

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145938</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/11/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PARKSHORE ESTATES NURSING &amp; REHAB</b>		STREET ADDRESS, CITY, STATE, ZIP <b>6125 SOUTH KENWOOD CHICAGO, IL 60637</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 <b>F 0880</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p><b>Level of harm - Minimal harm or potential for actual harm</b></p> <p><b>Residents Affected - Many</b></p>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, interview and record review, the facility failed to follow standard recommended infection control practices regarding hand hygiene; failed to ensure that residents who were not wearing face mask during lunch time maintained six feet of social distancing protocol from others for two residents (R7 and R8) in the sample; and failed to ensure staff are properly donning face mask PPE (Protective Personal Equipment) to prevent the spread of COVID-19. This failure affects two (R7, R8) residents in the sample and has the potential to affect all 211 residents in the facility. Findings include: On 8/10/20 at 9:56am, V8 (House Keeping) was observed in the dining room cleaning the tables with mask not covering the nose and the mouth. When the surveyor asked V8 about the proper way of donning the mask, V8 stated It should be covering my nose and my mouth like this {properly donning the mask}; what else do you (referring to the surveyor) need? At 10:55am when this observation was brought to V11 (Housekeeping Director), V11 stated The facemask should be worn covering the nose and the mouth with a pinch on the nose bridge to stay in place by all the staff when in the facility building. On 8/10/20 at approximately 12:38pm, during lunch time on the 4th floor dining room, R7 and R8 were noted sitting at the same table eating side by side, not observing six feet of social distancing to prevent the spread of the COVID-19 virus. When the surveyor brought this observation to V20's (Licensed Practical Nurse/LPN) attention, V20 stated R7 and R8 should be sitting six feet apart because while eating they are not wearing their mask. During the same observation, V15 (Dietary Aide) was observed serving lunch with her face mask under her chin area, not covering the nose and the mouth. V15 was also observed touching outside and inside of the mask without performing any hand hygiene after or before continuing to touch the resident's food. When the surveyor asked V15 about the facility protocol on infection prevention and control, V15 stated the face mask is supposed to be worn covering the mouth and the face and hand hygiene should be done whenever is touched. V15 stated I should go and wash my hands now. On 8/10/20 at approximately 12:45pm, V16 (Dietary Aide) was observed walking into the 4th floor dining room wearing the face mask around the chin area not covering the nose or the mouth, then proceeded touching the residents' food without any hand hygiene. When the surveyor approached V16 and asked her about the proper way of donning the face mask and proper hand hygiene, V16 replied I was just running to get the food for the residents on the 5th floor, forgetting I did not wear the mask well (referring to properly). V16 stated I should cover my nose and my mouth too. On 8/10/20 at 1:00pm during lunch time on the 6th floor (yellow zone designated unit for residents suspected for Covid-19) V5 (Certified Nurse's Aide/CNA) was observed unzipping the plastic device used as the demarcation door and then proceeded in touching the resident's plate of food without perform any hand hygiene. When the surveyor brought this observation to V5, V5 turned to the surveyor stating You mean I should go and wash my hands again, when I just did was my hands before touching the zipper? It is just the zipper. V4 (Assistant Director of Nurses) who was present at the time as the charge nurse on the floor told V5 that she should have washed her hands after touching the zipper. At approximately 1:29pm, when this observation was brought to V2's (Director of Nurse's) attention, V2 stated V5 should have performed hand hygiene because that is considered a high touch area. On 8/10/20 at 1:24pm, V19 (Dietary Manager) stated the mask should be worn covering the nose and mouth by all the dietary staff while in the building and hand hygiene should be performed when any part of the mask is touched before touching any food item. The door posted Droplet Precautions instruction documented that everyone must clean their hands, including before entering and when leaving the room. The facility hand hygiene program policy presented documented that Hand hygiene is the single most important method for reducing the risk of cross contamination and infection in the healthcare setting.</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.