferring a resident from bed to wheelchair and back. This failure affected one (R1) of four residents reviewed for transfers and resulted in R1 sustaining a left femur (thigh bone) fracture requiring hospitalization and surgical intervention.</p> <p>Findings include:</p> <p>R1 is an alert and oriented 95 year old resident with diagnosis of hypertension, anemia and history of transient ischemic attack and cerebral infarction. A facility fall risk assessment dated 6/2/20 shows R1 with a total score of 5 signifying</p>	F 689	<p>F689 Ascension Living Nazarethville Place IDPH Plan of Correction Provider #146180</p> <p>Survey Type: Complaint and Facility Reported Incident Survey Date: 11/25/2020</p> <p>Preparation and execution of the Plan of Correction does not constitute an admission or agreement by Ascension Living Nazarethville Place to the allegation or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is</p>	12/25/20	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

01/14/2021

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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F 689	<p>Continued From page 1 that she is at high risk for falls.</p> <p>A facility incident report dated 6/15/20 written by V2 (Director of Nurses) at 12:40 PM states, "On 6/15/20 at 8:30 am, resident (R1) was being transferred by (V5) assigned CNA (certified nurses aide) from bed to wheelchair, resident complained of left leg weakness, and CNA eased her down on the floor, and called out for assistance. Assessment done, no physical injury noted, resident complained of left knee pain 2/10: ibuprofen given. Resident was transferred to bed via hoist (mechanical) lift with 2 assist. MD informed, order received to do X-ray left hip and left knee. 6/15/20 at 12:24 PM, X-ray result shows acute fracture left distal femur. MD informed and order received to send resident to hospital for evaluation. 9:24 PM Nurse on duty called hospital ER and was informed resident's admitting diagnosis is closed fracture left distal femur. Investigation: Based on resident's medical record, staff's and resident interview, on 6/15/20 at approximately 8:30 AM, assigned CNA was transferring resident from bed to wheelchair, resident complained of left leg weakness, resident was eased to the room floor and CNA called out for assistance. Resident is alert and oriented x 4. When asked what happened, she stated, "I think the screws in my knees are getting weak, I told the aid, and she sat me down slowly on the floor, I did not hit my head". Medical records received from the hospital shows resident has prosthesis in her left femur and she sustained Supracondylar periprosthetic fracture left distal femur."</p> <p>Interview with V3 (LPN) on 11/16/20 at 11:14 AM stated, "I was working on the floor doing a medication pass around 8:30/9:00 AM when the</p>	F 689	<p>prepared and executed solely because it is required by provisions of Federal and State law. None of the actions taken by the facility pursuant to its Plan of Correction should be considered an admission that a deficiency existed or that additional measures should have been in place at the time of the survey.</p> <p>F689 Free of Accident Hazards/Supervision/Devices SS=G</p> <p>The surveyor alleges that the facility failed to use a mechanical lift with two staff members while transferring a resident from bed to wheelchair and back. Corrective action for residents noted to have been affected: The DON/Designee inspected the Care Plan and the fall risk assessment for Resident # R1 on 11/17/2020. Resident currently is able to stand and pivot transfer with staff assistance of one with a gait belt. Care plan reflects assistance needed for safe transfer. How the facility will identify other residents having the potential to be affected: Residents of the facility who require assistance with transfers have the potential to be affected. The DON/Designee completed community review of residents requiring assistance with transfers on 11/18/2020. No other residents were affected by this practice. Measures the facility will take or systems the facility will alter to ensure correction: The DON/Designee provided education/re-education to current nursing staff on 11/17/20 and 11/18/20, on</p>		

