

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145648	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/13/2020
NAME OF PROVIDER OF SUPPLIER CENTRAL NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP 2450 NORTH CENTRAL AVENUE CHICAGO, IL 60639	
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 - Immediate jeopardy Residents Affected - Many	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on the unprecedented coronavirus global pandemic that resulted in the Presidential declaration of a State of National Emergency dated 3/13/20, the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) Memo QSO-20-14-NH revised on 3/13/20, Nursing Home guidance from the Centers for Disease Control (CDC), and observation, interview, and record review, the facility failed to: rapidly identify residents with potential symptoms of COVID-19 infection; notify residents' physicians of potential symptoms of COVID-19; isolate residents with potential symptoms of COVID-19 from other residents; encourage social distancing while residents smoked; and have a method of surveillance to detect residents with possible symptoms of COVID-19. This had the potential to affect all 218 residents in the facility and resulted in an Immediate Jeopardy (IJ) to their health and safety. The IJ began on 3/29/20, when R1 developed an elevated temperature, a possible symptom of COVID-19, and the facility failed to separate the resident from other residents in the facility. R1 subsequently tested positive [DIAGNOSES REDACTED]-CoV-2, the coronavirus associated with COVID-19. The facility is located in a county with sustained community transmission, many active cases of COVID-19 and many deaths have occurred. The Director of Nursing (DON) was notified of the Immediate Jeopardy 4/9/20 at 4:57 pm. Findings include: According to the Centers for Disease Control (CDC), Given their congregate nature and residents served (e.g., older adults often with underlying chronic medical conditions), nursing home populations are at the highest risk of being affected by COVID-19. If infected with [DIAGNOSES REDACTED]-CoV-2, [MEDICAL CONDITION] that causes COVID-19, residents are at increased risk of serious illness, retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html on 4/15/20 at 10:42 am. 1. During an entrance interview on 4/9/20 at 11 am, with the DON and ADON, when asked if the facility had any confirmed cases of residents with COVID-19 or persons under investigation, the ADON stated that R1 was in the hospital and had been tested for COVID-19. The DON then stated, We have residents with temperatures. They are being monitored. 2. Observation on 4/9/20 at 11:52 am, 15 residents were observed smoking cigarettes on the first floor patio. Seven of the 15 residents were observed standing or sitting within 6 feet of one another. None of the residents observed on the patio were wearing personal protective equipment (PPE) such as face masks. The staff designated as the smoking monitor did not encourage residents to practice social distancing. 3. Review of R1's Electronic Medical Record (EMR) Medical Diagnoses, revealed R1 was [AGE] years old and had [DIAGNOSES REDACTED]. Review of the facility's, Vitals Log, dated 3/29/20 to 4/2/20, revealed that R1 had the following elevated body temperature: 3/29/20, not timed, 100.9 degrees Fahrenheit; 3/31/20, not timed, 99.5 degrees Fahrenheit; 4/1/20, not timed, 99.4 degrees Fahrenheit; and 4/2/20, not timed, 99.5 degrees Fahrenheit. Review of R1's Progress Notes, revealed the following: 4/2/20 at 11 pm, .10:50PM- Noted resident with O2 sat (oxygen saturation which measures the oxygen in the blood) of 88% RA (room air), O2 given 3LPM (liters per minute) via NC (nasal cannula which is a tube used to deliver oxygen), BP (blood pressure)- 110/70, PR (pulse rate)-95, RR (respiratory rate)-25, T (temperature)-99.5F, O2 sat 93% on O2 3LPM. Called (name of physician) with new order to send resident to ER (emergency room) via 911. 11:00PM- 911 here. Resident (sic) left with the paramedics . 4/3/20 at 4:34 am, .Resident was sent out this evening via 911. Resident got admitted to (name of hospital) with Dx (diagnosis): R/O (rule out) Covid (sic) .Acute [MEDICAL CONDITION] with fevers - due to Covid (sic) 19 . Review of R1's laboratory report, dated 4/9/20 at 10:28 pm, revealed that R1 had a lab test for COVID-19 collected on 4/3/20 at the hospital. The subsequent results, dated 4/9/20 at 10:28 pm, revealed, The specimen is positive for [DIAGNOSES REDACTED]-CoV-2, the coronavirus associated with COVID-19. Review of R1's hospital Progress Note, dated 4/10/20 at 12:09 pm, revealed, .Principal Problem: Pneumonia, primary atypical due to COVID 19 . Review of the facility's Vitals Log, dated 3/29/20 to 4/2/20, also revealed that R1 was sharing a room with three other residents, R17, R18, and R19 and had not been isolated from other residents in the facility after having elevated temperatures, possible signs and symptoms of COVID-19. 