

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145639	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/27/2024
NAME OF PROVIDER OR SUPPLIER  Chicago Ridge Snf		STREET ADDRESS, CITY, STATE, ZIP CODE  10602 Southwest Highway Chicago Ridge, IL 60415	

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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45316</p> <p>Based on interview and record review, the facility failed to follow their policy in alerting a resident's responsible party of a change in condition. This failure affects one (R3) of two residents reviewed for notification of responsible party of resident's change in condition in a sample of 35.</p> <p>Findings include:</p> <p>On 9/27/2024 at 12:30, surveyor reviewed the documentations for R3 hospitalization on [DATE] and 5/29/2024. No indication that R3 responsible family member was notified of the hospitalization s.</p> <p>On 9/27/2024 at 12:43 PM, V2 (Director of Nursing) said that the family member should have been notified of the two hospitalization s.</p> <p>The Facility's Policy: Guideline: Change In Resident's Condition Review Date: 11/2023</p> <p>General: It is the policy of the facility, except in a medical emergency, to alert the resident, resident's physician/NP and resident's responsible party of a change in condition.</p> <p>Policy: 4. Communication with the resident and their responsible party as well as the physician/NP will be documented in the residents in the resident's medical record or other appropriate documents.</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 - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49871</b></p> <p>Based on observation, interview, and record review the facility failed to ensure transmission-based precaution (PPE, isolation signage and set-up, resident/employee/visitor screening) and infection surveillance were implemented during COVID 19 outbreak. These deficiencies affected 14 residents (R5, R7, R38, R64, R69, R90, R99, R114, R147, R148, R150, R155, R158, R142) and has the potential to affect the rest of 180 residents residing in the building.</p> <p>Findings include:</p> <p>On 9/24/2024 at 10:30AM V3 (Infection Control Nurse) provided surveyor with COVID 19 resident tracking with names and corresponding room number. During positive COVID 19 room rounds with V3, discrepancies were identified as room number assigned did not matched current residents in the room. One room was identified with positive residents along with previously positive resident whose isolation have ended were all in the same room.</p> <p>On 9/24/2024 at 10:45AM, V3 said residents identified as COVID positive and resident with discontinued COVID isolation should not be in the same room.</p> <p>On 9/24/2024 at 12:05PM R158 was in her room, identified as COVID 19 positive room. Observed room without available garbage bin to dispose used PPE.</p> <p>On 9/24/2024 at 12:05 PM, R158 said facility is not doing a good job controlling the spread of COVID 19. R158 tested positive for COVID on 9/15/2024 and was put on isolation with roommates that also tested positive for COVID.</p> <p>On 9/24/2024 at 12:32 PM, V2 (Director of Nursing) and V3 said that all positive COVID droplet/contact isolation set up bin should have N95 mask, gloves, face shield, gown, and sanitizer/disinfectant inside the isolation bin drawers readily available for use.</p> <p>R158's Physician Order: COVID 19 Testing per CDC/IDPH guidelines - 9/5/2023 (Order date)</p> <p>Care Plan: Focus - Resident is on isolation R/T: COVID.</p> <p>The facility's Policy and Procedure, Care for Residents with Suspected or Confirmed SARS-CoV-2 Infection or a Close Contact of Someone with Confirmed COVID-19 Infection, revised 5/23, documents,</p> <p>Purpose: Establish a guideline to help prevent the transmission of SARS-CoV-2 infection.</p> <p>Procedure: 8. In general, residents should continue to wear source control until symptoms resolve or, for those who never developed symptoms, until they meet the criteria to end isolation. Then they should revert to usual facility source control policies for residents.10. Staff must wear full PPE (N95 respirator, gown, gloves, eye protection) when providing care.</p> <p>Residents SUSPECTED to have COVID-19</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>3. Resident placement: single room with door close if safe to do so. Dedicated bathroom when possible.</p> <p>8. Staff must wear full PPE (N95 respirator, gown, gloves, eye protection) when providing care.</p> <p>11. Follow the policy on visitation.</p> <p>45316</p> <p>On 9/24/2024, at 1:00 PM surveyor observed that R90 who is positive for COVID - 19 infection has no contact/droplet signage on the door and her door was open.</p> <p>On 9/24/2024 at 1:03PM, V5(Licensed Practical Nurse/LPN) said that V5 notified V3 (Infection Preventionist) that R90 tested positive for COVID-19 on 9/23/24. V5 said that V3 should have placed the contact/droplet signage on R90s door and set up the isolation cart with the PPE by R90's door.</p> <p>On 9/24/2024 at 1:10 PM, V2 (Director of Nursing) and V3 both said that there should have been a contact/droplet isolation signage at R90's door. V2 and V3 also said that there should have been an isolation bin with proper PPE set up by R90's door.</p> <p>R90 is a [AGE] year-old female admitted with diagnosis not limited to alcoholic cirrhosis of the liver with ascites, type 2 diabetes, epilepsy, chronic viral hepatitis C, and polyneuropathy.</p> <p>R90 physician order of start date of 9/23/2024 indicates that R90 has COVID-19 Droplet Precautions/Contact Isolation for every shift for infection control for 10 days. The order also indicates to keep the door to R90 room closed.</p> <p>39781</p> <p>On 9/24/24 at 9:40AM Observed red announcement signage posted at the entrance door indicated that facility has COVID infection outbreak. Observed empty box of N95 mask and surgical mask at the front desk. V4 Receptionist said that they have residents with COVID infections in the facility and they required visitors to wear N95 mask. Surveyor informed V4 that both N95 mask and surgical mask are empty. V4 took new boxes and provided surveyors of N95 mask.