

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145111	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/10/2020
NAME OF PROVIDER OF SUPPLIER ELMHURST EXTENDED CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 200 EAST LAKE STREET ELMHURST, IL 60126	
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.</p> <p>Based on observation, interview and record review, the facility failed to ensure all visitors entering the facility during COVID-19 pandemic are screened as per facility's policy and procedure. This failure has the potential to affect all 56 residents in the facility. Findings include: 1. On 6/9/20 at around 9:30am, V10 (Project Manager) was observed waiting in the small foyer area by the entrance of the building. V4 (Certified Nursing Assistant/CNA) asked V10 who he was looking for? V10 stated he was waiting for V5 (Housekeeping Director) and that he has an appointment. As V10 was speaking, V5 walked out to the small foyer area and escorted V10 into the building without any prior visitor screening or check. V5 failed to ask V10 if he has been checked. When asked to check the visitors' log to see whether V10 logged in his temperature or even signed in, V4 stated V10 does not work in the building and that the last name recorded in the log belonged to a staff and not V10. V4 stated V10 must not have screened himself. V4 further stated V10 should have been checked before entering the building. On 6/9/20 at 9:55am, V5 stated It was my fault for letting V10 in the building without screening. V5 stated V10 is a contractor from a company that came in to check pipes for replacement. V5 further stated V10 should have been screened before entering the building. 2. On 6/9/20 at 8:40am, upon entering the facility, there was a table with thermometer, alcohol gel, questionnaire sheets and log in booklet. There was no staff to give instructions on screening. The only instruction visible for screening showed, All staff, sanitize hands before using the thermometer. V9 (central supply staff) was observed entering the building and checking her temperature. When asked, V9 stated she would go in the building to look for V1 (Administrator) or V2 (Director of Nursing) if she has a fever. V9 further stated there is usually no one doing the screening at the foyer. On 6/10/20 at 8:45am, V1 stated all staff and guests are to clean their hands, take their own temperatures and document readings in the sign in log book. When V1 was told that the surveyors received no instructions upon entrance into the building, V1 stated Whoever let you in should have given you the instructions, more so, visitors are not allowed in the building. On 6/10/20 at 9:10 AM, V1 stated there were 56 residents residing in the facility. Review of facility's policy titled, Covid-19 PPE Precaution Guidelines with effective date of 2/1/20, showed under Monitoring, management, and training of visitors, Visitors should be scheduled and controlled to allow for: providing instruction, before entry into the patient care area on hand hygiene, limiting surfaces touched, and use of PPE .</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.