

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145735	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/04/2020
NAME OF PROVIDER OF SUPPLIER BRIA OF RIVER OAKS		STREET ADDRESS, CITY, STATE, ZIP 14500 SOUTH MANISTEE BURNHAM, IL 60633	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on the unprecedented coronavirus global pandemic that resulted in the Presidential declaration of a State of National Emergency dated 3/13/20, the Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) Memo QSO-20-14-NH, revised on 3/13/20, Nursing Home guidance from the Centers for Disease Control and Prevention (CDC), observation, interview and record review, the facility failed to prevent the spread of infections such as COVID-19 as evidenced by failure to adhere to infection control practices related to: failure to observe isolation precautions including removal of personal protective equipment (PPE); failure to disinfect shared equipment after use for one (R2) resident; failure to properly wear a face mask; failure to observe social distancing; failure to observe proper handling of clean linens; and failure to perform hand hygiene and utilize gloves properly. These findings had the potential to affect all 249 residents in the facility. Findings include: 1. A. Review of R2's medical record revealed [DIAGNOSES REDACTED]. R2's April 2020 Medication Administration Record [REDACTED]. ESBL- producing bacteria can't be killed by many of the antibiotics that doctors use to treat infections) AND LEUKOCYTOSIS (high white blood cell count) until 4/28/20. Review of R2's progress note dated 4/23/20 at 10:16pm, under Nurses Notes revealed, Resident alert and nonverbal.[MEDICAL CONDITION] vent (hole through the front of the neck and into the windpipe to provide air passage. Ventilator is a machine to help one breathe) in place with no respiratory distress. [MEDICATION NAME] 500 mg started for ESBL of sputum. No apparent AVR noted at this time. Remain afebrile with temp of 97.8. Enteral feeding well tolerated with adequate fluid intake per flush provided via the [DEVICE]. Will continue to maintain isolation precaution and monitor for safety and comfort. On 4/24/20 at 12:23pm, Certified Nursing Assistant1 (CNA1) was observed coming out of R2's room with the hooyer lift (an assistive device that allows patients to be transferred between a bed and a chair). CNA1 then parked it in a corner, against the wall. CNA1 stated that she used the hooyer lift to transfer R2 to the recliner, with the help of CNA2. CNA1 failed to disinfect the hooyer lift. Both CNA1 and CNA2 performed hand hygiene. Respiratory Therapist (E10) was observed entering R2's room wearing the personal protective equipment (PPE) including mask, gown and gloves. With masks on, CNA1 and CNA2 entered R2's room. CNA1 and CNA2 were not wearing gowns and gloves. CNA1 and CNA2 touched the arms and sides of R2's recliner, and assisted E10 in moving R2's recliner and the ventilator machine out of the room. R2 was scheduled for [MEDICAL TREATMENT] which was several rooms down the hallway. E10 was wearing his full PPE including mask, gown and gloves as he was pushing R2's ventilator machine and recliner towards the [MEDICAL TREATMENT] room. E10 stopped outside of the [MEDICAL TREATMENT] room then went back to R2's room to remove his gown and gloves and performed hand hygiene. CNA1 and CNA2 brought R2 inside the [MEDICAL TREATMENT] room and both performed hand washing before leaving the [MEDICAL TREATMENT] room. When CNA1 and CNA2 were asked what they missed, both responded that they did not put gloves and gowns on the second time they entered R2's room. During an interview with Licensed Practical Nurse2 (LPN2) on 4/24/20 at 12:37pm, when asked when staff should remove the PPE, LPN2 stated, They (staff) should leave everything inside the room. B. On 4/24/20 at 11:10am, a shower chair was observed in the second floor hallway, with the cushioned seat dirty with multiple dark marks and the blue-colored back rest had white powder on it. This observation was confirmed by the ADON. The ADON stated the shower chair should be cleaned well after each use. During interview with the Assistant Director of Nursing (ADON) on 5/4/20 at 1:46pm, when asked about her expectation from staff, including the use of PPE when taking care of a resident on isolation, the ADON stated, Staff are to wear appropriate PPE each time they go into an isolation room. They are to doff the PPE prior to leaving the room and perform hand hygiene after doffing PPE. There are designated units where staff are wearing universal/extended use of PPE from room to room due to cohorted isolations, select PPE remains in place and gloves are donned