

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145339	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/11/2020
NAME OF PROVIDER OF SUPPLIER GROVE OF ELMHURST, THE		STREET ADDRESS, CITY, STATE, ZIP 127 WEST DIVERSEY 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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to follow standards of infection control practices with regards to donning and doffing of personal protective equipment (PPE), and cleaning of the medication cart. This applies to 13 of 14 residents (R1, R2, R4 through R14) reviewed for infection control practices. The findings include: 1. On 8/10/20 at 9:04am, V4 was observed without goggles or face shield on the COVID-19 unit. V4 stated, I just don't have my face shield today, but I have my glasses on. V4 stated she also has other residents that she is taking care of on the regular unit. V4 stated the two residents on the COVID-19 unit are placed under contact and droplet isolation precautions; and gown, N95, surgical mask, gloves and face shield are required to be worn while in the COVID unit. R1 and R2 were the residents present on the COVID-19 unit. V4 also cared for R4 through R14 on the regular unit outside of the COVID unit. 2. On 8/10/20 at 9:25am, V4 was observed pulling the medication cart out of the COVID unit through the containment section to the main first floor unit. V4 was observed sanitizing the top of the medication cart without fully sanitizing the entire medication cart including the wheels. V4 stated she was never informed to use a tray to take the medications to the two residents (R1 and R2) that are on the COVID unit. 3. On 8/10/20 at 9:15am, V6 (Certified Nursing Assistant) CNA was observed going in to R1 and R2's rooms to provide care. V6 was wearing the white overall isolation gown, glove, face shield, N95 mask and surgical mask. V6 removed her gloves after delivering care to R2, and performed hand hygiene. However, V6 failed to remove the white isolation gown prior to leaving R2's room. V6 proceeded to unzip the containment area, removed her white overall gown and her face shield with her bare hands. V6 stated I should have used my gloves to remove my gown. Then V6 donned a set of new gloves to remove her face shield to sanitize it. Review of R1's medical record showed R1 was positive for COVID-19 on 8/6/20 and placed on isolation/droplet precautions. Review of R2's medical records showed R2 was positive for COVID-19 on 7/31/20 and has been on contact/droplet isolation precautions. On 8/10/20 at 11:05am, V2 (Director of Nursing) stated on the COVID-19 unit staff are expected to don full personal protective equipment (PPE) which must include-overall white gown, gloves, N95 mask, surgical mask, goggles and face shield. V2 further stated it would make sense that V4 would use a tray to take medications to R1 and R2 inside the COVID unit. On 8/11/20 at 9:02am, V2 stated overall white gown should have been removed prior to leaving COVID rooms, or use clean gloves to remove white overall gown and the face shield in the containment area. Review of facility's policy titled COVID-19 PPE Education updated 6/2/20 showed, Isolation PPE is to be gown in isolation rooms (COVID+/PUI) consists of gown, face shield or goggles, N95 or KN95 mask, and gloves. The policy also showed Face shields provide full face coverage. Goggles also provide excellent protection for eyes. Review of facility's policy titled COVID-19 Guidelines and Emergency Preparedness Plan with a revised date 7/22/20 showed, Staff caring for residents who are on Droplet and Contact isolation due to COVID-19 [DIAGNOSES REDACTED].</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.