4. Review of R2's EMR Medical Diagnoses, revealed R2 was [AGE] years old and had [DIAGNOSES REDACTED]. Review of R2's Progress Note, dated 4/9/20 at 2:10 pm, revealed, 10PM Went out for [MEDICAL TREATMENT] on (sic) wheelchair, with escort with communication form. 12PM tested positive for COVID . Review of R2's Results COVID-19 PCR, dated 4/9/20 at 2:24 am, revealed that the test was collected on 4/8/20 at 11:35 am by the hospital and the subsequent results revealed COVID-19 was detected for R2. Review of the facility's Daily Census, on 4/8/20 and 4/9/20, revealed that R2 was sharing a room with one other resident, R20 and had not been isolated from other residents in the facility pending the results of the COVID-19 testing. 5. Review of R5's EMR Medical Diagnoses, revealed R5 was [AGE] years old and had [DIAGNOSES REDACTED]. Review of the facility's, Vitals Logs, dated 4/8/20, revealed that R5 had the following elevated body temperature: 4/8/20, not timed, 102.9 degrees Fahrenheit. Review of R5's Progress Notes revealed the following: 4/9/20 at 6:45 am, .Resident will be returning back to facility. Test performed in the ER (emergency room): Nasal swab done to R/O (rule out) Covid (sic)-19 with result pending 3-5 days . 4/9/20 at 2:14 pm, .4th floor nurse received a call from the hospital that nasal swab was done to r/o (rule out) covid (sic). resident (sic) placed on contact and droplet precaution to r/o (rule out) covid (sic) . Review of R5's hospital After Visit Summary, dated 4/8/20, revealed, Instructions. This patient was tested for coronavirus and those test results will not be available for 3 to 5 days. Please quarantine this patient as best as you are able . Review of the facility's Vitals Log, dated 4/9/20, also revealed that R5 was sharing a room with one other resident, R25, after returning to the facility from the hospital, and had not been isolated from other residents in the facility pending the results of his COVID-19 lab test until several hours after returning to the facility. Review of the facility's Vital Log, dated 4/11/20, revealed that R25, R5's roommate, had subsequently experienced an elevated temperature of 101.6 degrees Fahrenheit. 6. Review of R12's EMR Medical Diagnoses, revealed R12 was [AGE] years old and had [DIAGNOSES REDACTED]. Review of the facility's, Vitals Log, dated 4/5/20 to 4/9/20, revealed that R12 had the following elevated body temperature: 4/5/20, not timed, 99.8 degrees Fahrenheit; 4/6/20, not timed, 99.8 degrees Fahrenheit; 4/7/20, not timed, 100 degrees Fahrenheit; 4/8/20, not timed, 101.8 degrees Fahrenheit; and 4/9/20, not timed, 101.7 degrees Fahrenheit. Review of R12's Progress Notes and Physician order [REDACTED]. temperatures. Review of the facility's Vitals Log, dated 4/5/20 to 4/9/20, also revealed that R12 was sharing a room with three other residents, R36, R37, and R13 and had not been isolated from other residents in the facility after having an elevated temperature that is a possible sign and symptom of COVID-19. R12's roommate R13 subsequently developed a temperature on 4/8/20. 7. Review of R13's, R12's roommate's, EMR Medical Diagnoses, revealed R13 was [AGE] years old and had [DIAGNOSES REDACTED]. Review of the facility's, Vitals Log, dated 4/8/20 to 4/9/20, revealed that R13 had the following elevated body temperature: 4/8/20, not timed, 100.8 degrees Fahrenheit; and 4/9/20, not timed, 102.3 degrees Fahrenheit. Review of R13's Progress Notes and Physician order [REDACTED]. temperature until after this surveyor spoke with Registered Nurse (RN1) regarding R13's elevated temperatures on 4/9/20. Review of the facility's Vitals Log, dated 4/8/20 to 4/9/20, also revealed that R13 was sharing a room with three other residents, R36, R37, and R12 and had not been isolated from other residents in the facility after having possible signs and symptoms of COVID-19. 8. Review of R15's EMR Medical Diagnoses, revealed R15 was [AGE] years old and had [DIAGNOSES REDACTED]. Review of the facility's, Vitals Log, dated 4/5/20 to 4/8/20, revealed that R15 had the following elevated body temperature:</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.

