

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145087	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/04/2020
NAME OF PROVIDER OF SUPPLIER MANORCARE OF OAK LAWN WEST		STREET ADDRESS, CITY, STATE, ZIP 6300 WEST 95TH STREET OAK LAWN, IL 60453	
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 - Some	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, this facility failed to prevent and/or contain the spread of Covid-19 by not following transmission-based contact/droplet precautions. The facility also failed to follow their infection control protocol to include appropriate hand hygiene and wearing appropriate PPE (personal protective equipment) to prevent the spread of infection for 5 of 12 residents (R23 - R27) reviewed for infection control practices. Findings include: On 9/1/2020 at 2:20pm, V23 TNA (temporary nurse aide) was observed leaning on the counter at the nurses' station on the East nursing unit wearing a procedure mask covering mouth; nose is exposed. V23 is observed coughing, not performing coughing etiquette or hand hygiene. On 9/2/2020 at 2:40pm, this surveyor observed V24 CNA (certified nurse aide) exiting R24's room with portable blood pressure machine. V24 was observed wearing face mask and gloves; no eye shield or goggles worn. V24 did not remove gloves or perform hand hygiene after exiting R24's room. V24 was observed entering R25's room wearing the same gloves and pushing the portable blood pressure machine. V24 was observed exiting R25's room. V24 did not remove gloves or perform hand hygiene after exiting R25's room. V24 was observed entering R26's room wearing the same gloves and pushing the portable blood pressure machine. This surveyor observed orange signage posted on R24, R25, and R26's doors noting Covid-19 airborne isolation precautions. On 9/2/2020 at 12:00pm, V3 ADON/IP (assistant director of nursing/infection prevention nurse) stated that staff should perform hand hygiene if coughing would be a risk of transmission of Covid-19. V3 stated that hand hygiene is expected to be performed before, between, and after resident care. Review of this facility's hand hygiene policy, updated 03/2020, notes soap and water should be used when hands are visibly soiled. Alcohol-based hand rub/hand sanitizer is designated for use on the hands to reduce the number of microorganisms on the hands. Hand washing or use of alcohol-based hand rub/hand sanitizer should be performed: before applying and after removing gloves, after having direct contact with resident's intact skin, after contact with body fluids, excretions, mucus membranes, non-intact skin, or wound dressings, moving from a contaminated body site to a clean body site during resident care, after contact with inanimate objects (including medical equipment) in the immediate vicinity of the resident, and before inserting invasive devices. On 9/1/2020 at 1:50pm, skilled therapy staff observed in R27's room sitting on chair within 6 feet of R27 and wearing mask and face shield; not wearing gown or gloves. There is orange signage posted next to R27's room noting 'attention, see nurse before entering'. On the other side, it notes 'Covid-19 negative airborne isolation, PPE (personal protective equipment) to be worn: mask, face shield/goggles, gown, and gloves. On 9/1/2020 at 2:00pm, this surveyor observed V17 (housekeeping), V16 (skilled therapy), and V15 (laundry/housekeeping supervisor) mopping up a large amount of clear liquid that extends from the bathroom under bed A, and in-between Bed A and R23's bed. V17 is observed wearing face mask, no other PPE (personal protective equipment) noted. V16 is observed wearing a face mask and face shield, no other PPE noted. V15 is observed wearing a face mask, no other PPE noted. R23 is observed sitting on edge of foot of bed facing bed A; not wearing a mask. There is orange signage posted next to R23's room noting 'attention, see nurse before entering'. On the other side, it notes 'Covid-19 negative airborne isolation, PPE to be worn: mask, face shield/goggles, gown, and gloves. On 9/1/2020 at 2:10pm, V3 ADON/IP (assistant director of nursing/infection prevention nurse) was observed leaning on counter at nurses' station on the West nursing unit. V3 was observed removing goggles and face mask while speaking with staff. On 9/1/2020 at 2:20pm, V13 (housekeeping) was observed standing within 6 feet of staff at the nurses' station on the East nursing unit. V13 is observed not wearing a face mask. V23 TNA (temporary nurse aide) was observed leaning on the counter at the nurses' station on the East nursing unit wearing a procedure mask covering mouth, nose is exposed. On 9/1/2020 at 2:40pm, V18 CNA (certified nurse aide) was observed in hall on East nursing unit wearing an N95 face mask with the bottom strap positioned behind neck and the top strap dangling in front of V18's face and V18's nose is exposed. On 9/2/2020 at 1:40pm, V3 ADON (assistant director of nursing/infection prevention nurse) was observed standing at receptionist's desk in the main lobby. V3 removed procedure mask to speak to staff and then re-applied mask. On 9/2/2020 at 2:50pm, V12 LPN (licensed practical nurse) was observed leaning on counter at the nurses' station on the Northeast nursing unit not wearing a procedure mask appropriately; mask covering chin, mouth and nose exposed. On 9/2/2020 at 2:52pm, V23 TNA was observed leaning on the counter at the nurses' station on the East nursing unit wearing a