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F 689	<p>Continued From page 2</p> <p>CNA (V5) came over and called me and says that (R1) is on the floor so I went to her room and saw her sitting upright on the floor leaning against the dresser drawer. I did the assessment and I checked her body and legs for any injury. I asked the resident if she was in pain and she denied any pain. She (R1) said to me "I fell." I asked her if she hit her head and she said she did not." Surveyor asked how many staff was required to lift and transfer (R1), V3 stated, She is a hoier (mechanical) lift times 2 person assist...Normally 2 staff are required to safely transfer someone (using a lift). Asked what V5 told her as to how R1 fell, V3 stated, She said that during the transfer (R1) lost her balance and so V5 eased her down to the floor but she (V5) admitted she did not get help which she should have for R1. Asked what R1's current level of transfer assistance is needed, V3 stated, She requires extensive assist times 2 persons and we use the hoier (mechanical) lift to transfer her.</p> <p>11/16/20 at 11:35 AM, R1 stated, There was this young girl who got me up or at least she tried to get me up. She said, I'm going to get you dressed now. I said to her, Okay and I didn't think much of it when she was going to try to get me up to get dressed but I was concerned because she was by herself so I asked her if she could get someone to help her. She said that she could do it fine herself and she was in a bit of a hurry, but I let her do it anyway because she insisted. I told her again before she started that I was just dead weight and that she needs to get some help, but she just went about what she was going to do and ignored my requests. Surveyor asked if she recalled V5 using a belt or any mechanical device to try to assist in transferring her. R1 stated, Oh no, she just took her arms and put them under</p>	F 689	<p>Ascension Living policy for safe transfer. Education specific to physical and mechanical transfer. The DON/Designee required C.N.A. staff to perform a return demonstration to evaluate competency. The DON/Designee completed community review of current resident transfer status and updated care plan when indicated to ensure accurate reflection of resident assistance needed during transfer. The DON/Designee provided education to CNA staff on the location of resident care cards in residents' room. The DON/Designee provided each resident requiring assistance with transfers a personal gait belt that is to remain in resident room on 11/19/2020. The DON/Designee will routinely observe randomly selected transfers weekly and report results during Clinical huddle. If discrepancies are found immediate correction will be completed and one on one re-education provided.</p> <p>Results/findings will be submitted to the facility's QAPI monthly for 3 months for further review and recommendations.</p> <p>Date of Completion: 12/25/2020</p> <p>F880 Infection Control SS=F The surveyor alleges that the facility failed to prevent and/or contain COVID-19 by failing to properly wear masks to over both nose and mouth; failed to screen all staff and visitors entering the facility; and</p>		

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F 689	<p>Continued From page 3</p> <p>mine and tried to lift me up. There was no belt that she used on me. When she got me up and tried to maneuver me over to the bed was when I knew I was going down, because like I said I'm dead weight, and I just dropped down and fell to the ground. My feet fell under the bed and I hit my head against this table (pointing to the bedside table). Surveyor asked if staff ever used a mechanical device to move her which required her to be placed on a sling. R1 stated, No, see that blue thing (sling used for mechanical lift) sitting on the chair, that's been sitting there and never been used except maybe one time. Surveyor asked whether V5 lowered her to the ground as stated in the incident report. R1 stated, I was not lowered to the floor, I was dropped by that girl otherwise I wouldn't have my legs under the bed, would I? There were about 3 girls that came in when I was on the ground and one of them looked me over. Then some man came in and took X-rays of me and then a couple of hours later, 2 ambulance men came and took me to the emergency room and that's when I stayed in the hospital for couple of days and then I had to go back again and I had to get surgery. I was in so much pain and to this day I still have to go to therapy all because that girl was in a hurry and didn't get help like I asked her to.</p> <p>11/17/20 at 9:45 AM, V5 (CNA) (with V2 present) stated, I was trying to help (R1) get ready and I took all her clothes out and sat her at the edge of the bed. When I pivoted her to transfer her to the wheelchair was when I couldn't hold her and she fell down to the ground. I went down the hall and got the nurse (V3) who assessed her and we transferred her using a hooyer (mechanical) lift back to bed and then ambulance people came about an hour later to take her to the emergency</p>	F 689	<p>failed to use EPA (Environmental Protection Agency) approved disinfectant on floors and surfaces requiring disinfecting.