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F 0880 Level of harm - Immediate jeopardy Residents Affected - Many	<p>(continued... from page 1) 4/5/20, not timed, 99.8 degrees Fahrenheit; 4/6/20, not timed, 99 degrees Fahrenheit; 4/7/20, not timed, 100 degrees Fahrenheit; and 4/8/20, not timed, 100.8 degrees Fahrenheit. Review of R15's Progress Notes and Physician order [REDACTED]. temperature. Review of R15's Progress Note, dated 4/8/20 at 12:48 pm revealed, .rieved (sic) call yesterday (sic) fever was 102. today (sic) she is 98.2 today after Tylenol (sic). patient (sic) slouched in bed. patient (sic) is (sic) bed resting with oxygen. Cxr (chest x-ray) was ordered yesterday awaiting the results at this time . Review of R15's Progress Note, dated 4/11/20 at 4:45 pm, revealed .resident is admitted at (name of hospital) with Dx (diagnosis) AMS (altered mental status), pneumonia, suspected covid (sic) 19 . Review of the facility's Vitals Log, dated 4/5/20 to 4/9/20, also revealed that R15 was sharing a room with three other residents, R29, R30, and R31 and had not been isolated from other residents in the facility after having possible signs and symptoms of COVID-19. Review of the facility's Vital Log, dated 4/10/20, revealed that R30, R15's roommate, had subsequently experienced an elevated temperature of 102.9 degrees Fahrenheit. 9. Review of R14's EMR Medical Diagnoses, revealed R14 was [AGE] years old and had [DIAGNOSES REDACTED]. Review of the facility's, Vitals Log, dated 4/8/20, revealed that R14 had the following elevated body temperature: 4/8/20, not timed, 100.6 degrees Fahrenheit. Review of R14's Progress Notes and Physician order [REDACTED]. temperature. Review of the facility's Vitals Log, dated 4/8/20 to 4/9/20, also revealed that R14 was sharing a room with one other residents, R38, and had not been isolated from other residents in the facility after having possible signs and symptoms of COVID-19. Review of the facility's Vital Log, dated 4/10/20, revealed that R38, R14's roommate, had subsequently experienced an elevated temperature of 101.4 degrees Fahrenheit. 10. Review of R7's EMR Medical Diagnoses, revealed R7 was [AGE] years old and had [DIAGNOSES REDACTED]. Review of the facility's, Vitals Logs, dated 4/8/20, revealed that R7 had the following elevated body temperature: 4/8/20, not timed, 100.2 degrees Fahrenheit. Review of R7's Progress Notes and Physician order [REDACTED]. temperature. Review of R7's Progress Note, dated 4/10/20 at 2:04 pm, revealed .resident was under investigation, place on strict contact isolation, droplet . Review of the facility's Vitals Log, dated 4/8/20 to 4/9/20, also revealed that R7 was sharing a room with three other residents, R26, R27, and R28 and had not been isolated from other residents in the facility after having possible signs and symptoms of COVID-19. Review of the facility's Vital Log, dated 4/10/20, revealed that R27, R7's roommate, had subsequently experienced an elevated temperature of 101.2 degrees Fahrenheit. 11. Review of R3's EMR Medical Diagnoses, revealed R3 was [AGE] years old and had [DIAGNOSES REDACTED]. Review of the facility's, Vitals Logs, dated 3/29/20 to 4/4/20, revealed that R3 had the following elevated body temperature: 4/2/20, not timed, 99.1 degrees Fahrenheit and 4/4/20, not timed, 99.3 degrees Fahrenheit. Review of R3's Progress Notes, dated 4/3/20 at 9:36 pm, revealed that R3 had an additional elevated temperature of 99.6 degrees Fahrenheit. Review of R3's Physician Orders, revealed the following: 4/2/20, Vital signs (pulse rate, temperature, respiration rate, and blood pressure) Q (every) shift x (times) 5 days. Chest X-ray, 4/5/20, Send to .ER (emergency room) via 911 . Review of R3's EMR, dated 4/2/20 to 4/5/20, and review of the facility's Vitals Log, dated 4/2/20 to 4/5/20, revealed R3's vital signs were documented one time each day and were not documented every shift per the physician's orders [REDACTED].She was sent to the emergency room and Intubated (insertion of a tube into the airway) for airway protection and severe hypoxemia (low oxygen levels). She was placed on mechanical ventilation (a form of life support) .Now still sedated and remains In ICU (intensive care unit) with poor prognosis .Continue supportive care patient remains intubated receiving IV (intravenous) antibiotic patient has positive COVID 19 . Review of the facility's Vitals Log, dated 4/2/20 to 4/5/20, also revealed that R3 was sharing a room with three other residents, R21, R22, and R23 and had not been isolated from other residents in the facility after having possible signs and symptoms of COVID-19. 