

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 146053	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2020
NAME OF PROVIDER OF SUPPLIER HOLY FAMILY VILLA		STREET ADDRESS, CITY, STATE, ZIP 12220 SOUTH WILL COOK ROAD PALOS PARK, IL 60464	
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 - Few	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to properly prevent and/or contain the spread of COVID-19 by not following their infection control program by failing to perform required hand hygiene while assisting residents with meals. This failure affected three residents (R5, R6, and R7). Findings include: 5/26/2020 at 11:45AM, during lunch observation on the second floor, residents were observed sitting at the dining room with 2 people per table and the tables appeared to be six feet apart. Most residents needed staff assistance and a staff member, V3 (Certified Nurse Assistant/CNA), was assisting a resident (R5) with meal. V3 pulled out a slice of bread and spread butter on it with her bare hands without performing any hand hygiene. V3 went back to the lunch cart and pulled a tray for another resident, (R6), and repeated buttering the bread with bare hands. V3 then assisted another resident, (R7), with buttering his bread with her bare hands. V3 was not observed performing any hand hygiene, either with soap and water or hand sanitizer during this process. 5/26/2020 at 1:28PM, V3 stated that she washed her hands before she started, but had not washed her hands or performed any hand hygiene between residents. She also stated that she did not wash her hands because the water was turned off, but that in that case, she should have used a hand sanitizer. 5/26/2020 at 12:10PM, V4 (Restorative Aide), was observed assisting resident with feeding. V4 was wearing an ill fitted face covering - there was a wide opening on top of her nose, exposing her nose completely, while she was sitting very close to the resident whose mask was pulled down to her neck because she was eating. V4 stated, That's the mask that the facility gave us (regarding the mask that she was wearing). 5/26/2020 at 1:38PM, V2 (Director of Nursing) stated (regarding employee face coverings), they have lots of donated masks that are given to the staff, but they can also bring their own. She added that if the provided mask is not well fitted, staff members are supposed to report to management for a different one or they can use a surgical mask, which she said is available to them. V2 stated that the infection preventionist gave staff an in-service on how to wear the masks. V2 also stated that staff should perform hand hygiene before helping with meals and use hand sanitizer between residents. She also added that staff should wash their hands if they have to touch a resident's food with their bare hand. Document titled, Infection Prevention and Control Program (effective date 12/2018), includes: the infection prevention and control program is a facility-wide effort involving all disciplines and individuals, and consist of surveillance, outbreak management, prevention of infection etc. The infection prevention section of the same policy states that the important facets of infection prevention include educating staff and ensuring that they adhere to proper techniques and procedures. Under monitoring employee health, the same policy states that the facility provides personal protective equipment and checks for its proper use. Document titled, Hand Hygiene Policy/Procedure (effective date of 11/2017), includes: to ensure the practice of good hand hygiene as part of infection control program. The same policy also states that gel hand sanitizer may be used for cleaning hands, however if hands are visibly dirty, you should wash them with soap and water.</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.