

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145819	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/11/2020
NAME OF PROVIDER OF SUPPLIER SYMPHONY OF BUFFALO GROVE		STREET ADDRESS, CITY, STATE, ZIP 150 NORTH WEILAND ROAD BUFFALO GROVE, IL 60089	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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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 observation, interview and record review the facility failed to properly prevent the spread of infections such as COVID-19 as evidenced by failures to: (1) ensure that a pulse oximeter (a medical device used to measure pulse rate and oxygen saturation level) and a blood pressure (BP) cuff shared among residents were properly cleaned and disinfected after resident use for three (R1, R2 and R3) residents; (2) follow infection control practices related to the use of glucometers (a medical device used to measure sugar levels in the blood) for four (R4, R5, R6 and R7) residents; (3) perform hand hygiene when delivering meal trays for two (R8 and R9) residents; (4) clean and disinfect a high-touch surface after resident use for one (R10) resident; and, (5) observe social distancing when appropriate for one (R9) resident. Findings include: 1. Review of R1's, R2's and R3's current [DIAGNOSES REDACTED]. In addition, some diabetes-related health issues, such as nerve damage and reduced blood flow to the extremities, increase the body's vulnerability to infection.). Further review of the current [DIAGNOSES REDACTED]. A. Observation of Registered Nurse (RN)1, on 5/8/20 at 4:13pm, revealed RN1 used the pulse oximeter and BP cuff to check R1's vital signs (oxygen saturation level, pulse rate and BP) in R1's room. After using the pulse oximeter and BP cuff, RN1 wiped the BP cuff with a Micro-Kill Bleach germicidal bleach wipe for 10 seconds and wiped the pulse oximeter probe with the same wipe for five seconds. The BP cuff and pulse oximeter probe were visibly wet for only 15 seconds. B. Continuous observation revealed RN1 used the same pulse oximeter and BP cuff to check R2's (R1's roommate) vital signs in his room. After using the pulse oximeter and BP cuff, RN1 wiped the BP cuff with a Micro-Kill Bleach germicidal bleach wipe for 10 seconds and wiped the pulse oximeter with the same wipe for five seconds. Both medical devices were visibly wet for only 15 seconds. C. Observation of RN1 on 5/8/20 at 4:26pm, revealed RN1 used the pulse oximeter and BP cuff to check R3's vital signs in her room. After using the pulse oximeter and BP cuff, RN1 wiped the BP cuff with a Micro-Kill Bleach germicidal bleach wipe for 10 seconds and wiped the pulse oximeter probe with the same wipe for five seconds. The BP cuff and pulse oximeter probe were visibly wet for only 15 seconds. In an interview with the Director of Nursing (DON) on 5/8/20 at 6:15pm, when told about the observation of RN1 not appropriately sanitizing the medical devices after resident use, the DON stated, (That is) not enough contact time (also known as the wet time and the time that the disinfectant needs to stay wet on a surface in order to ensure efficacy). When asked about the implication of not following the bleach wipe's contact time, the DON stated, (There is a) risk for infection. (It was) not disinfected. According to Micro-Kill Bleach Germicidal Bleach Wipes Directions For Use, .4. Apply pre-moistened towelette and wipe desired surface to be disinfected. .5. A 30-second contact time is required for efficacy against all of the organisms, bacteria [MEDICAL CONDITION]. Use as many additional towelettes as necessary to ensure that the surface remains wet for the entire contact time. In an email communication with the Administrator on 5/11/20 at 10:14am, the Administrator indicated, The equipment cleaning policy is outlined in the Coronavirus (sic) and Outbreak policy identifying disinfecting high touched areas every two hours and as needed. Review of the facility's CORONAVIRUS 2019 policy and procedure, last revised 4/24/20, revealed that the policy did not specifically address cleaning and disinfecting medical equipment. According to the Infection Preventionist's Guide to Long-Term Care published by the Association for Professionals in Infection Control and Epidemiology, Inc. (APIC) in 2013, revealed the following on page 166 under Maintaining Equipment, All equipment approved for use in the LTCF (Long Term Care Facility) must be cleaned and disinfected according to manufacturer instructions and included in the facility's policies and procedures. All equipment policies should contain the following essential infection prevention elements: Immediately clean/disinfect all equipment with the facility-approved EPA (Environmental Protection Agency) hospital grade disinfectant when visibly soiled or after use with residents. Always follow manufacturer's cleaning and disinfection recommendations. Review of Ten Tips for Cleaning and Disinfecting Shared Medical Equipment sent by Medline on January 29, 2010 to Medline customers revealed, .7. If no visible organic material is present, disinfect the exterior surfaces after each use using a cloth or wipe with either an EPA-registered detergent/germicide with a tuberculocidal or HBV/HIV label claim, or a dilute bleach solution of 1:10 to 1:100 concentration. 