12. Review of R4's EMR Medical Diagnoses, revealed R4 was [AGE] years old and had [DIAGNOSES REDACTED]. Review of the facility's, Vitals Log, dated 4/5/20 to 4/10/20, revealed that R4 had the following elevated body temperature: 4/8/20, not timed, 100.3 degrees Fahrenheit. Review of R4's Progress Notes and Physician order [REDACTED]. temperature. Review of R4's Progress Note, dated 4/10/20 at 4:32 pm, revealed, . The resident is .noted with generalized weakness, verbalized feeling alright . At 6 pm noted resident did not eat dinner, verbalized not hungry. VS (vital signs) checked: BP (blood pressure) 106/70, P (pulse) 110, R (respirations) 19, T (temperature) 100.8F, O2 sat (oxygen saturation) 87% on RA (room air). MD (medical doctor) made aware with an order to give Oxygen at 3L/min (liters per minute) via NC (nasal cannula) and to send resident to .ER (emergency room) for evaluation .At 11 Pm: resident admitted with DX (diagnosis) Pneumonitis (inflammation in the lungs) . Review of the facility's Vitals Log, dated 4/8/20 to 4/10/20, also revealed that R4 was sharing a room with one other resident, R24 and had not been isolated from other residents in the facility after having possible signs and symptoms of COVID-19. 13. Review of R6's EMR Medical Diagnoses, revealed R6 was [AGE] years old and had [DIAGNOSES REDACTED]. Review of the facility's, Vitals Logs, dated 4/5/20 to 4/10/20, revealed that R6 had the following elevated body temperatures: 4/5/20, not timed, 101.2 degrees Fahrenheit; 4/6/20, not timed, 101.3 degrees Fahrenheit; and 4/7/20, not timed, 101 degrees Fahrenheit. Review of R6's Progress Note, dated 4/8/20 at 11:58 pm, revealed, .11:35PM- Noted resident desaturating (dropping oxygen saturations in the blood) at 88%RA (room air). O2 (oxygen) given at 15LPM (liters per minute) via non re-breather mask O2sat (oxygen saturation) 95%RA (room air). BP (blood pressure)- 140/80, P (pulse) -96, T (temperature) -99.5F, RR (respiratory rate)-25, BS (blood sugar)-174. Alert but with bouts of confusion. Called 911. 911 here. 12AM- Resident left with 911 paramedics via stretcher . Review R6's hospital Progress Note, dated 4/10/20 at 12:06 pm, revealed, .The patient desaturated yesterday and was Intubated currently on ventilator support, continue to have low-grade fever. Rule out COVID-19: Labs pending . Review of the R6's EMR dated 4/5/20 to 4/10/20, revealed that R6 had not been isolated from other residents in the facility after having possible signs and symptoms of COVID-19. 14. Review of R8's EMR Medical Diagnoses, revealed R8 was [AGE] years old and had [DIAGNOSES REDACTED]. Review of the facility's, Vitals Logs, dated 4/5/20 to 4/9/20, revealed that R8 had the following elevated body temperature: 4/8/20, not timed, 100.1 degrees Fahrenheit and 4/9/20, not timed, 100.8 degrees Fahrenheit. Review of R8's Progress Notes and Physician order [REDACTED]. temperature. Review of the facility's Vitals Log, dated 4/5/20 to 4/9/20, also revealed that R8 was sharing a room with two other residents, R32 and R33 and had not been isolated from other residents in the facility after having possible signs and symptoms of COVID-19. 