

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145548	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2020
NAME OF PROVIDER OF SUPPLIER COMMUNITY FIRST MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP 5645 WEST ADDISON STREET CHICAGO, IL 60634	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, interviews and record review, the failed to ensure that a staff member wears a different gown when entering separate resident rooms, to properly disinfect and store the reused gowns in between uses of transmission based precaution resident rooms, and to ensure that staff members wear eye protection when entering a COVID-19 positive or PUI (Person Under Investigation) resident room to prevent and/or contain the possible spread of infectious microorganisms, including COVID-19. These failures affected 4 out of 34 residents in the extended care unit of the facility. Findings include: On 7/15/2020, during the initial tour from 10:37 am to 11:15 am, the location of R1, R3 and R4's rooms were observed on the east wing, intermingled with non-transmission based precaution residents. Facility report, titled Treatment Team and dated 7/15/2020, documents that R2 and R4 have tested positive for COVID-19 and that R1 and R3 are pending or PUI (Persons Under Investigation). On 7/15/2020 at 10:56 am, a blue, plastic gown was observed hanging in the hallway, outside of V4's room, from the room number sign on the wall. The blue, plastic gown had black writing on it. V5 (Advanced Practice Nurse, APN) was observed donning this used gown and entering R4's room while wearing a face mask with no face shield or goggles. V5 then closed R4's room door. Contact and droplet transmission based precautions signs were clearly posted outside R4's door. On 7/15/2020 at 10:59 am, V5 then exited R4's room into the hallway, rubbing his hands together with alcohol based hand sanitizer (ABHS) and still wearing the blue, plastic gown. V5 removed the gown, hung the gown up outside R4's room on the room number sign on the wall, and sprayed the gown three times with a bottle labeled, DDS-164 PLUS. On 7/15/2020 at 11:01 am, V3 (Certified Nursing Assistant, CNA) was observed standing outside of R5's room, preparing equipment to perform a blood glucose check for R5. V3 donned her blue, plastic gown hanging outside R5's room on the room number sign and entered R5's room. No transmission based precaution signs were posted outside of R5's door. On 7/15/2020 at 11:05 am, V3 (CNA) was observed exiting R5's room, doffing her blue, plastic gown and hung the gown outside R5's room on the room number sign. V3 walked to a bedside table in the hallway and sprayed her hands with a bottle labeled, 25 Hi Quat Disinfectant Spray and did not spray her gown hanging in the hallway that she doffed upon exit of R5's room. On 7/15/2020 at 11:10 am, V3 (CNA) was observed donning her same blue, plastic gown hanging outside of R5's room on the room number sign, and she entered R2's room while wearing a face mask with no face shield or goggles. Contact and droplet transmission based precautions signs were clearly posted outside of R2's door. On 7/15/2020 at 11:11 am, V3 was observed exiting R2's room doffing her blue, plastic gown and hung the gown outside R2's room on the room number sign. V3 walked to a bedside table in the hallway and sprayed her hands with a bottle labeled, 25 Hi Quat Disinfectant Spray and did not spray her gown hanging in the hallway that she doffed upon exit of R2's room. On 7/15/2020 at 11:20 am, V3 (CNA) stated that when entering an isolation room of a COVID-19 positive resident, she wears a gown, face mask, gloves and a face shield. V3 acknowledged that she was not wearing any eye protection when entering R2's room. V3 stated that at the beginning of her shift, she received one gown for each assigned resident that's on transmission based precautions. V3 stated, I wear a separate gown with each isolation room so there's not cross contamination. V3 stated that after she doffs her gown after exiting a transmission based precaution room, she hangs her gown in the hallway and that either she or housekeeping staff will spray the gown with disinfectant spray. V3 acknowledged that she wore her same gown into R2 and R5's rooms without any disinfecting in between or after uses. On 7/15/2020 at 11:28 am, V4 (Registered Nurse, RN) stated she wears a gown, double mask (N95 mask covered by a face mask), face shield and gloves when entering a COVID-19 positive or PUI room. V4 stated that she gets assigned one gown for each isolation room and that staff label the gowns with their names. V4 stated, You wear your own gown only. V4 