2. Review of R4's, R5's, R6's and R7's current [DIAGNOSES REDACTED]. Further review of the current [DIAGNOSES REDACTED]. A.1) Observation of RN1 on 5/8/20 at 4:14pm, revealed RN1 used the glucometer to check R4's blood sugar in her room. Without using any barrier to protect the glucometer from contamination by the surface of the computer mouse pad on top of the medication cart, RN1 sat the glucometer on the computer mouse pad. Upon entering R4's room, RN1 sat the glucometer on R4's bed without using any barrier. After checking R4's blood sugar, RN1 went back to the medication cart and sanitized the glucometer but sat the glucometer on top of the medication cart without using any barrier. In an interview with the Administrator, DON and Infection Preventionist on 5/8/20 at 5:58pm, when told about the observations of nursing staff not using a barrier to protect the glucometer from contamination, the DON stated, (They should) use a liner. 2) Observation of RN1 on 5/8/20 at 4:34pm, revealed RN1 used the glucometer to check R5's blood sugar in her room. Without using any barrier to protect the glucometer from contamination by the surface of R5's over-bed table, RN1 sat the glucometer on top of R5's over-bed table. Before checking R5's blood sugar, RN1 dropped the lancet on the floor. RN1 picked up the lancet and still used it to prick R5's left middle finger. In an interview with the Administrator, DON and Infection Preventionist on 5/8/20 at 6:30pm, when told about the above observation, the Infection Preventionist stated, That's contaminated, it dropped on the floor. B. Observation of RN2, on 5/8/20 at 4:42pm, revealed RN2 used the glucometer to check R6's blood sugar in R6's room. RN2 sanitized the glucometer before use but without using any barrier to protect the glucometer from contamination by the surface of the medication cart, RN2 sat the glucometer on top of the medication cart. C. Observation of RN3, on 5/8/20 at 4:49pm, revealed RN3 used the glucometer to check R7's blood sugar in R7's room. After checking R7's blood sugar, RN3 put the glucometer in his pocket. In an interview with the Administrator, DON and Infection Preventionist on 5/8/20 at 6:45pm, when told about the above observation, the Infection Preventionist stated, No, (it is not a good) infection control (practice). (He) should not do that. The facility's Blood Glucose Monitoring policy and procedure was requested but the facility was not able to provide the policy as requested. In an email communication with the Administrator on 5/11/20 at 12:52pm, the Administrator indicated, FYI (for your information) we do not have a different policy for Accu Check (blood glucose monitoring) other than the one (Accucheck Machine Cleaning) I provided you. Review of the facility's Accucheck Machine Cleaning policy and procedure revealed that it only addressed the cleaning of glucometers and it did not address the actual procedure of performing blood glucose monitoring which would have included the use of a barrier or liner for the glucometer to protect it from contamination from environmental surfaces. Further, the policy and procedure did not address that medical equipment like glucometer should not be carried in pockets. According to a Centers for Disease Control and Prevention (CDC) article titled, Guidelines for Environmental Infection Control in Health-Care Facilities published on 6/6/03 under Recommendations - Environmental Services in the subsection titled, Cleaning and Disinfecting Strategies for Environmental Surfaces in Patient Care Areas, .3. Use barrier protective coverings as appropriate for noncritical surfaces that are 1) touched frequently with gloved hands during the delivery of patient care; 2) likely to become contaminated with blood or body substances. 