procedure mask covering mouth, nose is exposed. On 9/1/2020 at 2:07pm, V10 RN (registered nurse) stated that the orange signs posted on the residents' room notes these residents are on airborne isolation precautions. V10 stated that staff should wear face mask and face shield/goggles before entering room. V10 stated that staff should wear a gown when providing care. V10 stated that the toilet in R23's bathroom will not stop flushing and the toilet water is overflowing in to R23's room; staff are cleaning room now. On 9/1/2020 at 2:45pm, V2 DON (director of nursing) stated that newly admitted residents that were Covid-19 negative in hospital are placed in isolation for monitoring and an orange sign is posted on wall next to their door. V2 stated that staff are expected to wear face mask, goggles or face shield before entering any non-isolation resident room. V2 stated that staff are expected to wear gloves, gowns, face mask, and goggles/face shield in isolation rooms. V2 acknowledged that V18 CNA was not wearing N95 mask appropriately when wearing mask with top strap dangling in front of face. On 9/2/2020 at 10:43am, V7 CNA (certified nurse aide) stated that staff wear N95 face mask, goggles/face shield, gloves, and gown. V7 stated that the orange signage indicates isolation room. On 9/2/2020 at 11:59am, V8 CNA stated that the orange signs posted at residents' rooms indicate isolation. The back side of the sign notes the type of PPE needed before entering an isolation room (gown, gloves, mask, and face shield). V8 stated that staff are expected to wear an N95 mask at all times when at work. On 9/2/2020 at 9:58am, V5 RN stated that PPE for caring for residents in isolation includes gown, gloves, goggles, and N95 mask. V5 stated that residents coming from hospital are placed in isolation for their entire stay and are placed in a private room. Stated that signage is posted at room and isolation cart placed outside of room. On 9/3/2020 at 10:45am, V11 CNA stated that the orange signage posted next to the resident's door notes the type of isolation and what PPE are required to be worn when in room. On 9/2/2020 at 12:00pm, V3 ADON/IP stated that staff should have goggles on while at work especially when providing direct patient care. V3 stated that all staff are expected to wear a surgical face mask or N95. V3 stated that the expectation is for staff to wear the PPE that is noted on the orange signage prior to entering isolation room. V3 stated that staff should wear gloves when mopping up the water on the floor from the overflowing toilet, as well as when removing any linen placed on the floor to soak up the water. V3 stated that he cannot be certain if the water was clean and safe to be touching with bare hands. V3 stated that staff were in-serviced in May/June regarding appropriate PPE to wear. V3 stated that staff should wear a face mask if within 6 feet of staff or residents. V3 stated that if staff are wearing an N95 mask, both straps need to be secured on head. The top strap should rest on the top of the head and the bottom strap should be on neck below ears. V3 stated that it is common sense to perform hand hygiene after coughing or sneezing. Review of this facility's transmission-based precautions and Covid-19 policy, dated 7/1/2020, notes in our facilities, because aerosol generating procedures are rare, we are utilizing transmission based precautions in caring for known or suspected patients with COVID-19. Because the organism can be spread by droplets through the air, we are utilizing a combination of droplet and airborne transmission-based precautions. The same level of</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145087	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/04/2020
NAME OF PROVIDER OF SUPPLIER MANORCARE OF OAK LAWN WEST		STREET ADDRESS, CITY, STATE, ZIP 6300 WEST 95TH STREET OAK LAWN, IL 60453	
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 - Some	<p>(continued... from page 1)</p> <p>precautions are utilized regardless of whether the patient is on a special COVID-19 Airborne Isolation Unit (CAIU) or is in a private room with their own bathroom anywhere else in the facility. PPE: N-95 respirator/mask, eye protection (face shield, goggles, or safety glasses with attached side shields), gown, and gloves. Review of this facility's PPE requirements based upon clinical situation policy, dated 5/21/20, notes for residents who are Covid-19 negative, Covid-19 recovered, or who are asymptomatic with an unknown Covid-19 status, PPE required includes: procedure mask, eye protection, and gloves. Review of CDC (centers for disease control) and IDPH (Illinois Department of Public Health) guidance notes testing residents upon admission could identify those who are infected but otherwise without symptoms and might help direct placement of asymptomatic Covid-19 infected residents into the Covid-19 care unit. However, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended Covid-19 PPE. [MEDICAL CONDITION] causing covid-19 spreads: person-to-person, between people in close contact with one another (less than 6 feet) and through respiratory droplets when an infected person coughs, sneezes or talks (even if they don't have symptoms). This virus also spreads during contact with infected surfaces or objects, touching surfaces or objects that [MEDICAL CONDITION] is on and then touching your mouth, nose, or eyes. (such as, bedside table, bed, door knob, blood pressure machines).</p>		