stated that after she doffs her gown upon exiting a transmission based precautions room, she sprays her gown a spray bottle saying, I think that it's alcohol. V4 stated that when physicians and their team members round on residents on transmission based precautions, they will ask for gowns at the nurse's station and not wear anyone else's gown hanging up for direct care staff. On 7/15/2020 at 11:38 am, V9 (Physical Therapy Aide) was observed donning his blue, plastic gown that was hanging outside of R3's room on a room number plate while wearing a face mask with no face shield or goggles. V9 entered R3's room and delivered the lunch meal in a disposable container to R3. Shortly thereafter, V9 exited R3's room, rubbing his hands together with ABHS, while still wearing his gown. In the hallway, V9 doffed his gown, held his gown, walked approximately 60 feet to the back of the nurse's station and sprayed his gown with the 25 Hi Quat Disinfectant Spray. V9 then walked with his gown and hung it outside R3's room, in the hallway on a room number plate. On 7/15/2020 at 12:32 pm, V1 (Director of Nursing) stated that if a resident is on transmission based precautions for COVID-19 or PUI, then each staff member gets one gown per each room. V1 stated, This is what we should have been doing and as of now, this is what we're doing, after this surveyor conveyed an observation of V3 (CNA) wearing the same gown into two separate resident rooms. On 7/15/2020 at 11:46 am, V7 (Director of Infection Control) stated that the facility's infection control policy contains updated addendums from the Centers for Disease Control and Prevention (CDC), Chicago Public Health Department (CPHD) and Illinois Department of Public Health (IDPH). V7 stated that staff must wear face mask/N95 mask, gown, gloves and face shield or goggles for COVID-19 positive and PUI rooms because of the contact and droplet transmission based precautions. V7 stated that an aerosol generating act, such as a cough or a sneeze, could occur at any time, so staff must wear eye protection in COVID-19 positive or PUI rooms. V7 confirmed that one gown is given to each direct care staff member to wear with the same isolation resident and that if a gown is compromised or torn, the staff member will be provided a new gown. V7 stated that the direct care staff member will label his/her gown, hang it at the entrance of the isolation room and spray down the front of the gown after each use. V7 stated that the facility has an adequate supply of PPE and gets their PPE from their vendor and from CPHD. V7 stated, We follow CDC guidelines to conserve PPE and that she is using a PPE burn rate calculator when reporting daily to National Healthcare Safety Network (NHSN). Facility provided document, titled, NHSN, National Healthcare Safety Network, COVID-19 Module, Healthcare Supply Pathway and dated July 15, 2020, documents, in part, Supply Item: Gowns (single use): On-hand supply (DURATION IN DAYS): 112.25. Are you currently re-using the item or implementing extended use? No. Are you able to obtain this item? Yes. On-hand supply (INDIVIDUAL UNITS/EACHIES): 33,695 . Does your facility use reusable/laundryable isolation gowns for the care of any patients on transmission-based precautions? No. Indicate any other current critical medical supplies shortages or critical medical supplies shortages anticipated in the next three days. No. CDC's recommendations, dated July 15, 2020 and titled, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, documents, in part: . 2. Recommended infection prevention and control (IPC) practices when caring for a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection . Personal Protective Equipment. HCP (Healthcare Personnel) who enter the room of a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infections should adhere to Standard Precautions and use a NIOSH-approved N95 or equivalent or higher-level respirator (or facemask if a respirator is not available), gown, gloves and eye protection . Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses. Facilities should have policies and procedures describing a recommended sequence for safely donning and doffing PPE. Facility provided policy with addendums, titled Infection Control Policy: Transmission Based Precautions and 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>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(continued... from page 1)</p> <p>February, 2018 and the most current addendum date listed as 3/25/2020, was reviewed. This policy and addendums does not document the procedure for reusing and disinfecting gowns for COVID-19 and PUI rooms.</p>		