</p> <p>Corrective action for residents noted to have been affected: There was no harm to any residents living in the facility. There were no Covid positive residents identified at the time of the survey. How the facility will identify other residents having the potential to be affected: Residents living in the facility have the potential to be affected by cited practice. Community review completed on 12/10/20 by the DON/Designee. On 12/10/2020, 3 residents tested positive for COVID-19 and were placed in isolation. The Plant Maintenance Supervisor checked the list type of chemical used the Housekeeping staff uses the approved EPA disinfectant chemicals to clean and sanitize the rooms of those residents and other residents of the facility. Measures the facility will take or systems the facility will alter to ensure correction: The evening receptionist (V12) was provided with in-service education/re-education by the DON/Designee on 11/17/20 about the importance of wearing a mask to cover both his/her nose and mouth and modes of Covid 19 transmission. The DON/Designee completed staff with education regarding handwashing, use of PPE and how to don/doff PPE by 12/13/2020. The DON/Designee will educate staff who do not receive education prior to 12/13/20 by providing</p>		

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F 689	<p>Continued From page 4</p> <p>room. Asked how R1 was situated on the ground when she fell, V5 stated, She was parallel to the bed and I leaned her against the bedside table...I didn't use anything (to help transfer R1). V5 also stated that she did not use a gait belt and did not have one; there was one (gait belt) in the hall but I didn't use it. Surveyor asked if she was educated on the type of transfer requirements R1 needed to safely transfer and V5 stated, "I know I was told she needed only one person to transfer and there was a sheet in her drawer that says this." Asked if anyone discussed with her R1's plan of care related to transfers, V5 stated, Well just the sheet in the drawer and also stated that she did not look at the sheet in question.</p> <p>11/17/20 at 10:15 AM, surveyor entered R1's room in search of above mentioned sheet that V5 referred to earlier and asked V7 (CNA) who was currently in the room getting R1 ready. Surveyor asked about a sheet of paper with R1's care information, V5 stated, "I don't know of any sheet. Asked if she's ever referred to any type of sheet or card pertaining to R1's care, V7 stated, "I don't know what that is." At 10:30 AM, V7 (CNA) called surveyor back to R1's room and volunteered to demonstrate transfer technique with R1. V7 stated that she found the sheet and it was in R1's closet. The sheet of paper showed R1's name and room number with "Transfer with Hoyer (mechanical lift)" that was checked as device needed to safely transfer R1. V7 began the demonstration and started putting a gait belt around R1's waist, however, did not use the belt to lift and transfer R1. Asked about the gait belt, "I don't need it, I use it because the DON (V2) just told me to use it." R1 stated, "They never use that either on me, I don't know why they are doing it now." Surveyor asked V7 where the mechanical</p>	F 689	<p>them with required education prior to working their scheduled shift.</p> <p>The evening receptionist (V12) was provided with in-service education/re-education by the DON/Designee on 11/17/20 about the importance of completing COVID screening questions with staff who enter the facility, along with completing their temperature readings. The receptionist completed screen competency on 11/16/2020. The DON/Designee will provide education to staff by 12/13/20 on the importance of completing screening properly including temp and answering all questions.</p> <p>Infection control policy and Covid 19 prevention processes reviewed by the DON and infection preventionist. No changes made at this time.</p> <p>RCA completed by interdisciplinary team on 12/14/2020</p> <p>The Housekeeper (V8) and housekeeping staff were provided with in-service education by 12/13/2020 by the Plant Maintenance/Environmental Supervisor on use of EPA approved disinfectant chemicals properly labeled to clean floors and toilets.</p> <p>The Housekeeper (V15) and other housekeeping staff were provided in-service education/re-education by 12/13/2020 by the Plant Maintenance/Environmental Supervisor on use of EPA approved disinfectant chemicals properly labeled to clean floors, and hand washing prior to entering rooms. The Plant Maintenance Supervisor will</p>		

