

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014906	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/14/2020
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NAME OF PROVIDER OR SUPPLIER SYMPHONY AT ARIA	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 NORTH FRONTAGE ROAD HILLSIDE, IL 60162
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(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)	(X5) COMPLETE DATE
S 000	Initial Comments Licensure Complaint Survey: #2092710 / IL121824 #2092595 / IL121702 - cited 300.696 a)c)	S 000		
S9999	Final Observations Statement of Licensure Violations: Section 300.696 Infection Control a)Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed. c)Each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services (see Section 300.340): 2)Guideline for Hand Hygiene in Health-Care Settings This Requirement was NOT MET as evidenced by: Based on observation, interview and record review the facility failed to follow their policy for hand hygiene while providing direct resident care	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

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S9999	<p>Continued From page 1</p> <p>for one (R4) of six residents reviewed for infection control.</p> <p>Findings include:</p> <p>On 7-9-2020 at 12:25 pm. V5 (Certified Nursing Assistant) and V6 (Licensed Practical Nurse / 2nd floor manager) performed incontinence care for R4. R4 had an adult incontinence brief soiled with urine and feces. V5 and V6 did not remove their gloves and used the same pair of gloves to clean the body fluids and to apply the new incontinence adult brief and a clean hospital gown. At 12:40 pm. V6 said, we are supposed to change the gloves and wash our hands after we finished cleaning and removing the soiled brief and the soiled linen from under the patient to avoid any cross contamination to the clean supplies. I did not wash my hands or change the gloves, I am sorry. At 12:50 pm, V5 said, I did not wash my hands after I cleaned R4. I am supposed to wash my hands and apply a new pair of gloves after I finished cleaning the patient and before putting the clean cloths and brief. At 1:50 pm, V2 (Director of Nursing) said, the staff is responsible for following the appropriate hand washing and gloving used. The staff needs to wash and change the gloves when they go from dirty to clean to avoid any cross contamination.</p> <p>Facility policy titled Hand Hygiene (dated: 5/05) reads: hand hygiene is essential for preventing the spread of infectious organism in health care settings. Wearing gloves is not a substitute for hand hygiene.</p> <p>(C)</p>	S9999		