

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145650	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/03/2020
NAME OF PROVIDER OF SUPPLIER BRIA OF PALOS HILLS		STREET ADDRESS, CITY, STATE, ZIP 10426 SOUTH ROBERTS PALOS HILLS, IL 60465	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record reviews, this facility failed to properly prevent and/or contain the spread of COVID19 by not following their infection control protocols to monitor and conduct assessment at least every 4 hours for 2 of 2 residents (R1 and R4) reviewed for as positive for COVID19. The facility also failed to follow their infection control protocol to include appropriate hand hygiene and wearing appropriate PPE (personal protective equipment) while providing resident care to 5 of 9 residents (R1, R4, R5, R6, and R9) reviewed for hand hygiene and infection control practice. Findings include: R1: On 6/2/20 starting at 9:15am, R1 was observed sitting in wheelchair at nurses' station, with mask pulled down covering chin only, periodically coughing and not covering mouth. Review of the medical record notes R1 was admitted to this facility on 5/8/20 with [DIAGNOSES REDACTED]. Review of R1's Covid-19 testing results, dated 4/22/20, notes R1 is positive. There is no further documentation found that R1 has been retested. Review of R1's POS (physician order [REDACTED]).> 90%. On 5/8/20, contact/droplet isolation related to Covid-19. On 5/9/20, displays symptoms of coughing, shortness of breath, sore throat, and fever every shift with vital signs. On 6/3/20, vital signs (temperature, pulse, respirations, and oxygen saturation level) every 4 hours, blood pressure every shift. Review of R1's POS does not note any orders for monitoring resident's vital signs prior to 6/3/20. Review of R1's MARs (medication administration records) for May and June 2020 do not note any documentation of vital signs prior to 6/3/20. R1's MAR indicated [REDACTED]. Review of the vital sign section of R1's medical record notes the following: R1's T-P-R (temperature-pulse-respirations) were assessed once a day on 5/8/20, 5/9, 5/11, 5/22, 5/24, 5/25, 5/27, 5/28, and 5/31. R1's T-P-R were assessed twice a day on 5/10, 5/19, 5/21, and 5/26. R1's T-P-R were assessed three times a day on 5/17, 5/23, 5/29, 6/1, and 6/2. There is no documentation found noting R1's vital signs were assessed on 5/12, 5/13, 5/14, 5/15, 5/16, 5/18, 5/20, or 5/30. R1's oxygen saturation level was assessed once a day on 5/8, 5/11, 5/22, 5/24, 5/25, 5/27, 5/28, 5/31, and 6/2. R1's oxygen saturation level was assessed twice daily on 5/10, 5/19, 5/21, 5/23, and 5/26. R1's oxygen saturation level was assessed three times a day on 5/17 and 5/29. There is no documentation found noting R1's oxygen saturation level was assessed on 5/9, 5/12, 5/13, 5/14, 5/15, 5/16, 5/18, 5/20, 5/30, or 6/1. R4 R4's Medication Administration Record [REDACTED]. R4's Medication Administration Record [REDACTED]. Vital signs documented at 7am, 3pm and 11 pm are the same entries of vital signs. R4's pulse record for June documents on 6/1/2020 00:49 pulse was 71, at 10:29 pulse was 87, at 14:01 pulse 88 and 1549 pulse was 80. On 6/2/2020 at 2:59 pulse was 88, at 7:32 pulse was 86 and 8:44 pulse was 88. R4's temperature record for June documents on 6/1/2020 00:49 temperature was 97.1, at 10:29 temperature was 97.9, at 14:01 temperature 97.8 and 1549 temperature was 97.5. On 6/2/2020 at 2:58 98.4, at 7:32 temperature was 98.2, at 8:44 temperature was 98.0 R4's oxygen saturation record for June 2020 documents on 6/1/2020 at 00:49 reading of 95 percent and 98 percent. On 6/2/2020 at 7:32 95 percent and 96 percent, at 8:44 96 percent documented, R4's respiration record for June documents on 6/1/2020 at 00:49 respiration was 18, at 10:29 respiration was 16, at 14:01 respiration was 16 and 1549 respiration was 18. On 6/2/2020 at 2:59pm respiration was 18, at 7:32 respiration was 18, and at 8:44 respiration was 18. Facility policy titled Bria Health Services policies and Procedures for Covid 19 revised 5/19/20 documents, if resident is diagnosed with [REDACTED].</p> <p>On 6/2/20 at 9:15am, V9, nurse, is observed entering R8's room wearing mask and face shield only. V9 is observed not donning an isolation gown or gloves prior to entering R8's room. No hand hygiene is observed before entering or after exiting R8's room. V9 is observed returning to nurses' station. On 6/2/20 at 9:20am, V8 (nurse) and V9 are observed sitting at nurses' station with face masks covering their mouth and chin only and wearing face shields. On 6/2/20 at 9:25am, R1 is observed sitting in wheelchair in hallway across from nurses' station. R1 has a bedside table positioned in front of him with two empty glasses are on table. R1 is observed wearing a face mask covering chin only. On 6/2/20 at 9:25am, V5 CNA (certified nurse aide) is observed wearing isolation gown; ties for gown are tied around neck, ties at waist are untied. V5 is observed to not wearing any gloves. V5 is observed standing next to R1 on R1's left side. V5 is observed touching bedside table with hands and then picking up both empty glasses. V5 is observed refilling both glasses with water from dispenser at nurses' station and replacing on R1's bedside table. V5 is then observed obtaining a glass and filling with water from dispenser and then drinking the water. V5 then walks around the corner, places her glass on the meal cart, turns and wipes mouth with left hand. Throughout this observation, V5 does not perform hand hygiene. On 6/2/20 at 9:35am, V4 (unit