Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED
		B. WING		C 11/23/2020	
	PROVIDER OR SUPPLIER  VETERANS HOME A	TLASALLE 1015 O'C	DDRESS, CITY, CONNOR AVE E, IL 61301	STATE, ZIP CODE	11/23/2020
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
S 000	Initial Comments		S 000		
	Original Complaint #	£2028974 / IL#128683			
S9999	Final Observations	-	S9999		
	Statement of License	ure Violations:			
	340.1300 a) 340.1335 a)				
	procedures governing facility. The written pure formulated with the administrator. The pure fact and this Part. The followed in operating reviewed at least annual facility.	nall have written policies and g all services provided by the policies and procedures shall e involvement of the olicies shall comply with the e written policies shall be the facility and shall be ually by the facility's advising ical advisory committee, as			
6 6 6 6 8	controlling, and preve shall be established a and procedures shall nclude the requireme Communicable Disea 690) and Control of S Diseases Code (77 III	dures for investigating, enting infections in the facility and followed. The policies be consistent with and ents of the Control of ses Code (77 III. Adm. Code exually Transmissible . Adm. Code 693). Activities ensure that these policies			
B	hese REQUIREMENt ovidenced by: Based on observation eview, the facility fails	ITS are not met as , interview, and record ed to disinfect monitoring		Attachment A Statement of Licensure Violations	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

PRINTED: 12/29/2020 FORM APPROVED

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_ C IL6015481 B. WING 11/23/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1015 O'CONNOR AVENUE ILLINOIS VETERANS HOME AT LASALLE **LA SALLE, IL 61301** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD) BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 1 S9999 equipment in between resident use for three residents (R3, R4, and R5) of five reviewed for infection control in a sample of five. Finding include: The facility's Infection Control Policy and Procedure, dated 10-20-15, documents "Resident Care Equipment: Handle resident care equipment soiled with blood, body fluids, secretions, and excretions in a way that prevents skin and mucous membrane exposures, contamination of clothing, and transfers of microorganisms to other residents and environment. Ensure that reusable equipment is not used for the care of another resident until it has been appropriately cleaned. Appropriate CDC (Center for Disease Control) quideline cleansers and disinfectants are to be used on all resident care equipment after use. Vitals carts (blood pressure cuffs, stethoscopes, pulse oximeters, and thermometers) are to be wiped down after each use." On 11-19-2020, at 11:10am, V12, VNAC (Veteran's Nursing Assistant Certified), wheeled a rolling monitor into R5's room on the Covid unit and took R5's vital signs including temperature. oxygen saturation level, respiratory rate, and blood pressure. V12 then wheeled the rolling monitor into R3 & R4's room across the hall. V12 took R4's and then R3's same vital signs. V12 wheeled the rolling monitor out the R3 and R4's room and continued up the hall towards other resident rooms to do the same. No disinfecting of the equipment was performed in between uses. R3, R4, and R5's current Care Plans document they are at risk for Covid-19, and include an intervention of, "Resident care equipment to be

appropriately cleaned, disinfected, or sterilized

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ COMPLETED C IL6015481 B. WING 11/23/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1015 O'CONNOR AVENUE** ILLINOIS VETERANS HOME AT LASALLE **LA SALLE, IL 61301** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD) BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 2 S9999 according to facility protocol." On 11-19-2020, at 11:15am, V12, VNAC, stated V12 was working her way up the hall doing resident vitals and was told by management to. "Wipe down the monitor and equipment when done, but not in between since they are all Covid positive." On 11-19-2020, at 12:07pm, V2, Director of Nursing, stated the staff should be wiping equipment off between residents on the Covid unit or any unit. V2 stated, "It is basic infection control even without Covid." On 11-19-2020, at 12:57pm, V3, Registered Nurse/Infection Control Preventionist, stated. "The blood pressure cuff and oximeter should be wiped down between residents. There should be bleach wipe packets on the rolling vital sign cart. They are to take alcohol to the thermometer in between residents." (B) Illinois Department of Public Health