</p> <p>On 9/24/24 at 12:32PM, Rounds made with V2 DON (Director of Nursing) to first floor from rooms (AAA to SSS). Observed 6 rooms with isolation set up outside the residents' door. V2 said that those residents have COVID infections and were placed on droplet and contact precautions. Inspected all droplet and contact isolation set up with V2. Observed the following rooms (BBB, GGG, MMM, RRR and SSS) does not have N95 mask in the isolation set up outside the rooms while Room (LLL) does not have gloves in the isolation set up outside the room. All isolations set up does not have sanitizer and disinfectant. All rooms do not have isolation garbage bin. V2 DON said that all COVID infection droplet/contact isolation set up should have PPE (personal protective equipment) such as N95 mask, gloves, face shield, gown, and sanitizer/disinfectant inside the isolation drawers.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 9/24/24 at 1:09PM, Surveyor and V2 DON informed V3 Infection Preventionist of above observations. V3 said that that isolation garbage bins, and PPE supplies are being ordered. V3 said that COVID isolation set up should have N95 masks, gloves, gowns, face shields, sanitizer/disinfectant available for usage.</p> <p>On 9/24/24 at 1:30PM, Informed V3 Infection Preventionist that list of residents with COVID infections are not updated. R38 and R155 are not on the facility's list for residents with COVID infection but on COVID infection isolation precaution and both residents have ordered for COVID isolations. Surveyor requested for COVID infection policy.</p> <p>On 9/25/24 at 9:27AM, Observed V12 Family member of R174 entered the facility without N95 mask waiting for elevator with Surveyor and V4 Receptionist. Staff did not advise the V12 Family member to wear mask. Surveyor asked V12 Family member if she is aware that the facility has a COVID infection outbreak and visitors are required to wear mask. V12 Family member said that she was not told and not offered by V8 Assistant Social Director/Receptionist when she entered the facility. V4 got a N95 mask from the 1st floor nursing station and gave to V12 Family member.</p> <p>On 9/25/24 at 9:56AM, Informed V2 DON and V3 Infection Preventionist of above observation. Both said that the receptionist should informed all incoming visitors of COVID infection outbreak in the facility and provided N95 mask when entering the facility. V3 IP said that they are performing COVID testing twice a week to residents. V3 said, when resident tested positive, the floor nurse will notify the family and physician. The nurse will obtain isolation order form the physician. The nurse and social service will coordinate for room change. V3 said that she updates COVID infection care plan. Informed V3 that R69 did not have an order for COVID isolation precaution until 9/25/24 and COVID precaution care plan was not formulated until 9/25/24. R69 tested positive for COVID on 9/19/24.</p> <p>Record review of the following residents:</p> <p>Room (BBB)</p> <p>R150 is admitted on [DATE] with diagnosis listed in part but not limited to Type 2 Diabetes Mellitus, Hypertension. R150 tested positive for COVID infection on 9/16/24. Active physician order sheet indicated COVID-19 Droplet precaution/contact isolation every shift for infection control for 10 days ordered 9/15/24. No monitoring of vital signs and symptoms were done and documented in resident's chart. Formulated COVID infection care plan on 9/15/24.</p> <p>R64 is admitted on [DATE] with diagnosis listed in part but not limited to [NAME] Obstructive Pulmonary Disease, Type 2 Diabetes Mellitus, Hypertension, Atherosclerotic heart disease, Cerebral infarction. R64 tested positive for COVID infection on 9/24/24. Active physician order sheet indicated COVID-19 Droplet precaution/contact isolation every shift for infection control for 10 days ordered 9/15/24. No monitoring of vital signs and symptoms were done and documented in resident's chart. Formulated COVID infection care plan on 9/15/24.</p> <p>Room (GGG)</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>5. It is recommended that residents wear a well fitted mask in common areas when the facility is experiencing an outbreak of COVID-19 or is otherwise recommended by public health</p> <p>Facility's policy on Personal Protective Equipment (PPE) reviewed 5/2024 indicates:</p> <p>Purpose: Prevent the spread of COVID-19 infection through proper use of personal protective equipment (PPE)</p> <p>Procedure:</p> <p>Universal PPE for HCP (Healthcare Professional):</p> <p>3. If the facility is experiencing an outbreak of COVID-19 or other respiratory illness, at a minimum, HCP must wear a well-fitted mask while on the unit or floor experiencing an outbreak. In addition, facilities should consider requiring an N95 respirator and eye protection (goggles, or face shield that covers the front and sides of the face) during all resident care, on the affected unit or floor.</p> <p>Facility's policy on Screening revision 5/2024 indicates:</p> <p>Purpose: To establish a process of evaluating and monitoring residents according to the COVID-19 hospital admission levels or outbreak status.</p> <p>Procedure:</p> <p>2. Residents: When COVID-19 hospital admission levels are high or if the facility is in outbreak, all residents, including new admissions, should be evaluated at least daily for signs and symptoms of COVID-19.</p> <p>Residents with confirmed COVID-19</p> <p>5. Monitor the resident every four hours for clinical worsening. Include an assessment of symptoms, vital signs, oxygen saturation via pulse oximetry, and respiratory exam to identify and to quickly manage serious infections.</p> <p>Duration of transmission-based precautions for residents confirmed to have COVID-19</p> <p>1. Mild to moderate illness</p> <p>*A minimum of 10 days since symptoms first appear or first diagnostic test.</p>		