

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145764</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/28/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SYMPHONY OF MORGAN PARK</b>		STREET ADDRESS, CITY, STATE, ZIP <b>10935 SOUTH HALSTED STREET CHICAGO, IL 60628</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b>  <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b>  Based on interviews, observations, and records review the facility failed to ensure staff follow their policy and practice for personal protective equipment (PPE) including universal masking while in the facility, have PPE stock on the carts of the isolation unit, and failed to provide staff with training on the cleaning of high touched surface areas to prevent the spread of COVID-19. This failure has the potential to affect all 199 residents. Findings include: On 5/27/20 at 8:53 AM V13( Certified Nursing Assistant /CNA), observed with mask on face however her nose was not covered when surveyor entered the facility. On 5/27/20 at 9:20AM V3(Dietary Director), and V4(Cook), came out of Dietary office when surveyor entered kitchen. V3 had no mask on and V4 had a mask under her chin, not covering her mouth or nose. On 5/27/20 at 9:24AM V20 (Dish Washer), observed in the kitchen with mask under his nose, not covering his nose. V4 instructed him to cover his nose, he covered it, and then lowered it below his nose. V3 said the policy is to wear a mask in the whole facility, including the kitchen. V4 said the purpose of the mask is to prevent the spread of [MEDICAL CONDITION]. The mask is not effective when worn under my chin. I can't breathe with it on, they can't hear me when I talk, and the mask sticks to my face from sweat. On 5/27/20 at 9:44AM V5(CNA)unmasked approached stocker carrying Personal Protective Equipment (PPE) and grabbed a mask and gown. Surveyor approached V5. V5 was asked to show surveyor the PPE station which was noted to have several masks in paper bags in a clear bin available. V5 had moved approximately 150 feet, back and forth, in the hall with other staff, without a mask. When V5 was asked why she did not put a mask on from the station, after a long pause V5 said because I am moving fast. V5 did not place the mask on until surveyor asked her why everyone was wearing a mask except her. In response, V5 said everyone is wearing a mask because all staff is to wear a mask. On 5/27/20 at 9:49AM, V5 was observed in hall with mask along her chin not covering her nose and mouth. On 5/27/20 at 9:52AM V6(Restorative Aide), said staff is given a mask to wear as soon as they enter the facility. V6 said the facility policy is that staff always wears a mask while in the facility and she said she was trained on this new policy. On 5/27/20 at 10:02AM V9(CNA), said staff are to wear face mask in the building at all times. Face masks are changed if wet or soiled. The purpose of the mask is to prevent us from spreading infection to the residents or the residents spreading infection to us. V9 said the mask are not effective if they are not covering your nose and mouth. On 5/28/20 at 10:08AM, V10(Assistant Director of Nursing), said she is the unit manager on 1st floor. V10 said I don't have a mask on, I should have a mask on. V10 said she has been trained on COVID prevention and has trained staff on COVID prevention. V10 was interviewed in front of reception area where all the staff is entering the facility. On 5/27/20 at 10:18AM V2(Director of Nursing), said all staff in all departments wear masks to cover their nose and mouth to protect everyone from droplets. If the mask gets wet, then the staff needs to put a new one on. We trained all staff a couple weeks ago on masks and COVID19. Masks are available at clean stations, on the unit, and from the front screening table. V2 said the facility has enough PPE during this time. The facility policy for Universal Masking and Use of Alternative Masks dated 4/1/20 says: This guidance provides universal masking and use of alternative masks recommendations. Universal masking will reduce the risk of transmission from staff who may be carrying Sudden Acute Respiratory Symptoms - CO V2 (as written) but are asymptomatic. Responsible Party: all staff. Universal Masking will include staff responsible for direct interaction or care involving residents as well as staff who do not normally interact directly with patients and residents, such as administrative, dietary, environmental services, and facility maintenance staff. The facility Policy for Personal Protective Equipment (PPE) Strategies for Long Term Care Facility During Cluster of COVID - 19 Infections dated 4/6/20 reads: When there are cases if (in) the facility Universal masking of Health Care Personnel while in the facility. Consider changing (masks) every 2 hours or if it becomes visibly soiled or wet.</p> <p>On 5/27/2020 at 9:40am V12 (Nurse) and V15 (CNA/Certified Nursing Aide) identified rooms 345 to 358 to be contact droplet isolation rooms for residents with Covid-19. On 5/27/2020 at 9:50a.m. V15 (CNA) observed wearing gloves and blue plastic gown. The gown sleeves were hanging over the gloves, V15 preceded to provide care to R4 in room. At 9:55 a.m. V15 observed exiting R4's room with gloves on, V15 then adjusted her face mask then V15 removed her gloves in the hall way near the double doors. V15 said she's supposed to take gloves off before coming out of the resident's room and wash her hands after taking off the gloves. V15 said she has had training on donning and doffing of PPE but didn't recall time. V15 observation tool on use of PPE dated 3/6/2020 shows V15 was in-served on 3/6/2020. On 5/27/2020 at 9:56am observation of the 3 isolation carts on the 3 North red unit (resident tested positive for COVID-19 and are in recovery stage), there was one blue plastic gown noted, no gloves noted on the cart, no face mask noted on the carts. There were no alcohol based hand rub noted on the unit for rooms.to At 9:57a.m rooms 353, 354, 357 or 358 did not have gloves in the room. On 5/27/2020 at 10:00a.m. V17 (Unit Manager) said the proper way to wear the PPE is to have the gloves on over the plastic gown, it's an infection control practice, it's to prevent the germs from going under the gown sleeves. V17 said staff should remove gloves prior to exiting the resident's rooms and perform hand washing with soap and water. At 10:00a.m. V17 (Unit Manager) said all isolation carts should be stocked with gowns, gloves, mask, isolation bags, V17 said there's no alcohol based hand rub on the unit because the staff should wash hand with soap and water. On 5/27/2020 at 10:10a.m. V18 (house keeper) said she wiped down the pictures in the hallways, but that's it on the 3 north unit ( COVID-19 unit), she was not told to clean anything else in the common hallway area of the nursing unit. Facility policy titled Sequence for Putting on Personal Protective Equipment PPE shows number 4. Extend gloves to cover wrist of isolation gown. Facility observation tool on use of PPE shows supplies necessary for adherence to proper PPE use are readily accessible in resident care area (i.e nursing unit, therapy rooms). Facility policy title Emergency preparedness on COVID 19 for health Care Personnel and Staffing dated March 2020 shows in-part that all employees are at risk of exposure based on community and travel exposures to areas or places with epidemic of Covid-19 the following mandatory training and competency are proper hand hygiene, use of PPE, donning and doffing of PPE, risk from potential and actual exposure to COVID 19, proper cleaning and disinfecting of environment, including medical, infection and prevention and control measures, and others as applicable.</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.