15. Review of R9's EMR Medical Diagnoses, revealed R9 was [AGE] years old and had [DIAGNOSES REDACTED]. Review of the facility's, Vitals Log, dated 4/9/20, revealed that R9 had the following elevated body temperatures: 4/9/20, not timed, 100.1 degrees Fahrenheit. Review of R9's Progress Notes and Physician order [REDACTED]. temperature until after this surveyor discussed R9's elevated temperature with RN1 on 4/9/20. Review of the facility's Vitals Log, dated 4/9/20, also revealed that R9 was sharing a room with one other resident, R34 and had not been isolated from other residents in the facility after having possible signs and symptoms of COVID-19. 16. Review of R10's EMR Medical Diagnoses, revealed R10 was [AGE] years old and had [DIAGNOSES REDACTED]. Review of the facility's, Vitals Log, dated 4/5/20 to 4/9/20, revealed that R10 had the following elevated body temperature: 4/5/20, not timed, 99.8 degrees Fahrenheit; 4/6/20, not timed, 99.8 degrees Fahrenheit; 4/7/20, not timed, 99.8 degrees Fahrenheit; 4/8/20, not timed, 100.4 degrees Fahrenheit and 4/9/20, not timed, 101.2 degrees Fahrenheit. Review of R10's Physician Orders, dated 4/7/20, revealed, .monitoring B. temp Q shift . Review of R10's EMR, dated 4/7/20 to 4/9/20, and review of the facility's Vital Signs log, dated 4/7/20 to 4/9/20, revealed R10's vital signs were documented one time each day and were not documented every shift per the physician's orders [REDACTED]. temperature of 101.2 until after this surveyor spoke with RN1 about R10's elevated temperature. 17. Review of R11's EMR Medical Diagnoses, revealed R11 was [AGE] years old and had [DIAGNOSES REDACTED]. Review of the facility's, Vitals Log, dated 4/7/20 to 4/9/20, revealed that R11 had the following elevated body temperature: 4/7/20, not timed, 99 degrees Fahrenheit; 4/8/20, not timed, 99.8 degrees Fahrenheit; and 4/9/20, not timed, 100.3 degrees Fahrenheit. Review of R11's Progress Notes and Physician order [REDACTED]. temperature. Review of the facility's Vitals Log, dated 4/7/20 to 4/9/20, also revealed that R11 was sharing a room with one other residents, R35 and had not been isolated from other residents in the facility after having possible signs and symptoms of COVID-19. 18. Review of R16's EMR Medical Diagnoses, revealed R16 was [AGE] years old and had [DIAGNOSES REDACTED]. Review of the facility's, Vitals Log, dated 4/5/20 to 4/8/20, revealed that R# had the following elevated body temperature: 4/5/20, not timed, 99 degrees Fahrenheit; 4/7/20, not timed, 99.9 degrees Fahrenheit; 4/8/20, not timed, 99.1 degrees Fahrenheit; and 4/9/20, not timed, 100.7 degrees Fahrenheit. Review of R16's Progress Notes and Physician order [REDACTED]. temperature until after this surveyor spoke with RN1 regarding R16's elevated temperature on 4/9/20. Review of the facility's Vitals Log, dated 4/5/20 to 4/9/20, also revealed that R16 was sharing a room with two other residents, R39 and R40, and had not been isolated from other residents in the facility after having possible signs and symptoms of COVID-19. 19. During an interview on 4/9/20 at 11 am, with the DON and ADON, the DON and ADON revealed that R5 had been sent to the emergency room and was tested for possible COVID-19. The ADON and DON confirmed that R5 return to the facility with COVID-19 test pending and was put back into his room with roommate, R25. During the same interview, when asked how the facility is addressing residents that go to the hospital and return to the facility, the DON stated, If</p>		

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F 0880 Level of harm - Immediate jeopardy Residents Affected - Many	<p>(continued... from page 2)</p> <p>they don't have any signs or symptoms we put them back to their (original) rooms. During the same interview, when asked if R5's temperature is a possible symptom of COVID-19, the DON stated, I just hope not but to play safe we had a swab for him .We had previous readmissions and they were negative for COVID so we put them in their room. During an interview on 4/9/20 at 11 am, with the DON and ADON, when asked how the facility is doing surveillance for residents with potential symptoms of COVID-19, the ADON and DON, revealed that the facility is taking temperatures on all the residents daily and if the resident has a fever their temperature is taken