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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145942 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/17/2020 |
| NAME OF PROVIDER OF SUPPLIER OAK LAWN RESPIRATORY & REHAB | | STREET ADDRESS, CITY, STATE, ZIP 9525 SOUTH MAYFIELD OAK LAWN, IL 60453 | |
| 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** Based on observations, interviews and record reviews, this facility failed to properly prevent and/or contain the spread of COVID-19 by not following their infection control protocols to include monitoring and assessment every 4 hours of 6 COVID positive (R1-R6) residents in a sample of 6 reviewed for monitoring signs and symptoms of COVID19. Findings include: On 6/16/2020 at 10:25am, V4 CNA (certified nurse aide) is observed rounding on R3. V4 then exits the Covid-19 nursing unit without rounding on R4 or R5. Between 10:25am and 10:50am, the only persons on this nursing unit are R3, R4, R5, and this surveyor. On 6/16/2020 at 10:50am, V4 returns to the Covid-19 nursing unit. V4 exits this unit at 10:57am. On 6/16/2020 at 11:05am, R3 is observed calling for help, not using call light device for assistance. On 6/16/2020 at 11:07am, V5 LPN (licensed practical nurse) is observed entering the Covid-19 nursing unit. V5 is observed entering R3's room upon hearing R3 call out for help. V5 exits this unit at 11:10am. V5 does not round on R4 or R5 before exiting unit. Between 11:10am and 11:28am, the only persons on this nursing unit are R3, R4, R5, and this surveyor. On 6/16/2020 at 11:28am, V4 returns to this nursing unit and sits in chair outside of R4's room. On 6/16/2020 at 11:46am, lunch meal trays are delivered to this nursing unit for R3 and R5. On 6/16/2020 at 11:55am, V5 returns to this nursing unit to obtain R5's blood pressure. V5 is observed informing R5 she will return after R5 is finished with meal. At 12:27pm, V5 returns to this unit and enters R5's room. On 6/16/2020 at 12:15pm, V 3 (infection control nurse) stated resident vitals are monitored every 4 hours on red zone (Covid-19 nursing unit) and every 8 hours on yellow zone on medication administration record. On 6/16/2020 at 12:35pm, V5 LPN (licensed practical nurse) stated that residents that are Covid-19 positive have vital signs and signs/symptoms monitored every 4 hours. V5 stated that V5 usually stays on this nursing unit, but today V5 is using computer at nurses' station down the hall. V5 stated that there is usually a portable computer on the Covid-19 nursing unit, but it's not there today. R1: R 1 was admitted to facility on 4/22/2020 with [DIAGNOSES REDACTED]. R1's Medication Administration Record [REDACTED]. At 2200, no vital or entries documented on 6/5/2020, 6/8/2020, and 6/11/2020. R1's progress notes do not document vitals completed every 8 hours. R2: R 2 was admitted to facility on 5/2/2020 with [DIAGNOSES REDACTED]. R 2's Medication Administration Record [REDACTED]. Under the physician order documents for symptomatic suspected or residents being tested for Covid-19 temperature, blood pressure oxygen saturation and signs and symptoms every 8 hours, there is a check mark indicated at 0600, 1400 and 2200. R2's progress notes do not document vitals completed every 8 hours. R 2's blood pressure summary for June has one entry for 6/16/2020. R 2's temperature summary for June has one entry for 6/16/2020. R 2's pulse summary for June has one entry for 6/16/2020. R 2s respirations and oxygen saturations have no documented entries for June. R3: Review of the medical record notes R3 was admitted to this facility on 4/19/2020 with [DIAGNOSES REDACTED]. On 5/20/20, R3 was transferred off the Covid-19 nursing unit to the first floor nursing unit. R3 was transferred back onto the Covid-19 nursing unit on 6/12/20. Review of R3's pre-admission hospital record, dated 4/11/2020, notes R3 was tested for Covid-19. On 4/12/20, R3's test result was positive for Covid-19. Review of R3's POS (physician order sheet), notes the following orders: 4/20/20, transmission based contact/droplet isolation, 4/28, for symptomatic, suspected or resident being tested for COVID 19- temperature, heart rate, respirations, blood pressure, and oxygen saturation level every 4 hours (report immediately any temperature 99.6 degrees or higher). Discontinued on 5/21/20. 5/21/2020, for symptomatic, suspected or resident being tested for COVID 19- temperature, heart rate, respirations, blood pressure, and oxygen saturation level every 8 hours (report immediately any temperature 99.6 degrees or higher). 