and doffed with hand hygiene in-between and change of PPE when soiled/contaminated. When asked if she expected staff to disinfect equipment like a hooyer lift after use on a resident in isolation, the ADON further stated, Yes, the expectation is for equipment like hooyer lifts to be disinfected after use on a resident in isolation. Review of facility policy titled Transmission Based Isolation Precautions dated 3/2020, revealed the following under #2. Transmission Based Precautions: .c. Contact precautions are used along with standard precautions and include the following: i. standard precautions ii. gloves are to be worn when entering the room and gloves must be changed after contact with materials that contain high concentrations of microorganisms. Gloves are to be removed before leaving the room and hand hygiene performed immediately with an antimicrobial agent or waterless antiseptic agent . iii. Gowns are to be worn when entering the resident's room if direct care is to be provided or when potential for clothing to be contaminated exists. The gown is removed before leaving the room and ensure that clothing is not contaminated by environmental surfaces . iv. Common equipment needs to be cleaned and disinfected before each use . Review of the facility's policy titled Equipment Cleaning dated 1/2020, revealed the following under General: . To provide guidance on how to clean equipment between residents .3. Take a pre-moistened disinfectant wipe and clean the entire surface. Inspect to ensure all areas are clean .6. Repeat process between resident use. A CDC article titled Transmission-Based Precautions dated January 7, 2016, revealed the following under Contact Precautions: Use personal protective equipment (PPE) appropriately, including gloves and gown. Wear a gown and gloves for all interactions that may involve contact with the patient or the patient's environment. Donning PPE upon room entry and properly discarding before exiting the patient room is done to contain pathogens. https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html In the Agency for Healthcare Research and Quality (AHRQ) article titled, A Unit Guide To Infection Prevention for Long-Term Care Staff dated March 2017, revealed the following 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. Information contained under Contact Precautions revealed, Contact precautions, such as wearing gloves and a gown, are special safeguards that staff must put in place when dealing with residents who are infected with germs that are easy to transmit through equipment or by touching other residents or staff. These germs include .ESBL .Wear gloves and a gown when entering resident's rooms and remove them when leaving the rooms. Make sure any shared equipment is cleaned and disinfected before and after use. https://www.ahrq.gov/hai/quality/tools/cauti-ltc/modules/resources/guides/infection-prevent.html#environmental 2. A. On 4/24/20 at 10:17am, Laundry staff (E1) was observed sitting on the table inside the laundry room. E1 was wearing a face mask, however, her nose was exposed. B. On 4/24/20 at 10:29m, Registered Nurse1 (RN1) was observed wearing a face mask but her nose was exposed. RN1 touched her mask multiple times but failed to perform hand hygiene after touching her mask. This was confirmed by the ADON. C. On 4/24/20 at 10:31am, Therapy Technician (E4) and Occupational Therapist Assistant (E5) were observed sitting close to each other inside the therapy room, approximately a foot to a foot and a half away from each other. E4 and E5 were not wearing their face masks. When asked, E4 and E5 stated they were on their break. This was confirmed by the ADON. D. On 4/24/20 at 10:31am, Physical Therapist (E6) was observed sitting in the therapy room, not wearing her face mask. E6 was a foot away from another unidentified staff. This was confirmed by the ADON. E. On 4/24/20 at</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>10:33am, two Dietary staff (E7) and (E8) were observed inside the kitchen wearing their face masks, but their noses were exposed. This was confirmed by the ADON. F. On 4/24/20 at 10:59am, Licensed Practical Nurse (LPN1) was observed on the second floor, not wearing a face mask. This was confirmed by the ADON. G. On 4/24/20 at 11:01am, Respiratory Therapist10 (E10) was observed in the vent unit, not wearing his face mask. During interview with the Assistant Director of Nursing (ADON) on 5/4/20 at 1:46pm, when asked about her expectation from staff when wearing a face mask, the ADON stated, All staff should wear face masks while in care areas that cover nose and mouth. When asked if she expected staff to observe social distancing inside the therapy