every shift. During an interview on 4/9/20 at 11 am, with the DON and ADON, when asked about how the facility is preventing transmission when the residents go out to smoke cigarettes, the ADON stated, So they got distance. We try to encourage them to limit going (outside in groups). During an interview on 4/9/20 at 11 am, with the DON and ADON, when asked about the facility's plan to cohort residents with confirmed COVID-19 or potential signs and symptoms of COVID-19 infection, the ADON stated, Honestly I'm not sure what to say. If we do get COVID patients? That's something we will have to plan. We do plan to isolate them but not on a specific wing yet. 20. During an interview on 4/9/20 at 1 pm, Nurse Practitioner (NP), when asked if she had any concerns related to the facility's efforts to prevent COVID-19 transmission, the NP stated, Transfer communication was an issue with a resident that came back from the hospital and had a test. The hospital never told the nurse. 21. During an interview on 4/9/20 at 1:15 pm, with the Infection Preventionist, when asked if the facility was isolating residents immediately when the resident had potential symptoms of COVID-19, the Infection Preventionist stated, We do. We put them in a single room right away. When asked the facility's process when a resident returns to the facility after going to the hospital, the Infection Preventionist stated, Now we (sic) isolating them until we get the results (of COVID-19 testing). When asked if R5 was put in isolation pending the results of his COVID-19 test, the Infection Preventionist stated, (R5) came back this morning. No he was put in the same room and then we transferred him (to another room) around 11 am. During the same interview on 4/9/20 at 1:15 pm, with the Infection Preventionist, when asked how many residents in the facility were being monitored for elevated temperatures and/or respiratory symptoms, the Infection Preventionist stated, I should say probably four or five. The charge nurse is monitoring every floor. When asked if the facility was collecting vital signs every eight hours per the Illinois Department of Public Health's Long Term Care Facilities Guidance, the Infection Preventionist confirmed that the facility was only monitoring resident vital signs once daily. According to the Illinois Department of Public Health, All residents should be screened by obtaining full set of vitals AND pulse oximetry every 8 hours . retrieved from https://www.dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus/long-term-care-guidance on 4/9/20 at 1:30 pm. During a follow-up interview on 4/9/20 at 2:20 pm with the Infection Preventionist, regarding R5, the Infection Preventionist stated, The hospital just called the first floor this morning that they did swab him (to test for COVID-19. During the (nurse to nurse) report when he came back they did not mention the swab. The Infection Preventionist then confirmed that R5 returned to the facility after being tested for COVID-19 at 4:30 am and was returned to his original room with three roommates and was not isolated from other residents until the following afternoon. 22. During an interview on 4/9/20 at 2:07 pm with Licensed Practical Nurse (LPN1), when asked about R5, LPN1 stated, So doctor called me and just mentioned to start the [MEDICATION NAME]. He just came from the hospital so I guess it was best to isolate him from other residents. We moved (R5 to a room by himself) just before lunch. LPN1 then confirmed that R5 had been in a room with three other residents since returning from the hospital during the prior nurse's shift and was not isolated from other residents while awaiting the results of COVID-19 testing. During the same interview on 4/9/20 at 2:07 pm with LPN1, when asked if R4 was being monitored for elevated temperatures and/or respiratory symptoms, LPN1 stated, She's been good. No fevers and her vitals have been good. When asked about R4's elevated temperature on 4/8/20 of 100.3 degrees Fahrenheit, LPN1 stated, That one I'm not sure about. When asked if there was any indication in the R4's record that the physician had been notified, LPN1 stated, I'm not aware of that. When asked if R4 was exhibiting any respiratory symptoms, LPN1 stated, She usually asks for cough syrup and I did see her cough a couple times. During the same interview on 4/9/20 at 2:07 pm with LPN1, when asked when the nurse should notify the physician of a resident's elevated temperature, LPN1 stated, I usually notify them as soon as possible. 