

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145626	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/03/2024
NAME OF PROVIDER OR SUPPLIER  Generations Oakton Pavillion		STREET ADDRESS, CITY, STATE, ZIP CODE  1660 Oakton Place Des Plaines, IL 60018	

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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40515</b></p> <p>Based on observation, interview and record review, the facility failed to follow Physician Order for transmission-based precautions for 1 resident (R8) and failed to perform hand hygiene to prevent the spread of infectious microorganisms.</p> <p>Findings include:</p> <p>R8 was admitted on [DATE] with diagnosis that includes diabetes mellitus, systemic lupus erythematosus, Anemia, Acute kidney failure, Urinary tract infection, Pneumonia, unspecified organism, Acute respiratory failure, Unspecified Escherichia coli (E. coli), Listeriosis, unspecified-listeria bacteremia, Neutropenia, unspecified-Neutropenic fever, Bacteremia-listeria bacteremia.</p> <p>R8's Physician Order Sheet start date 5/29/2024 documented, in part Contact Isolation Precautions for Klebsiella, in the urine and MRSA of the nares.</p> <p>R8's Physician Order Sheet start date 5/30/2024 documented, in part Strict contact and droplet isolation precautions related to neutropenic status. All care and services provide by staff in room.</p> <p>R8's care plan dated 5/30/2024 documented in part: Resident is on contact and droplet isolations due to myelodysplastic syndrome and neutropenic status; Goal: Target Date: 6/27/2024 Resident's infection will be resolved/controlled till next review; Approach start date: 5/30/2024 educate visitors on necessary precautions needed for droplet and contact isolation; maintain the resident on droplet and contact isolation precautions in accordance with the Center for Disease Control (CDC) guidelines; place on a private room for strict droplet and contact precautions. Keep door closed at all times.</p> <p>On 5/31/2024 at 1:12pm a droplet sign and a contact precaution isolation sign was observed posted on R8's door.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/31/2024 at 1:13pm surveyor was standing in hallway on first floor and observed V5 (CNA) enter residents' room to collect meal tray. Surveyor observed V5 enter room next to R8's room removed tray out of resident's room then proceeded to R8's room. V5 entered R8's room without performing any hand hygiene or donning any PPE (Personal Protective Equipment) and picked up R8's meal tray and exited R8's room and put the used meal tray in cart. After V5 put used meal tray in cart, V5 did not perform hand hygiene and continued to next resident's room and entered a room without performing any hand hygiene. Posted outside of R8's room were two isolation signs. One sign read, droplet precautions and the other sign read, contact precautions, and a plastic bin filled with PPE was at entrance of R8's door. Surveyor asked V5 if she (V5) had education on infection control practice. V5 stated, yes, I have had education and we do not have to put on PPE if we are not going to touch the resident or do care. Surveyor asked V5 if R8 was on isolation and if PPE was required. V5 stated, no I did not touch the resident. Surveyor asked V5 to look at the signs posted at the door of R8. V5 stated, Oh yea, I should have put on PPE because the resident is on droplet and contact. V5 stated, I did not put on any PPE, and I walked out of the room and did not do any hand hygiene. V5 stated, we have enough PPE.</p> <p>On 5/31/2024 at 1:18pm surveyor asked V4 (Registered Nurse /RN) what isolation precautions R8 was on. V4 stated, the resident is on droplet and contact precautions and anyone that enters the room is supposed to wear the PPE that is stated on the signs. Any time anyone enters R8 room, they must put on PPE, so we do not spread infection. The CNA should have put on mask, gown, gloves and perform hand hygiene prior to entering the room and remove all PPE prior to exiting and performed hand hygiene. V4 further stated, the census on the floor was 21 but I sent someone home earlier so now the census is 20.</p> <p>On 5/31/2024 at 2:43pm V3 (Infection Prevention Nurse) if a Droplet and/or Contact sign is on the door staff must wear PPE prior to entering put on (gown, gloves, mask) and when exiting take PPE off and do hand hygiene. Risk if PPE sign is not followed, transfer of micro-organisms can occur. If there is a sign at the door regarding isolation, I expect staff to read sign and follow the sign and wear the appropriate PPE based on what they will be doing with resident. If a resident is on droplet and contact precautions, anyone entering the room must follow the sign on the door regarding PPE.</p> <p>On 6/1/2024 at 11:04am V2 (Director of Nursing) stated, for residents on isolation, I expect staff to follow the sign on the door for whatever PPE is needed.</p> <p>Infection Control Policy dated reviewed June 2020/Revised May 2024 (in part) documented Objective: The facility's written program is for the implementation of systems that provide a safe, sanitary and comfortable environment and helps prevent the development and transmission of communicable diseases and infections. The facility's infection control program includes: 4) The facility maintains protocols and precautions to prevent transmission of infectious agents using the following tiers of precautions: Transmission Based Precautions i. Contact Precautions ii. Droplet Precautions 5) The facility provides personnel protective equipment (PPE) which refer to barriers used alone or in combination to protect mucous membranes, airways, skin, and clothing from contact with infectious agents, PPE used is base upon the nature of the interaction with the resident and/or the likely mode of transmission. 6) Hand Hygiene is utilized to reduce the spread of germs to residents and the risk of the Health Care Provider's colonization of infection by germs acquired from the resident. The facility utilizes hand hygiene via handwashing and alcohol base sanitizers.</p>		