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F 689	<p>Continued From page 5</p> <p>lift was to transfer R1 and she stated that (R1) doesn't use that...there is one (mechanical lift) on the second floor but we don't even have one here.</p> <p>11/17/20 at 11:00 AM, V2 stated, All CNA's have to use their gait belts whenever they are transferring any resident. R1 used to be a 1 person assist but now she needs two people and a mechanical lift transfer. Asked how many people are required to safely use a mechanical lift and V2 stated, "One person." Asked again if one person can safely place a resident on a sling then lift them with the mechanical lift, V2 stated, She needs two people.</p> <p>11/17/20 at 11:30 AM, V9 (Minimum Data Set and Care Plan Coordinator) stated, I create the MDS (Minimum Data Set assessment) and do the care plan with the help of the interdisciplinary team. (R1) needs extensive assist in transfers and she is coded as a "3" which means a two person assist.</p> <p>11/25/20 at 10:30 AM, V9 stated, In order to safely transfer any resident using the mechanical lift, you will need two people. You need two because you still have to place the resident on the sling, secure the sling on to the mechanical lift and one staff to run the control device. It's not safe for just one person to use.</p> <p>MDS dated 6/25/20 documents that R1 is totally dependent on staff for transfers from bed to wheelchair and with 2 or more persons physical assistance as support in performing this task. The most current MDS dated 9/18/20 shows R1 requiring extensive assistance with staff providing weight-bearing support but still requiring 2 or</p>	F 689	<p>verify by requiring housekeeping staff to perform a return demonstration.</p> <p>The Plant Maintenance Supervisor (V10) will ensure that housekeeping staff have EPA approved disinfectant chemicals available to housekeeping staff and that non-disinfectant chemicals are pulled from use by 12/13/2020. Approved chemicals by the EPA are products that kill the SARS-CoV-2 (COVID-19).</p> <p>The Plant Maintenance Supervisor will routinely review chemicals being used and hand washing by housekeeping staff weekly for 3 months. Results will be reported during stand up meetings. If discrepancies are found immediate correction will be made and one on one education will be provided.</p> <p>The Administrator/Designee will routinely review receptionist staff for 3 months to monitor continued compliance with staff screening.</p> <p>The Interdisciplinary Team will complete assigned angel rounds routinely that will include monitoring of proper wearing of Mask PPE, and handwashing. Results will be reported during stand up meetings. If discrepancies are found immediate correction will be made and one on one education will be provided.</p> <p>Results/findings will be submitted to the facility's QAPI Committee monthly for 3 months for further review and recommendation.</p> <p>Date of Completion: 12/25/2020</p> <p>S9999</p>		

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F 689	Continued From page 6 more persons physical assistance as support in performing the task. Care plan for R1 dated 10/29/2019 (prior to fall with sustained fracture) includes: (R1) is at risk for falls related to impaired balance during transfers, limited physical mobility secondary to chairbound status; medication side effects and use of mobility device. Goal: (R1) will not have fall related injuries through the next review date. Approaches: Ensure that wheelchair brakes are locked prior to transferring; prefers wearing tennis shoes, needs a night light on to help see at night, monitor for changes in condition that may warrant increased supervision/assistance." There were no specific interventions pertaining to safe transfer.	F 689	Refer to F689		
F 880 SS=F	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual	F 880			12/25/20

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F 880	<p>Continued From page 7</p> <p>arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to prevent and/or contain COVID-19 by failing to properly wear masks to cover both nose and mouth; failed to screen all staff and visitors entering the facility; and failed to use EPA (Environmental Protection Agency) approved disinfectants on floors and surfaces requiring disinfecting. This failure has the potential to affect all 62 residents currently in the facility.</p> <p>Findings include:</p> <p>11/16/20 at 10:10 AM V1 (Administrator) was asked the number of residents currently in the facility and stated, "We are at 62 residents. We have no current Covid residents or PUI (Persons Under Investigation) or anyone on isolation."</p> <p>Interview with V2 (Director of Nurses) at 10:20 AM concurred with V1, stating, "We had had about 15 to 16 Covid residents during the pandemic but we currently have none now or any PUI's or anyone on isolation."