STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146191	A. BUILDING _____ B. WING _____	**08/12/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MADO HEALTHCARE - UPTOWN	**4621 NORTH RACINE AVENUE CHICAGO, IL 60640**

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	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to follow its procedure in response to the COVID-19 outbreak and its activities policy and procedures by not having PPE (personal protective equipment) supplies in PPE cart and not following social distancing during activity. This failure has the potential to affect all 118 residents residing with the facility. Findings include: On 8/11/20 at 8:55 AM, observed PPE cart in the hallway close to room [ROOM NUMBER] having the only gown. No mask or gloves were available with the cart. The surveyor observed PPE cart close to room [ROOM NUMBER], having no PPE supplies (gown, gloves, and mask) at all. On 8/11/20 at 8:55 AM, V3 (Licensed Practical Nurse) stated, Our staff filled the PPE cart yesterday, and our staff in charge of filling the cart is on her way. PPE cart should have supplies in it. On 8/11/20 at 9: 05 AM, observed seven residents sitting close by in fourth-floor activity room coloring papers without following social distancing and not having facial mask properly covering nose and mouth. On 8/11/20 at 9: 05 AM, V4 (nurse) stated, The residents in the activity room are supposed to wear masks and must have followed social distancing. On 8/11/20 at 12:15 PM, observed V5 (certified nursing assistant) passing lunch trays to room [ROOM NUMBER] and set up the bedside table with trays for resident's easy access. V5 continues to pass trays to room [ROOM NUMBER] and knock on room [ROOM NUMBER] to deliver trays without hand sanitizing/washing in between tray deliveries. On 8/11/20 at 12:20 PM V5 stated, I forgot to hand sanitize in between tray deliveries, On 8/11/20 at 12:30 PM, V1 (Administrator) stated, The residents in the activity room should be seated six feet apart to color and should have wear mask. PPE boxes should contain gowns, gloves, and mask. The CNA should have sanitized her hands in between tray delivery. We will in-service her. Facility presented updated procedure in response to COVID-19 outbreak document: Ensure adequate supplies of PPE are easily accessible to staff. Record review on updated activities policy and procedures document: Residents may socially gather on floor day room with social distancing regulations followed.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE