

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145736	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/10/2020
NAME OF PROVIDER OF SUPPLIER ALDEN TOWN MANOR REHAB & HCC		STREET ADDRESS, CITY, STATE, ZIP 6120 WEST OGDEN CICERO, IL 60804	
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 observations, interviews, and record review the facility failed to properly contain the spread of Covid-19 by not immediately isolating three residents (R1, R2 and R3) who tested positive for covid-19. This failure has the potential to affect all 163 residents currently in the facility. Findings include: 10-9-2020 at 10:40am V1 (Administrator) said, I received positive test results for R1, R2, and R3 on 10-8-2020 at 8:30pm and I notified V2 (Director of Nursing). R1 is a [AGE] year old female originally admitted on [DATE] with medical [DIAGNOSES REDACTED]. Per laboratory results dated : 10-8-2020 results at 8:33pm for positive Covid-19. 10-9-2020 at 11:50am R1 was observed opening the door to her room and said, I am doing well R6 (my mother) and I are waiting for lunch and some coffee. R1 observed walking with steady and slow gait in the room and out of the room without any facial mask. No isolation precautions. R2 is a [AGE] year old male, originally admitted on [DATE] with medical [DIAGNOSES REDACTED]. Per laboratory results dated [DATE] at 8:33pm for positive Covid-19. 10-9-2020 at 1:00pm R2 observed in his room and said, I am tired. I want to rest now. R2's room door observed partially open without any signs or instructions for care; no isolation precautions. R3 is a [AGE] year old male originally admitted on [DATE] with medical [DIAGNOSES REDACTED]. Per laboratory report dated 10-8-2020 at 9:11pm for positive Covid-19. 10-9-2020 at 11:00am R3 observed sitting in his wheel chair by the entry door of his room and said, I am feeling ok, tired but I was told I am positive Covid-19. I do not know how I got it but a lot of people in the building are sick, as well as some staff members. 10-9-2020 at 2:00pm V5 (Nurse Consultant) said, the positive cases are moved to the red zone, if the patient has a roommate both patients are placed on contact/droplet precautions, the roommate will be placed on for possible exposure to covid-19 as a PUI. Isolation starts as soon as the positive results are in. I asked V1 and V2 (Director of Nursing) why R1, R2 and R3 were not isolated last night and I did not get any reasonable reason; we have rooms available for isolation. At 4:30pm V1 (Administrator) said, I was not aware that R1, R2 and R3 were not moved last night until you (surveyor) asked me. My expectation is that the patients are moved soon as we receive the positive results, we need to isolate them immediately. Nursing and housekeeping are responsible for the room changes, we have housekeeping in the building until 11pm and we had rooms available. Facility policy titled, Interim Guidance Covid-19 Control Measures (dated: 5-7-2020) reads: (under Guidance) the facility is committed to reducing the spread and transmission of Covid19 and will follow all guidance and recommendations from center for disease control, state and local health departments. (Under #2) if patients have been screened and their testing is positive for Covid19, private room or cohort with another symptomatic/positive patient, door should remain closed at all times, positive or symptomatic patients should be given a surgical 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.