</p> <p>During the initial tour of resident floors on 11/16/20 at 10:30 AM, there were two residents placed on isolation on each floor. V13 (RN) on the first resident floor stated, "R2 is on isolation for droplet precautions because she goes in and out for dialysis." V14 (RN) stated, "I'm the nurse</p>	F 880	<p>F880 Infection Control SS=F</p> <p>The surveyor alleges that the facility failed to prevent and/or contain COVID-19 by failing to properly wear masks to over both nose and mouth; failed to screen all staff and visitors entering the facility; and failed to use EPA (Environmental Protection Agency) approved disinfectant on floors and surfaces requiring disinfecting.</p> <p>Corrective action for residents noted to have been affected: There was no harm to any residents living in the facility. There were no Covid positive residents identified at the time of the survey.</p> <p>How the facility will identify other residents having the potential to be affected: Residents living in the facility have the potential to be affected by cited practice. Community review completed on 12/10/20 by the DON/Designee. On 12/10/2020, 3 residents tested positive for COVID-19 and were placed in isolation. The Plant Maintenance Supervisor checked the list type of chemical used the Housekeeping staff uses the approved EPA disinfectant chemicals to clean and sanitize the rooms of those residents and other residents of the facility.</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 880	<p>Continued From page 9</p> <p>on this floor (2nd floor) and I have one person who is on isolation for PUI (R4).</p> <p>11/16/2020 at 2:30PM, V2 was asked whether there was any changes to the number of residents that were on isolation to prevent the spread of Covid-19, V2 stated, "Yes, I'm sorry those two you are referring to are on isolation, I thought you were referring to actual Covid isolation."</p> <p>11/16/2020 at 2:50 PM, V12 (Receptionist) was observed wearing her mask below her nose while allowing staff to enter the facility without any COVID screening questions similar to what the surveyor was required to answer prior to entering. V12 was observed removing her mask while answering the phones. At 3:00 PM, facility staff entered the facility, signed her name in the visitor log and was not given a temperature reading by V12 as per facility policy. Surveyor asked V12 where the questionnaire was that she was supposed to ask the staff member who just walked by, V12 pointed to her staff log in sheet of all who had entered the facility so far during the day. V12 counted the number of staff/visitors who already entered and stated, "There were 31 people who have signed in." Asked how many questionnaires she currently had, V12 stated, 6 including your questionnaire (referring to the screening questionnaire the surveyor took). Surveyor asked where the other questionnaires were that were supposed to be filled out by staff and visitors? V12 stated, "I don't have any more, they didn't fill out any." V1 (Administrator) who noticed the surveyor talking with V12, walked over to the reception desk and informed V12 that she needed to use the COVID screening form. V12 responded to V1, "Oh I didn't know we were doing that again."</p>	F 880	<p>Measures the facility will take or systems the facility will alter to ensure correction: The evening receptionist (V12) was provided with in-service education/re-education by the DON/Designee on 11/17/2020 about the importance of wearing a mask to cover both his/her nose and mouth and modes of Covid 19 transmission. The DON/Designee completed staff with education regarding handwashing, use of PPE and how to don/doff PPE by 12/13/2020. The DON/Designee will educate staff who do not receive education prior to 12/13/2020 by providing them with required education prior to working their scheduled shift. The evening receptionist (V12) was provided with in-service education/re-education by the DON/Designee on 11/17/2020 about the importance of completing COVID screening questions with staff who enter the facility, along with completing their temperature readings. The receptionist completed screen competency on 11/16/2020. The DON/Designee will provide education to staff by 12/13/2020 on the importance of completing screening properly including temp and answering all questions. Infection control policy and Covid 19 prevention processes reviewed by the DON and infection preventionist. No changes made at this time. RCA completed by interdisciplinary team on 12/14/2020</p> <p>The Housekeeper (V8) and housekeeping</p>		