room even if residents were not around, the ADON further stated, All staff are expected to observe social distancing when possible. Masks are to be worn in patient care areas and can be removed in common areas such as break rooms and when eating or drinking. Review of facility policy titled Personal Protective Equipment dated 1/2020, revealed the policy did not include direction on the proper use of a face mask. A CDC article titled, Using Personal Protective Equipment (PPE) dated 4/3/20, revealed the following information under How to put on (Don) PPE Gear, 4. Put on NIOSH-approved N95 filtering face piece respirator or higher (use a facemask if a respirator is not available). If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin or store in scrubs pocket between patients. https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html A CDC article titled Social Distancing dated May 6, 2020 revealed, Limiting face-to-face contact with others is the best way to reduce the spread of coronavirus disease 2019 (COVID-19). Social distancing, also called 'physical distancing, means keeping space between yourself and other people outside of your home. To practice social or physical distancing: stay at least 6 feet (about 2 arm's length) from other people .In addition to everyday steps to prevent COVID-19, keeping space between you and others is one of the best tools we have to avoid being exposed to this virus and slowing its spread locally and across the country and world .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. https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html 3. On 4/24/20 at 10:17am, Laundry staff (E1) was observed sitting on the table inside the laundry room. At 10:19am, Laundry staff (E2) was observed taking clean linen from the dryer, placed the linen in a bin and brought it to the same table where E1 was sitting earlier. E2 started to fold one flat sheet and a pad and placed them on top of the table. This was confirmed by the Assistant Director of Nursing (ADON). When E2 was asked what she was supposed to do before folding the clean linen, E2 stated, Clean the table first. During interview with ADON on 5/4/20 at 1:46pm, the ADON further stated, Laundry staff should ensure the surface area has been disinfected prior to folding clean clothes on it. Review of facility procedure titled Description of Steps in the Laundry Process revealed the policy did not include the cleaning and disinfecting of the surface area before folding clean linen. In the AHRQ article titled, A Unit Guide To Infection Prevention for Long-Term Care Staff dated March 2017, revealed the following under Environmental Cleaning and Disinfection: 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 spread of germs and diseases. This includes cleaning and disinfecting high-touch areas, including doorknobs, counters, medical carts, tables, bedrails, phones, call lights, personal care wipes packages. When cleaning, consider the contact time for the product . https://www.ahrq.gov/hai/quality/tools/cauti-ltc/modules/resources/guides/infection-prevent.html#environmental 4. A. On 4/24/20 at 10:25am, Housekeeping staff (E3) was observed mopping R1's room. E3 came out of R1's room and placed the mop back in the cleaning cart. Wearing the same pair of gloves, E3 proceeded to push the cleaning cart. E3 failed to remove her gloves and perform hand hygiene. When asked what she missed, E3 was not able to provide an answer. E3 then removed her gloves. E3 did not perform hand hygiene. This was confirmed by the ADON. B. On 4/24/20 at 10:48am, housekeeping staff (E9) was observed removing her gloves. E9 proceeded to walk in the hallway. E9 did not perform hand hygiene. When asked what she missed, E9 was not able to provide an answer. During interview with the ADON on 5/4/20 at 1:46pm, when asked what she expected from staff before leaving the room and if the staff was wearing gloves while doing a task inside the room, the ADON stated, Staff should remove their gloves prior to leaving the patient's room and complete hand hygiene/washing directly after removal of gloves. Review of facility policy titled Hand Hygiene dated 1/2020, revealed, 1. Hand hygiene is done before and after resident contact, before and after any procedure. A CDC article titled, Hand Hygiene Guidance dated January 30, 2020 revealed, Healthcare personnel should use an alcohol-based hand rub or wash with soap and water for the following clinical indications .after touching a patient or the patient's immediate environment, after contact with blood, body fluids, or contaminated surfaces, immediately after glove removal. https://www.cdc.gov/handhygiene/providers/guideline.html</p>		