

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145244	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/02/2020
NAME OF PROVIDER OF SUPPLIER MOSAIC OF LAKESHORE, THE		STREET ADDRESS, CITY, STATE, ZIP 7200 NORTH SHERIDAN ROAD CHICAGO, IL 60626	
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>Based on observation, interview and record review, the facility failed to screen all visitors by using a screening questionnaire; failed to ensure that all staff wear face masks and eye protection as recommended; failed to keep resident doors closed for the designated COVID-19 floor; and failed to display appropriate isolation precaution signs for personal protective equipment (PPE) use in the proper location to prevent and/or contain the possible spread of infectious microorganisms, including COVID-19. These failures affected all 175 residents in the facility. Findings include: 1. On 6/1/2020 at 10:15 am, two surveyors entered the facility through the main front entrance door. V3 (Receptionist) took our temperatures by scanning surveyor foreheads. V3 did not ask surveyors any screening health questions, ask surveyors to complete a written screening questionnaire or to perform hand hygiene. On 6/1/2020 from 10:30 am to 10:45 am, during the initial tour of the first floor designated for residents with active COVID-19, the resident doors of R2, R3, R4, R6 and R8 were wide open to the hallway. In this first floor hallway, no door or partition was observed to separate residents with active COVID-19 from staff and essential visitors who were using the main elevators, from V1 (Administrator) and V2 (Director of Nurses, DON) using their respective first floor offices, and the lobby to the main front entrance of the facility. On 6/1/2020 at 10:56 am, V4 (Certified Nursing Assistant/CNA) was observed in R7's room on the active COVID-19 floor, assisting with removing R7's soiled light blue gown from the room and was not wearing any eye protection. On 6/1/2020 at 11:06 am, V7 (Registered Nurse/RN) was observed walking in the hallway with her face mask covering her mouth but not her nose. Upon viewing this surveyor, V7 pulled up the face mask to cover her nose. On 6/1/2020 at 11:08 am, V7 was interviewed, and she pulled down her face mask exposing her nose and mouth. V7 stated that all employees wear face masks in the facility at all times. On 6/1/2020 at 11:13 am, V8 (CNA) was observed in hallway with face mask under her chin while attached to both ear loops. V8 then pulled up the face mask to cover her nose and mouth. V8 stated that staff are to wear face masks at all times and said that her face mask should cover her nose and mouth. On 6/1/2020 at 12:08 pm, V6 (CNA) was observed delivering lunch trays into R2 and R5's rooms on the designated COVID-19 floor. V6 placed R5's lunch tray on the bedside table that was positioned over R5's lap in bed. V6 was not wearing appropriate eye protection over her prescription glasses. On 6/1/2020 at 12:19 pm, V6 stated that she does not wear a face shield (eye protection) when she is delivering food trays into resident rooms on the designated COVID-19 floor since she doesn't get in close contact with the resident. On 6/1/2020 at 12:12 pm, V4 (CNA) was observed delivering R4's lunch tray into R4's room on the designated COVID-19 floor. V4's face shield was positioned on the top of her head, facing the ceiling, with no protection over her eyes. On 6/1/2020 at 11:45 am, V2 (Director of Nursing/DON) stated that for all staff and visitors to the facility, V3 (Receptionist) takes their temperatures and makes them complete a written screening questionnaire. V2 said that if any health question on the written screening questionnaire is answered as Yes, then the staff or visitor will not be allowed into the facility. V2 acknowledged that V3 should have made surveyors complete the screening questionnaire. In addition, V2 stated that resident rooms on the first floor, the designated active COVID-19 floor, can stay open or closed. V2 stated that all staff are to wear face masks at all times, covering both the nose and mouth. V2 stated that the facility follows their universal masking policy. V2 stated that any staff who is delivering food trays to active COVID-19 residents and comes within six feet of the resident should be wearing eye protection. Furthermore, V2 stated that every resident room on the designated COVID floor (1st floor) should have isolation precaution signage outside of the room, hanging in easy view on the door frame or wall. Facility policy, titled Policy and Procedure: Coronavirus Disease (COVID-19) and dated 4/6/2020, documents, in part: Purpose: To reduce the risk of transmission of the Coronavirus Disease (COVID-2019) in this healthcare setting. Policy: The facility will conduct education, surveillance and infection control and prevention strategies to reduce the risk of transmission of COVID-19. The facility will follow and implement recommendations and guidelines in accordance with the Centers for Disease Control and Prevention (CDC) .to include identification and isolation of any suspected cases. Procedure: . e. If directive is to treat in place. . iii. Maintain Standard, Contact and Droplet Precautions (including eye protection) . Minimize chances for exposure: 1. Screen visitors upon entry to the building - risk assessment and thermal screening. If check yes to any symptoms, will instruct them to go home and contact their primary care physician immediately. On CDC's website, a resource titled Interim Infection Prevention and Control Recommendation for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings and updated 5/18/2020, documents, in part, . Set up separate, well-ventilated triage areas, place patients with suspected or confirmed COVID-19 in private rooms with the door closed and with private bathrooms (as possible). On CDC's website, a resource titled Responding to Coronavirus (COVID-19) in Nursing Homes and last reviewed 4/30/2020, documents, in part, HCP working on the COVID-19 care unit should ideally .work area that are separate from HCP working in other areas of the facility. To the extent possible, restrict access of ancillary personnel .to the unit. The facility policy, titled Policy and Procedure: Coronavirus Disease (COVID-19) and dated 4/6/2020, does not contain the direction to keep active COVID-19 resident room doors closed as the current recommendation from CDC advises. In addition, on CDC's website, the resource, titled Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19 and dated 5/11/2020, documents, in part, .Donning (putting on the gear): .5. Put on face shield or goggles. Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common. 7. HCP (Healthcare Provider) may enter patient room.</p> <p>2. On 6/1/20 at 10:41 am, R5 was listed Covid-19 positive, however no sign was observed posted on the door that this was isolation room. On 6/1/20 at 10:57 am, V9 (Staffing Coordinator) was observed on the second floor by the nurses station, however he was not wearing a face mask. On 6/1/20 at 11:05 am, V10 (Social Service) was observed with face mask placed under her nose.</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.