

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145670	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/09/2020
NAME OF PROVIDER OF SUPPLIER CHALET LIVING & REHAB		STREET ADDRESS, CITY, STATE, ZIP 7350 NORTH SHERIDAN ROAD CHICAGO, IL 60626	
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 - Many	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based upon observation, interview and record review the facility failed to ensure that staff perform hand hygiene prior to serving food/drinks or donning gloves, failed to ensure that staff assigned to the red zone (suspected or confirmed Covid 19 positive) were not simultaneously assigned to the green zone (Covid 19 negative), failed to ensure that clean linen/carts are not shared between red and green zones, and failed to ensure that residents wear masks while out of their rooms in an effort to prevent the spread of infectious microorganisms, including COVID 19. These failures have the potential to affect 175 residents. Findings include: On 6/8/20 at approximately 10:30am, V1 (Administrator) stated the (6/8/20) census is 175 and affirmed that residents with confirmed or suspected Covid 19 reside on 2nd floor. On 6/8/20 at 11:25am, R5 was observed in the (3rd floor) hallway without a mask present. Surveyor inquired about R5's mask. R5 stated I left it in the room. On 6/8/20 at 11:27am, surveyor inquired about current infection control practices in the facility V7 (Licensed Practical Nurse) stated Everybody wears masks, including residents. On 6/8/20 at 11:29am, R6 was observed in the (3rd floor) hallway wearing a mask covering her mouth and chin. On 6/8/20 at 11:35am, R7 was in the (3rd floor) hallway wearing a mask on his chin. Surveyor inquired if R7 was wearing a mask. V9 (Certified Nursing Assistant) stated No and provided no redirection. On 6/8/20 at 11:37am, surveyor inquired about infection control requirements for residents. V10 (Restorative Aide) stated The requirement is for them to wear a face mask. Surveyor requested R7's name. V10 subsequently observed R7, however no redirection was provided. On 6/8/20 at 11:43am, R8 stated I have concerns that people on the 2nd floor come down to smoke and while in the waiting area their masks are off. Covid people are on 2nd floor. On 6/8/20 at 11:50am, R9 was in the hallway without a mask present. Surveyor inquired about R9's mask. R9 stated I just came out a while ago, it was in my room. On 6/8/20 at 11:57am, V13 (Housekeeping) stated I clean in the morning red and green zone and affirmed she is simultaneously assigned to both zones. The red zone includes rooms 206-219. On 6/8/20 at 12:10pm, V15 (Licensed Practical Nurse) stated she is assigned to Rooms 217 to 229 and affirmed her residents reside in the red zone and green zone. On 6/8/20 at 12:43pm, a clean linen cart labeled green on both handles was observed in the red zone hallway. Surveyor inquired why the linen cart labeled green was in the red zone. V21 (Licensed Practical Nurse) stated I wanna believe this was an error, that's a CNA (Certified Nursing Assistant) error. I think it belongs to the green room. On 6/8/20 at approximately 1:00pm, V2 (Director of Nursing) affirmed that staff were assigned to work both red and green units (simultaneously) and stated The staff are assigned to each part of the floor just because we don't want to overwhelm them so one has assigned 201-205 green zone and 206 (the other end) is covid. It will be in two zones for right now due to the staffing. The infection prevention and control policy (revised 5/29/20) states in part: staff will be educated about current infection control practices and procedures. The facility shall comply with infection control recommendations provided by IDPH (Illinois Department of Public Health) or certified local health department including, but not limited to: training or other measures designed to reduce infection rates and disease outbreaks. Infection prevention practices include hand hygiene, use of gloves, gown, or mask depending on anticipated exposure.</p> <p>On 6/8/2020 at 12:10pm surveyor observed V20 (Certified Nursing Assistant/CNA) passing trays to residents in rooms [ROOM NUMBERS]. V20 did not sanitize or wash her hands before entering or after exiting rooms or before picking up trays. On 06/08/2020 at 12:12pm surveyor observed V20 pushing the meal cart from room [ROOM NUMBER] to room [ROOM NUMBER]. V20 did not sanitize or wash her hands after exiting room [ROOM NUMBER] or before entering and passing tray to room [ROOM NUMBER].</p> <p>She exited the room, went to linen cart, grabbed a pair of gloves and proceeded to put them on. V20 did not wash or sanitize her hands before donning gloves. On 06/08/2020 at 12:13pm surveyor asked V20 the steps for passing trays. V20 stated, You set up the tray then sanitize hands. Surveyor asked V20 when she was last in-serviced on hand hygiene; V20 stated, This past Saturday (06/06/2020). Surveyor asked V20 what is done prior to putting on and after taking off gloves. V20 stated You should sanitize or wash your hands. When asked if V20 did, V20 stated No and apologized. On 06/09/2020 at 1:08pm via email V2 (Director of Nursing) was asked what steps should your staff do before entering and exiting rooms when passing trays? V2 (DON) responded, When passing trays on a non COVID floor staff should first do hand hygiene and pass the tray, if staff is only sitting the tray on the table and leaving the room. Staff can go pass another tray. However if staff opens up or assist the resident with anything while in the room staff needs to perform hand hygiene before picking up another tray. On 06/09/2020 at 2:30pm via phone V2 was asked what are staff supposed to do prior to putting on PPE. V2 stated Perform hand hygiene. Policy with revision date of 09/04/2019 titled Hand Hygiene states under policy statement that the facility will comply with the CDC Guidelines in regards to hand hygiene. Under Procedures part 1 it states hand hygiene using alcohol hand rub is recommended during the following situations: 1d. before and after assisting a resident with meals. In part 2. it states handwashing with soap and water for at least 20 seconds is recommended during the following situations: b. after known or suspected exposure to outbreaks caused by norovirus. Undated policy titled Policy and Procedure on How to Put On (DON) PPE Gear states in part 2 to perform hand hygiene using hand sanitizer and in part 6 it states perform hand hygiene before putting on gloves'.</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.