

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145344	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/01/2020
NAME OF PROVIDER OF SUPPLIER LIBERTYVILLE MANOR EXT CARE		STREET ADDRESS, CITY, STATE, ZIP 610 PETERSON ROAD LIBERTYVILLE, IL 60048	
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)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<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 observation, interview, and record review, the facility failed to ensure effective infection control measures were in place to prevent cross contamination related to COVID-19 in the sample of 11 residents. This has the potential to affect all 34 residents residing in the facility. The findings include: The Resident Census form, dated May 28, 2020, showed 34 residents in the facility. On May 28, 2020 at 10:00 AM, R5, a non-COVID positive resident, was seated in a wheelchair in the hallway of the facility with no mask on. At 10:02 AM, V3 Director of Nursing (DON), stated, She (R5) should have a mask on. On May 28, 2020 at 10:05 AM, R6-R9 were observed by V3, Director Of Nursing (DON), and this surveyor to be seated around a table on the non-COVID unit, less than 4 feet apart, in a sitting area across from the 300 wing nurse's station. R6-R9 had no masks on. Directly next to R6-R9, in the sitting area, V6, Physical Therapist, walked/provided therapy to R2. R2 did not have a mask on. As V3, DON, looked on, V3 stated, I will have to address this. V3, DON, made no attempt to offer R2 or R6-R9 masks to wear. On May 28, 2020 at 10:05 AM, R4 was seated in her room with the door to her room open. Isolations signs for contact and droplet isolation hung outside the door to R4's room. R4 had no mask on. V3, DON, stated, Her (R4) roommate just tested positive for COVID-19 and was moved to the COVID unit yesterday. She is on contact and droplet isolation. On May 28, 2020 at 10:08 AM, V7, Certified Nursing Assistant (CNA), was standing in the hallway of the non-COVID unit with no eye protection on. V3, DON, stated, She's (V7) is an agency CNA but she should still have eye protection on. On May 28, 2020 at 10:49 AM, V8, Licensed Practical Nurse (LPN), was standing in the hallway of COVID unit with no mask on. On May 28, 2020 at 10:50 AM, R1 was seated on the toilet in his room, on the closed COVID unit, with doors to the bathroom and room wide open. R1 did not have a mask on. Contact isolation and droplet isolation signs hung next to the door of R1's room. R1's [DIAGNOSES REDACTED] COV 2 RNA swab result dated May 18, 2020 showed R1 was positive for COVID-19. On May 28, 2020 at 10:59 AM, 6 red bio-hazard bags filled with garbage were lying on the floor at the end of the hallway of the COVID unit. On May 28, 2020 at 11:05 AM, R10 was lying in bed, on the closed COVID unit, with the room door wide open. R10 did not have a mask on. Contact and droplet isolation signs were hung next to R10's door. R10's [DIAGNOSES REDACTED] COV 2 RNA swab result dated May 21, 2020 showed R10 was positive for COVID-19. On May 28, 2020 at 2:10 PM, V4, Infection Control Nurse, stated, All staff throughout the facility must wear a procedure mask and eye protection. They are given gowns to wear also. Staff on the COVID unit must wear an N95 mask, eye protection, gown, and shoe coverings. If staff are not wearing PPE (personal protective equipment), they should be corrected immediately. Resident on the 300 wing should ideally be kept in their rooms but that can be hard so, if they come out of their rooms, they are to be kept 6 feet apart with each resident wearing a mask. Residents that are positive for COVID on the COVID unit should be in their rooms with a mask on and door shut. On June 1, 2020 at 9:16 AM, V4, Infection Control Nurse, stated, Physical therapy should be done in the residents room on the COVID/400 unit. On the 300 unit, residents can ambulate in the hall as long as there are no other residents around and the resident should be wearing a mask. If the resident refuses to wear a mask, then therapy should be done in the residents room. Bio-hazard trash on the COVID unit should be thrown in the trash bin/container until picked up. The facility's COVID 19 UPDATE communication form, dated May 15, 2020, showed, Residents that have tested positive are to have the door to their room closed. If residents come out of their rooms, masks should be worn at all times. The facility's COVID 19 UPDATE communication form, dated May 13, 2020, showed, Residents should be in their rooms, if they are not in their rooms, they should wear a mask.</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.