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F 880	<p>Continued From page 10</p> <p>11/16/20 at 12:50 PM, V8 (Housekeeper) was observed mopping floors on the second floor. Surveyor asked what he did, V8 stated, "I'm the housekeeper on this floor. I do the whole floor, I sweep, mop, and clean toilets." Surveyor asked what chemicals if any were used in the mop water and V8 stated, "I use soap and water."</p> <p>11/16/20 at 1:10 PM, V15 (Housekeeper) was observed coming out of an adjacent room then entering R2's isolation room without washing her hands or donning an isolation gown. Surveyor asked what she was supposed to do before entering R2's room, V15 stated, "I'm supposed to wear this (pointing to plastic isolation gown that was inside an isolation bin outside R2's room.) Asked if she washed her hands prior to entering the room, V15 stated, "No." Surveyor asked what she used in her mop water, V15 stated, "soap and water" and walked surveyor to the housekeeping closet where V15 showed what she placed in the water. The plastic bottle was white with no apparent label outside the bottle to distinguish the contents of the bottle. Surveyor asked what was inside the plastic bottle and V15 stated, "soap I add to mop water."</p> <p>11/16/20 at 1:15 PM, V10 (Plant Operations Director) stated, "I'm in charge of operations of the building and I am over all the housekeepers and maintenance." Surveyor asked what his housekeepers use to clean floors, V10 stated, "They are given a citrus neutral cleaner. It's a soap but does not contain any bleach to clean the floors." Asked if this neutral cleaner is used for all floors including rooms on isolation, V10 stated, "Yes we use the neutral cleaner for all rooms."</p>	F 880	<p>staff were provided with in-service education by 12/13/2020 by the Plant Maintenance/Environmental Supervisor on use of EPA approved disinfectant chemicals properly labeled to clean floors and toilets.</p> <p>The Housekeeper (V15) and other housekeeping staff were provided in-service education/re-education by 12/13/2020 by the Plant Maintenance/Environmental Supervisor on use of EPA approved disinfectant chemicals properly labeled to clean floors, and hand washing prior to entering rooms. The Plant Maintenance Supervisor will verify by requiring housekeeping staff to perform a return demonstration.</p> <p>The Plant Maintenance Supervisor (V10) will ensure that housekeeping staff have EPA approved disinfectant chemicals available to housekeeping staff and that non-disinfectant chemicals are pulled from use by 12/13/2020. Approved chemicals by the EPA are products that kill the SARS-CoV-2 (COVID-19).</p> <p>The Plant Maintenance Supervisor will routinely review chemicals being used and hand washing by housekeeping staff weekly for 3 months. Results will be reported during stand up meetings. If discrepancies are found immediate correction will be made and one on one education will be provided.</p> <p>The Administrator/Designee will routinely review receptionist staff for 3 months to monitor continued compliance with staff screening.</p> <p>The Interdisciplinary Team will complete assigned angel rounds routinely that will</p>		

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F 880	<p>Continued From page 11</p> <p>Per EPA (Environmental Protection Agency) guidelines, the EPA expects all products on List N to kill the coronavirus SARS-CoV-2 (COVID-19) when used according to the label directions. Above mentioned cleaner was not noted to be found on EPA list N.</p> <p>Facility policy titled "Covid-19 Infection and Prevention Guidelines" dated 5/2020 states in part (but not limited to): "Screening: Associates, contracted providers, agency, vendors and visitors screening. Identified screeners are educated on completing the screening questions and who to contact if there is a positive response to the screening questions or elevated temperature. Screeners should be wearing a face mask and have alcohol based hand sanitizer available at their station. Screened each time that they enter the community. Visitors, vendors and agency: Each community has designated one entry point for deliveries, visitors, vendors and agency staff. Screening occurs before the visitor enters a resident care area. Initiation of Precautions: Covid positive: Droplet and Contact Precautions plus eye protection (upon entry to the community and already initiated for current residents when they were a Person Under Investigation (PUI). PUI/Symptomatic Resident: Droplet precautions plus eye protection with any observation of a positive respiratory observation. Admission/Readmission and Frequently out of the building for treatment (e.g. hemodialysis): Droplet Precautions upon entry to the community."</p>	F 880	<p>include monitoring of proper wearing of Mask PPE, and handwashing. Results will be reported during stand up meetings. If discrepancies are found immediate correction will be made and one on one education will be provided. Results/findings will be submitted to the facility's QAPI Committee monthly for 3 months for further review and recommendation.</p> <p>Date of Completion: 12/25/2020</p> <p>S9999 Refer to F689</p>		