6/2/2020 Nasal swab x 2 and antibody to rule out Covid-19. Review of R3's Covid-19 test results, dated 6/10/20, notes positive test result. Review of R3's MAR (medication administration record), dated June 2020, notes the following regarding vital signs: On 6/2, 6/4, 6/6, 6/10, 6/15, and 6/16 there is no documentation found noting vital signs were monitored at 6:00am. On 6/1, 6/4, 6/5, 6/7, 6/8, 6/9, 6/11, and 6/15 there is no documentation found noting vital signs were monitored at 2:00pm. On 6/5, 6/6, 6/7, 6/8, 6/9, 6/12, 6/13, and 6/15 there is no documentation found noting vital signs were monitored at 10:00pm. Review of R3's MAR, dated June 2020, notes the following regarding transmission based contact/droplet isolation: On 6/1, 6/7, 6/11, and 6/15 there is no documentation found noting isolation precautions were maintained during the day shift. On 6/5, 6/6, 6/7, 6/8, 6/13, 6/15, and 6/16 there is no documentation noting isolation precautions were maintained during the evening shift. On 6/1, 6/3, 6/5, 6/8, 6/9, 6/13, 6/14, and 6/15 there is no documentation noting isolation precautions were maintained during the night shift. Review of R3's medical record does not note any documentation that R3 is being monitored for signs or symptoms of Covid-19. Review of R3's medical record does not note any documentation noting why R3 was transferred off the Covid-19 nursing unit on 5/20/20 while still with an order for [REDACTED]. Review of R4's admission documentation, dated 6/9/2020, notes R4 is unable to use call light device for assistance and is alert and oriented to person only; unable to make needs known. Review of R4's POS (physician order sheet), dated 6/9/20, notes transmission Based Contact /Droplet Isolation: for symptomatic, suspected or resident being tested for COVID 19- temperature, heart rate, respirations, blood pressure, oxygen saturation level and signs/symptoms every 4 hours (report immediately any temperature 99.6 degrees or higher). Review of R4's MAR (medication administration record), dated June 2020, notes the following regarding monitoring of vital signs or signs/symptoms: On 6/14, 6/15, and 6/16 there is no documentation found at 2:00am. On 6/12, 6/13, 6/14, and 6/15 there is no documentation found at 6:00am. On 6/12 and 6/15 there is documentation found at 10:00am or 2:00pm. On 6/12, 6/13, 6/15, and 6/16 there is no documentation found at 6:00pm. On 6/9, 6/12, 6/15, and 6/16 there is no documentation found at 10:00pm. Review of R4's MAR, dated June 2020, notes the following regarding transmission based contact/droplet isolation precautions: On 6/12 and 6/15 there is no documentation noting isolation precautions were maintained during the day shift. On 6/12, 6/13, 6/15, and 6/16 there is no documentation noting isolation precautions were maintained during the evening shift. On 6/11, 6/13, 6/14, and 6/15 there is no documentation noting isolation precautions were maintained during the night shift. R5: Review of the medical record notes R5 was admitted to this facility on 5/14/2020 with [DIAGNOSES REDACTED]. R5 was transferred to the first floor nursing unit on 6/1/20. R5 was transferred back onto the Covid-19 nursing unit on 6/8/20. Review of R5's pre-admission hospital record, dated 5/14/20, notes isolation required for Covid-19. Review of R5's POS (physician order sheet) notes: on 5/14/20, transmission Based Contact /Droplet Isolation. For symptomatic, suspected or resident being tested for COVID 19- temperature, heart rate, respirations, blood pressure, and oxygen saturation level every 4 hours (report immediately any temperature 99.6 degrees or higher). This vital sign order was discontinued on 6/4/20. On 6/3 Nasal swab x 2 and antibody test to rule out covid-19. On 6/4, for symptomatic, suspected or resident being tested for COVID 19- temperature, heart rate, respirations, blood pressure, and oxygen saturation level and signs/symptoms every 8 hours (report immediately any temperature 99.6 degrees or higher). Review of R5's Covid-19 test results, dated 6/6/20, notes positive test for Covid-19. Review of R5's MAR (medication administration record), dated June 2020, notes the following regarding monitoring of vital signs or signs/symptoms: There is no documentation of any monitoring of vital signs or signs/symptoms from 6/1 at 7:25pm until 6/2 at 11:52pm. On 6/7, 6/8, 6/10, 6/12, 6/14, and 6/15 there is no documentation found at 6:00am. On 6/5, 6/8, 6/9, 6/12 and 6/15 there is documentation found at 2:00pm. On 6/4, 6/5, 6/6, 6/7, 