

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145087</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/12/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MANORCARE OF OAK LAWN WEST</b>		STREET ADDRESS, CITY, STATE, ZIP <b>6300 WEST 95TH STREET OAK LAWN, IL 60453</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 - Few</b>	<p><b>Provide and implement an infection prevention and control program.</b>  <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b>  Based on observation, record review and interview the facility failed to perform hand hygiene when entering and exit from resident rooms for 7 (R5, R6, R7 R8, R9 R10 and R11) of 11 residents and failed to don personal protective equipment for resident on isolation for 4 (R5, R6, R7 and R8) of 11 residents in a sample of 11 reviewed for infection control practices and failed to ask 8 screening questions of 3 (V10 -V12) visitor reviewed for screening of signs and symptoms upon entrance to the facility. Findings include: On 6/11/2020 lunch tray pass observations with V 4 (CNA) who had on mask and eye protection. At 11:54 AM, lunch tray delivered to R5's room. No gown or gloves donned prior to entering room. No hand hygiene observed upon exiting room. At 11:58 AM, V4 observed entering R 6's room without donning gown or gloves. V 4 removed previous food tray from R6's room. No observations of hand hygiene performed. At 11:59 AM, V 4 entered R7's room without donning gown or gloves. V 4 (CNA) assisted R7 with tray set up and cutting R7 food. V4 exiting R7's room with no hand hygiene performed. V4 observed getting coffee from common drink cart on hallway and then at 12:03 PM returned to R7's room without donning gown or gloves. V 4 observed entering R8's room without donning gown or gloves. V4 assisted with R8's tray set up and adjusting R8 bed height. V4 observed exiting room with no hand hygiene performed. At 12:05 PM, V 4 answered R9's call light and observed exiting R9's room without performing hand hygiene. At 12:07 V4 entering R9 and exiting R9 room with no hand hygiene performed. At 12:09, V4 entering R 10's room and delivered lunch tray. V4 observed putting on gloves to assist R10 in bed. V4 observed removing gloves and exiting room with no hand hygiene performed. At 12:12pm, V4 observed entering R11's room and exiting with no hand hygiene observed. At 12:15, V4 delivered lunch tray to R11 and assisted with tray set up and feeding R11. R5's physician order [REDACTED]. R6's physician order [REDACTED]. R7's physician order [REDACTED]. R8's physician order [REDACTED]. R9, R10 and R11 orders do not indicate any orders for isolation. On 6/11/2020 at 2:00pm, V2 (DON) stated handwashing should be performed every time you remove gloves and between patients. On 6/12/2020 at 11:33 AM, V 2 (DON) stated any staff entering an isolation room with airborne precautions should be donning gown, gloves, mask and eye protection. On 6/11/2020 at 12:40 PM, V4 (CNA) stated resident with orange signs are on isolation and when staff enter those rooms they need to put on gown and gloves, in addition to mask and eye protection. Hand hygiene performed when gloves are removed and between residents. I do not have my own sanitizer but there are ones in hallways we can use or in resident rooms. Facility policy titled basic concepts hand hygiene dated 5/2013 documents hand hygiene is the single most important measure for reducing the risk of the spread of infection. It can reduce the transmission of health care associated infections to patients and staff. The following is a list of some situations that require hand hygiene: before and after entering isolation precautions setting, before and after assisting a patient with a meals, before applying gloves, after removing gloves and after touching items or surfaces in the immediate care area even if the patient was not touched. Facility document dated 5/21/20 titled PPE requirements based on clinical situation documents that patients who are covid negative, covid recovered or who are asymptotic with unknown covid status have the following required PPE mask, eye protection and gloves. 2. On 6/11/2020 at 9:30AM, V10, V11 and V12 (Surveyors) entered facility. V9 (receptionist) took surveyors temperatures and signed into log book. No other questions or screening was performed by facility staff. Surveyors entered conference room. On 6/11/2020 at 11:25 AM, V 13 (lab technician) entered the building and V 9 (receptionist) observed taking temperature of V 13 (lab technician) and asked him to sign in book. No other verbal screening observed. V 13 (Lab technician) entered facility. On 6/11/2020 at 200Pm, V 2 (DON) stated any person entering the building will have their temperature checked, screening questionnaire and symptoms checked. All entries are logged on screening form with temperature. Facility visitor log documents date, time, patient name, visitor name, phone number, temperature and signs of symptoms of dry cough/shortness of breath. Facility coronavirus disease 2019 visitor screening dated 4/4/2020 documents 8 questions to be asked/answered. Also documents laboratory and radiology vendors entering the facility are to be screened and required to wear a mask while in the facility.</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.