

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>146161</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/04/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SOUTHVIEW MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3311 S. MICHIGAN AVE. CHICAGO, IL 60616</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 - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, interview and record review, the facility failed to ensure that residents wear their face mask; failed to ensure that staff properly wear their face masks; failed to adhere to the six feet social distancing to prevent the spread of COVID-19 in the facility. This failure affected R5, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15, R16, R17, R18, R19, and has the potential to affect all 170 residents residing on the 2nd, 3rd, 4th, 5th and 6th floor of the facility. Findings include: On 6/3/2020 at approximately 9:38am, R11 AND R18 were noted waiting for the elevator, both residents were noted not following the social distancing six feet rule. R11 was noted with the surgical mask around his neck and R18 has the mask covering only his mouth. There was no staff noted monitoring the residents on the 1st floor, V4 (Safety Coordinator) stated there should be a staff member monitoring the door on the 1st floor and the elevator. V4 stated that he cannot monitor at this time because he is monitoring the resident that are smoking. On 6/3/2020 at approximately 9:44am, V5 (Activity Aide) was noted in the 5th floor dining room, also used as the activity room, was wearing a surgical mask around her neck area not covering the mouth and nose. R5, R6, R7, R8, R9, R10 and R12 were noted in activity session without wearing a mask. At 9:46am, when the surveyor asked V5 about the facility protocol on infection control use of masks. V5 stated that masks are to be worn at all times while in the facility to prevent the spread of COVID-19. V5 stated that the mask should be worn covering the nose and the mouth. V5 said I'm sorry, I will have to tell them (referring to the residents) to wear their mask. At 9:49am, V7 (Social Services Director) stated all staff and all residents are required to wear a surgical mask provided by the facility. V7 said the mask should cover the nose and the mouth. At 9:51am, V6 CNA (Certified Nurse's Aide) stated there is no shortage of PPE (Personal Protective Equipment) and that masks are to be worn at all times in the facility and the residents are to wear them too. At approximately 9:55am, V11 (Activity Aide) was in the dining area on the 6th floor activity session with R13, R14, R15, R17 was not wearing a mask. Both R13 and R15 was not sitting following the 6 feet social distancing. At approximately 10:00am, V9 RN (Registered Nurse) and V10 (CNA) stated that masks are to be worn at all times by staff and the residents. V9 stated I'm from the agency (Staffing Agency) but I know that masks should be worn covering the mouth and the nose. On 6/3/2020 at approximately 12:45pm, when the surveyor asked V14 DON (Director of Nurses) about the facility protocol on donning of masks. V14 stated the surgical mask is to be worn by all employees and residents while in the facility for Covid-19 virus prevention and it should cover the nose and the mouth. The facility presented a document titled Sequence for Putting on PPE (Personal Protective Equipment) that showed the graphic picture on donning masks and it pointed out to fit snugly to the face and below the chin.</p> <p>On 6/3/2020 at 12:25pm, V1 (Administrator) gave the facility census as 170 as follows: Second floor-18; Third Floor-37, and Fourth Floor-40, fifth floor-35, sixth floor-40 residents. V1 also stated that they have 1,200 masks currently available in the facility. On 6/3/2020 at 9:50am during observation of residents on the third floor, R19 was observed outside of her room by the nursing station without any mask or other facial covering. The surveyor prompted staff regarding this and V16 (Registered Nurse) gave a mask to R19. On 6/3/2020 at 12:10pm in the second floor Therapy room, V13 (Rehabilitation Aide) was observed not wearing a mask. On 6/3/2020 at 9:20am, V12 (Psychiatric Rehabilitation Service Aide, PRSA) was observed sitting at the front desk with her surgical mask placed below her chin. On 6/3/2020 at 12:30pm, V14 (Director of Nursing) and V1 (administrator) were both interviewed regarding the use of masks in the facility. V14 stated that all residents should wear surgical masks while outside of their rooms, and all staff should wear masks in the building to ensure that everyone is protected. V1 stated that the facility has cases of masks given to them by CDC (Center for Disease Control) and that the white cloth masks, which they still have unopened cases, are for residents only. At this time, V14 presented the facility's policy titled Coronavirus dated 2/28/20 with latest revision date 3/30/20. This policy states under #1: All staff will wear a face mask while in the facility. Masks should be changed between isolation residents and if it becomes damp. The facility did not follow these guidelines.</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.