

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145944	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2020
NAME OF PROVIDER OF SUPPLIER PRESENCE MCAULEY MANOR		STREET ADDRESS, CITY, STATE, ZIP 400 WEST SULLIVAN ROAD AURORA, IL 60506	
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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents wore mask when they were out of their room. The facility also failed to ensure residents who frequently go out of the building for treatment ([MEDICAL TREATMENT]) were placed into private room as per the facility's policy. The facility failed to ensure staff wore appropriate PPE (Personal Protective Equipment) while caring for residents on Droplet precaution. This applies to 12 of 16 residents (R4, R5-R15) reviewed for infection control in the sample of 16. The findings include: 1. On June 22, at 9:50 AM, during tour and observations of the facility with V3 (ADON-Assistant Director of Nursing), R4 was sitting in a wheelchair near the nurse's station. R4 was not wearing a mask. V5 (CNA-Certified Nursing Assistant) was adjusting R4's wheelchair and said R4 was going out for an appointment. V5 (CNA) was wearing a face mask, and no other PPE (Personal Protective Equipment). V3 (ADON) said R4 should be wearing a mask. V3 said R4 resides on the 14-day Quarantine Unit because he was recently admitted to the facility and is in quarantine for 14 days to ensure he does not exhibit any signs or symptoms of COVID-19. During tour and observations of the facility with V3 (ADON) on June 22, 2020 at 10:00 AM, R5, R6, R7, and R8 were sitting in the common area of the facility. None of the residents were wearing face masks. V3 said, There is no COVID here so they don't wear masks when they are out of their rooms. On June 22, 2020 at 11:31 AM, V3 (ADON) said, R4, R5, R6, R7 and R8 do not need to wear face masks when they are out of their rooms because they live here. On June 22, 2020 at 11:56 AM, R9 and R15 were sitting at the same table in the common area, approximately two feet away from each other. Neither resident was wearing a face mask. 2. On June 22, 2020 at 9:50 AM, during tour and observations of the facility with V3 (ADON), R13 and R14 were residing in the same room. V3 said R13 and R14 reside on the 14-day Quarantine Unit because they leave the facility for [MEDICAL TREATMENT] three times a week. The [MEDICAL TREATMENT] residents need to be monitored for COVID-19 symptoms because they go in and out of the facility frequently so they reside on the Quarantine Unit. On June 22, 2020 at 4:22 PM, V3 said, There are two open beds on the Quarantine Unit. (R13) and (R14) reside in the same room even though the policy shows that they should be in private rooms. The facility provided a list of residents receiving [MEDICAL TREATMENT] outside the facility dated June 22, 2020 showing R2, R13, R14 and R16 receive [MEDICAL TREATMENT]. R2, and R16 reside in private rooms at the facility, and R13 and R14 share the same room. 3. On June 22, 2020 at 10:41 AM, V5 (CNA) was wearing a face mask, and entered and exited the rooms of R10, R11, and R12 without donning any other PPE (Personal Protective Equipment), including gown or gloves. V5 went from one room to the next, one after another. R10, R11, and R12's rooms had signage outside the rooms showing Droplet Precautions. V5 said, We're supposed to be wearing gown, mask and gloves, but I'm not sure if its for everyone on this floor. The facility provided a list of residents recently admitted to the facility between June 8, 2020 and June 22, 2020. The list of new admissions included R4, R10, R11, and R12. On June 22, 2020 at 11:31 AM, V3 (ADON-Assistant Director of Nursing) said all residents admitted to the facility are placed on the 14-day Quarantine Unit for COVID-19 observation and require droplet precautions. V3 said, All 14-day quarantine residents are PUIs (Persons Under Investigation) for COVID-19. Staff should be wearing mask, gloves and gown. (V5) knows better. The facility's policy entitled: Procedure: COVID-19 Infection and Prevention Guidelines revised 5/2020 shows: Overview: These Guidelines are based on the most recent guidance available, at the time of publishing; follow local, state or federal requirements that are stricter. . A. For Associates/Contracted Providers/Caregivers: . d. Wear PPE (Personal Protective Equipment) appropriately . E. Resident Cohorting and Associate Assignment: . c. Admission/Readmission and residents frequently out of the building for treatment (e.g. [MEDICAL TREATMENT]) are not to be placed into semi-private rooms. F. Dining and Activities: a. No group activities are to be performed at this time. The facility's policy entitled Transmission-Based Precautions last revised 03/2020 shows: Policy: It shall be the policy this community to establish Standards/Transmission-Based Precautions as part of Infection Prevention and Control Program. Droplet Precautions: 2. If secretions cannot be contained: a. Initiate isolation procedures: II. Gloves - wear gloves upon entering the resident's room. III. Gown - wear a gown upon entering the resident's room. IV. Mask and protective eyewear - wear a mask. Wear protective eyewear if potential exists for facial exposure to infectious body material. V. Transportation - Limit the movement and transportation of the resident from the room. If necessary to move the resident from the room, precautions are maintained while the resident is out of the room. Resident to wear a mask when out of the room . The Illinois Department of Public Health document entitled, COVID-19 Control Measures for Long Term Care Interim Guidance, revised May 7, 2020, shows, Ensure all residents wear a cloth face covering for source control whenever they leave their room or are around others, including whenever they leave the facility for essential medical appointments. Whenever a resident is outside their room, they should wear a cloth face covering or facemask, perform hand hygiene, limit their movement in the facility, and perform social distancing (stay at least six feet away from others.) Residents should wear a face covering or facemask (if tolerated) during direct care activities .</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.