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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145921 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/16/2020 |
| NAME OF PROVIDER OF SUPPLIER HITZ MEMORIAL HOME | | STREET ADDRESS, CITY, STATE, ZIP 201 BELLE STREET, P O BOX 79 ALHAMBRA, IL 62001 | |
| 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 | Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to encourage and cue residents to wear face masks/coverings when out of their room or when other people are in their room to prevent the potential spread of COVID-19. This practice has the potential to affect all 45 residents residing in the facility. Findings include: 1. On 6/15/2020 at 10:22 AM, R6 sat in her wheelchair across from the nurse's station outside the 100-hallway without a mask on. When asked by surveyor if she wore a mask when out of her room, she stated, We don't wear masks, we are in our room. At no time was assistance offered from staff for R6 to don a mask. 2. On 6/15/2020 at 10:38 AM, R5 sat in her wheelchair on the 300-hall while talking on the facility phone that was affixed to the wall. R5 was not wearing a mask/face covering. V20, Certified Nursing Assistant (CNA) was standing in the hallway near R5 and did not offer to provide R5 a mask. After R5 was done with talking the phone, she asked for V20, CNA, to assist her to hang up the phone. V20, CNA, hung up the phone. There were no attempts from V20 to sanitize the phone after R5's phone call. On 6/15/2020 at 10:41 AM, surveyor asked R5 why she wasn't wearing a mask/face covering, and R5 stated, I didn't know we are supposed to wear one. 3. On 6/15/2020 at 1:10 PM, V18, Occupational Therapist (OT), was standing next to R7 as R7 sat in her wheelchair near the window of the room without a mask or face covering on. V18, OT, was instructing R7 to deep breath. On 6/15/2020 at 1:15 PM, surveyor asked V18, OT, why R7 did not have a mask on during her therapy session, V18, stated, I didn't know she (R7) was supposed to, I thought I was protecting her by me wearing a mask, and I know in the therapy department they (residents) wear masks. On 6/16/2020 at 2:11 PM, during a phone interview with V5, Therapy Program Manager stated there are generally no more than 2 residents in the therapy gym at a time to ensure social distancing. V5, Therapy Manager, stated she would expect for all residents to be wearing a mask during therapy services, including while in receiving therapy in their room. 4. On 6/15/2020 at 1:19 PM, R8 sat in a wheelchair on the 100-hall talking on the facility wall phone without a mask/face covering on. At no time during R8's conversation on the phone or immediately hanging up the receiver were staff noted to offer cueing or assistance to R8 to don a mask, nor were any attempts to sanitize the phone by staff. At no time throughout the observation period of 6/15/2020, were staff noted offering to provide or encouraging residents to don a mask/face covering while out of their rooms. On 6/15/2020 at 10:27AM, V1, Administrator, stated They (residents) won't wear the masks. Facility Policy, undated, entitled Infection Control COVID Policy Guidelines fails to provide information regarding donning of masks for residents. Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings, updated 5/18/2020, documents, Patients and visitors should, ideally, be wearing their own cloth face covering upon arrival to the facility. If not, they should be offered a facemask or cloth face covering as supplies allow, which should be worn while they are in the facility. Patients may remove their cloth face covering when in their rooms but should put them back on when leaving their room or when others (e.g., HCP, visitors) enter the room. | | |
| 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.