6/8, 6/9/6/12, 6/15, and 6/16 there is no</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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| <p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>(continued... from page 1)</p> <p>documentation found at 10:00pm. Review of R5's MAR, dated June 2020, notes the following regarding transmission based contact/droplet isolation precautions: On 6/5, 6/12 and 6/15 there is no documentation noting isolation precautions were maintained during the day shift. On 6/2, 6/5, 6/8, 6/9, 6/12, 6/13, 6/15, and 6/16 there is no documentation noting isolation precautions were maintained during the evening shift. On 6/11, 6/13, 6/14, and 6/15 there is no documentation noting isolation precautions were maintained during the night shift. Review of R5's medical record does not note any documentation noting why R5 was transferred off the Covid-19 nursing unit on 6/1/20 while still with isolation precautions or why R5 did not return to this unit until 6/8/20 after testing positive for Covid-19 on 6/6/20. R6: Review of the medical record notes R6 was admitted to this facility on 6/14/20 with [DIAGNOSES REDACTED]. R6 was not transferred to the Covid-19 nursing unit until 6/17/20. Review of R6's pre-admission hospital records, notes R6 tested positive for Covid-19 on 6/8/2020. The hospital transfer record, dated 6/14/20, notes R6 is Covid-19 positive and requires contact/droplet isolation. Review of R6's POS (physician order sheet), dated 6/14/20, notes an order to record temperature, heart rate, respirations, and oxygen saturation level every 8 hours for Covid-19 screening. There is no physician order found for transmission based contact/droplet isolation for Covid-19, monitoring vital signs every 4 hours, or monitoring for signs/symptoms of Covid-19. Review of this facility's policy titled Covid-19 testing plan and response strategy for long term care facilities, dated 6/4/2020, documents screening protocols for residents once per shift for temperature, heart rate, respirations, pulse oximetry and symptoms. Increase monitoring to every four hours with symptomatic residents. The IDPH (Illinois Department of Public Health) website, updated 4/20/20, notes control measures for long term care, interim guidance. Long term care facility residents are at high risk of being affected by Covid-19. Risk factors associated with living in congregate setting and characteristics of the populations served can result in more severe disease from Covid-19 in these individuals. The following guidance is to help prevent transmission of Covid-19 in long term care facilities. If residents have been screened and their testing is positive for Covid-19, obtain vitals (temperature, heart rate, and respirations) and pulse oximetry every 4 hours. Blood pressure can be taken every 8 hours. Contact clinical supervisor for any of the following: new-onset fever, shortness of breath, cough, sore throat, or any decrease in pulse oximetry from resident baseline level or any pulse oximetry reading less than 92%.</p> | | |
| <p>F 0885</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Based on interview and record review, the facility failed to provide cumulative updates to residents, their representatives, and families for 6 of 6 residents (R1- R6) reviewed for notification in a sample of 6. Findings include: On 6/16/2020 at 9:50 Am, V 1 (administrator) stated residents are informed verbally in the facility about updates and families are called about updates in facilities related to covid. All updates would be documented in the progress notes. R 1's progress notes do not document any updates on covid cases in facility or notification to family/representatives about cases in the facility. R2's progress notes do not document any updates on covid cases in facility or notification to family/representatives about cases in the facility. R3's progress notes do not note any documentation R3/family/representatives received any updates on covid-19 cases in this facility nor updates on R3's condition. R4's progress notes do not note any documentation R4/family/representatives received any updates on covid-19 cases in this facility nor updates on R4's condition. R5's progress notes do not note any documentation R5/family/representatives received any updates on covid-19 cases in this facility nor updates on R5's condition. R6's progress notes do not note any documentation R6/family/representatives received any updates on covid-19 cases in this facility nor updates on R6's condition.</p> | | |