secretary) is observed disinfecting high touch surface areas. V4 is not wearing any gloves while cleaning. On 6/2/20 at 10:00am, V10 (skilled therapist) is observed providing therapy to R9 in R9's room. R9 is holding a stick in both hands, V10 is throwing a balloon to R9 and she is hitting it with a stick. V10 is observed removing gloves and emptying R9's water pitcher in bathroom and then exiting R9's room. V10 fills with water from dispenser at nurses' station. V10 returned to R9's room, donned gloves and resumes therapy session with R9. At 10:22am, V10 exits R9's with stick and balloon. V10 is observed removing gloves prior to exiting room. No hand hygiene observed. V10 does not clean equipment (balloon and stick) after exiting R9's room. On 6/2/20 at 10:12am, V8 (nurse) and V9 (nurse) are observed getting up from chairs at the nurses' station, grasping their face mask and pulling mask up to cover nose and mouth; V8 and V9 do not apply mask using ear loops. On 6/2/20 at 10:17am, V8 (nurse) is observed returning to nurses' station, removing gloves and throwing away. V8 then removes gown and clips it to bedside table across from nurses' station. V8 touches face and face mask with right hand and lowers face mask to chin; no hand hygiene observed prior to touching face. V9 returns to nurses' station, removes gloves while standing next to R1 in hall and speaking with R1. V9 then removes gown and clips to bedside table. No had hygiene observed. On 6/2/20 at 10:24am, V6 CNA, is observed transporting R1 via wheelchair to R1's room. V5 CNA, is observed touching/adjusting face mask then removing linen from linen cart and then entering R1's room. No hand hygiene observed after touching mask or before entering R1's room. On 6/2/20 at 10:25am, V10 is observed going into R5's room with stick and balloon to provide therapy. No hand hygiene observed before entering R5's room. On 6/2/20 at 10:30am, V5 CNA and V6 CNA are observed sitting at nurses' station within 6 feet of each other charting on portable computers. On 6/2/20 at 10:45am, V10 exits R5's room with stick and balloon, removes gloves, no hand hygiene observed, and equipment not cleaned. V10 is observed placing balloon on medication cart and stick on counter at nurses' station. V10 then proceeds to R4's with stick and balloon. R4 refuses therapy session. V10 exits room and proceeded to R6's room. No hand hygiene is observed nor is equipment cleaned in between use. On 6/2/20 at 10:55am, V5 CNA, exits R2's room, no hand hygiene observed. On 6/2/20 at 11:30am, V8 (nurse) stated that all residents on this nursing unit are Covid-19 positive. V8 stated that full set of vital signs are performed every 4 hours. On 6/2/20 at 1:06 PM, V3 ADON (assistant director of nursing/infection control nurse) stated that all residents on the Covid-19 nursing unit were admitted from hospital with Covid-19. V3 stated that this facility does not retest residents unless the resident or family requests testing prior to discharge from facility. V3 stated that the nurses' station is considered a clean area, therefore, staff are not permitted to wear isolation gown in this area. V3 stated that staff are expected to don N95 mask, eye covering (goggles or face shield), gown, and gloves when providing resident care. V3 stated that all staff and visitors are expected to maintain social distancing while in this</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>facility. V3 stated that signage noting to maintain 6 feet apart is posted throughout facility; computers at each nurses' station are positioned 6 feet apart; and staff are reminded to maintain social distancing from each other. V3 stated that there should be 10 or fewer persons in main lobby at any one time to ensure social distancing. V3 stated that staff are expected to perform a full set of vital signs every 4 hours around the clock for all Covid-19 positive residents and document results in the medication administration section of the medical record. V3 stated that if a resident is Covid-19 negative and not person under investigation, then a full set of vital signs is done every 8 hours. V3 stated that currently there are two residents under investigation, test results are pending. On 6/3/2020 at 10:44AM, V 2 (DON) stated if resident documented as symptoms resolved on line list, we still treated resident as positive. Residents on covid unit would be receiving same precautions and monitoring as positive residents whether resolved or not. Review of this facility's hand hygiene policy, dated 01/2020, notes hand hygiene is done before and after resident contact. Review of this facility's equipment cleaning policy, revised 4/4/2020, notes protocol for cleaning equipment between residents: obtain bleach or disinfectant wipes, apply gloves, clean the entire surface, inspect to ensure all areas are clean, allow product to remain on equipment according to manufacturer's recommendations, remove and discard gloves, sanitize hands, and repeat process between resident use. Review of this facility's universal mask policy, revised 4/20/20, notes doffing (removing) face mask: hand hygiene is to be performed, the mask is to be removed by holding the ear loops. The front of the mask is contaminated so remove it slowly and carefully. The mask can be stored face down on a piece of paper towel ensuring the outside of the mask is face down. Perform hand hygiene. Donning (applying) and re-donning face mask: perform hand hygiene, grasp the mask by pinching the ear loops, place the face mask and secure ear loops behind the ear.</p>		