23. During an interview on 4/9/20 at 2:32 pm, with RN1, when asked if R10 was being monitored for elevated temperatures and/or respiratory symptoms, RN1 stated, We are checking on his temperature and blood pressure per the doctor. He saw him (R10) and he was a little weaker than usual. His temperature now is 97-98. He is a smoker but I don't think he went out today. RN1 then verified that the Vitals Log, dated 4/9/20, documented R10's temperature as 101.2 degrees Fahrenheit. RN1 then stated, That was from the other nurse. When I come in I check it myself and I didn't get that temperature. When asked if the prior nurse had told the on-coming nurse about R10's elevated temperature, RN1 confirmed that he had not been told R10 had an elevated temperature. During the same interview on 4/9/20 at 2:32 pm, with RN1, when asked if R14 was being monitored for elevated temperatures and/or respiratory symptoms, RN1 stated, No concerns about him. RN1 then confirmed that the Vitals Log, dated 4/8/20, documented R14's temperature as 100.6 degrees Fahrenheit. When asked when the nurse should notify the physician of a resident's temperature, RN1 stated, For me, a 100 and up. During the same interview on 4/9/20 at 2:32 pm, with RN1, when asked if R16 was being monitored for elevated temperatures and/or respiratory symptoms, RN1 stated, No concern for me at least. RN1 then confirmed that the Vitals Log, dated 4/9/20, documented R16's temperature as 100.7 degrees Fahrenheit. When asked if the physician had been notified of R16's elevated temperature, RN1 confirmed that there was no documentation that the physician had been notified in R16's medical record. During the same interview on 4/9/20 at 2:32 pm, with RN1, when asked if R9 was being monitored for elevated temperatures and/or respiratory symptoms, RN1 stated, I check on her because she does complain that she will feel warm. She is a smoker so she does have some shortness of breath that's not new for her. RN1 then confirmed that the Vitals Log, dated 4/9/20, documented R9's temperature as 100.1 degrees Fahrenheit. When asked if R9 had gone to the smoking patio during the designated smoking time 11:52 am, RN1 stated, She has gone to smoke at least once today. Maybe twice. During the same interview on 4/9/20 at 2:32 pm, with RN1, when asked if R11 was being monitored for elevated temperatures and/or respiratory symptoms, RN1 stated, They didn't give anything in report for him. He just stays in the room on his own. No shortness of breath or any other symptoms. RN1 then confirmed that the Vitals Log, dated 4/9/20, documented R11's temperature as 101.3 degrees Fahrenheit. When asked if the physician had been notified of R11's elevated temperature, RN1 confirmed that there was no documentation that the physician had been notified in R11's medical record. During the same interview on 4/9/20 at 2:32 pm, with RN1, when asked if R15 was being monitored for elevated temperatures and/or respiratory symptoms, RN1 stated, We been monitoring her very closely. She was not doing well a day or two ago and we put her on oxygen. We get an order for [REDACTED], a lot today. The nurse mentioned to me he was in the 99's (temperature) and she gave him Tylenol. RN1 then confirmed that the Vitals Log, dated 4/9/20, documented R12's temperature as 101.7 degrees Fahrenheit. When asked if the physician had been notified of R12's elevated temperature, RN1 confirmed that there was no documentation that the physician had been notified in R12's medical record. During the same interview on 4/9/20 at 2:32 pm, wit</p>		