3. Observation of Nursing Assistant (NA1) on 5/8/20</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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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>at 12:15pm revealed that NA1 was delivering a meal tray to R8's room and R9's room. Further observation revealed that NA1 entered the two rooms and assisted in setting up the lunch trays on residents' over-bed tables. NA1 went in and out of the two rooms without performing hand hygiene. Review of R8's current [DIAGNOSES REDACTED]. In an interview with the DON, Administrator and Infection Preventionist on 5/8/20 at 6:07pm, when asked of their expectations of nursing staff when delivering meal tray to residents' rooms, the DON stated, (Nursing staff should perform) hand hygiene every after meal set-up. Review of the facility's undated COVID-19 COMMUNAL DINING GUIDELINES policy and procedure revealed under Procedure: .Upon delivering a room tray and exiting the room, an employee must perform hand hygiene with at least hand sanitizer .</p> <p>4.</p> <p>Observation on 5/8/20 at 2:03pm revealed that R10 used the phone in the Third Floor nurses' station. The phone was not sanitized after R10 used it. In an interview with Licensed Practical Nurse (LPN)1, on 5/8/20 at 2:37pm, LPN1 verified that the phone was not disinfected after R10 used it. When asked if the phone should have been disinfected, LPN1 stated, (It should have been disinfected. LPN1 further stated, Some residents had the potential to use the telephone when family members call. In an interview with the Administrator, DON and Infection Preventionist on 5/8/20 at 5:47pm, when asked about the number of residents who could potentially use the phone in the Third Floor nurses' station, the DON stated, (About) 10 residents. When asked how often the phone should be disinfected, the DON stated, Every two hours, unless visibly soiled. Review of the facility's CORONAVIRUS 2019 policy and procedure with the last revision date of 4/24/20 revealed under Environmental Services/Controls: a. Disinfect frequently touch (sic) surfaces every two hours or as frequently as possible with EPA registered and approved product . According to Agency for Healthcare Research and Quality's publication titled, A Unit Guide to Infection Prevention for Long-Term Care Staff, under Environmental Cleaning and Disinfection, .Cleaning typically refers to physically removing soil and dirt. Disinfecting and sanitizing, however, is removing or killing the germs that can cause disease. Surfaces in a room or equipment can harbor these germs. All surfaces and equipment must be routinely cleaned and disinfected, including between use on each resident, to prevent the spread of germs and diseases. This includes cleaning and disinfecting high-touch areas, including .Phones . According to the CDC article titled, How COVID-19 Spreads .It may be possible that a person can get COVID-19 by touching a surface or object that has [MEDICAL CONDITION] on it and then touching their own mouth, nose, or possibly their eyes. According to an article by the National Institutes of Health dated 3/17/20, [MEDICAL CONDITION] that causes coronavirus disease 2019 (COVID-19) is stable for several hours to days in aerosols and on surfaces, according to a new study from National Institutes of Health, CDC, UCLA and Princeton University The scientists found that severe acute respiratory syndrome coronavirus 2 ([DIAGNOSES REDACTED]-CoV-2) was detectable up to two to three days on plastic and stainless steel .The results suggest that people may acquire [MEDICAL CONDITION] through the air and after touching contaminated objects. 5. Observation on 5/8/20 at 2:54pm revealed that NA2 was coming out of R9's room. NA2 was observed hugging R9. NA2 was wearing a surgical mask but R9 was not wearing a mask. In an interview with NA2 right after the observation, NA2 stated that she should not have hugged R9. In an interview with the Administrator, DON and Infection Preventionist on 5/8/20 at 6:10pm, when told about the above observation of NA2 hugging R9, the DON stated, (That is) not acceptable. According to the Centers for Disease Control and Prevention's publication on Social Distancing .keeping space between you and others is one of the best tools we have to avoid being exposed to this virus (COVID-19) and slowing its spread .Limit close contact with others outside your household in indoor and outdoor spaces. Since people can spread [MEDICAL CONDITION] before they know they are sick, it is important to stay away from others when possible, even if you - or they - have no symptoms. Social distancing is especially important for people who are at higher risk for severe illness from COVID-19 .COVID-19 spread mainly among people who are in close contact (within about 6 feet) for a prolonged period .It may be possible that a person can get COVID-19 by touching a surface or object that has [MEDICAL CONDITION] on it and then touching their own mouth, nose, or eyes .Social distancing helps limit opportunities to come in contact with contaminated surfaces and infected people .</p>		