

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145938	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2020
NAME OF PROVIDER OF SUPPLIER PARKSHORE ESTATES NURSING & REHAB		STREET ADDRESS, CITY, STATE, ZIP 6125 SOUTH KENWOOD CHICAGO, IL 60637	
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 - Minimal harm or potential for actual harm Residents Affected - Many	<p>Provide and implement an infection prevention and control program.</p> <p>Based upon observation, interview and record review the facility failed to ensure that face masks are donned properly by staff and residents, failed to perform hand hygiene, failed to cover food delivered to resident rooms, failed to store reused PPE (Personal Protective Equipment) as recommended by the CDC (Centers for Disease Control) and failed to maintain 6 feet social distancing in an effort to prevent the spread of infectious microorganisms, including COVID 19. These failures have the potential to affect 216 residents. Findings include: The (5/26/20) census includes 216 residents. On 5/26/20 at 9:53am, R5 was observed in the 1st floor hallway wearing a mask on his chin while staff were present. Surveyor inquired if R5's mask was on properly V2 (Director of Nursing) responded No, it's not. On 5/26/20 at 9:54am, R6 was observed in the 1st floor hallway wearing a mask across his neck while staff were present. Surveyor inquired about R6's mask. V4 (Activities Aide) stated It's not where it should be, it's under his chin. On 5/26/20 at 10:20am, R7 was observed in the 2nd floor hallway wearing a mask on his chin while staff were present. Surveyor inquired about R7's mask. V7 (Certified Nursing Assistant) stated The mask is used to cover the nose and the mouth to prevent infection. He's wearing the mask on his chin. On 5/26/2020 at 10:40am in the fourth floor Activity/Dining Room, R9 was observed not wearing a mask; his surgical mask was below his chin while another resident was also present in the activity room. V20 (Registered Nurse) was notified. V20 immediately went to ask R9 to put on the face mask, and R9 complied. V20 stated that R9 sometimes does not comply with instructions and that he will continue to educate R9. V20 added that any resident who comes out of their room on this unit must wear a mask. R9's care plan dated 4/26/2020 states that R9 is at risk for developing Covid-19; care plan dated 1/2/2020 and updated on 4/3/2020 states that R9's strengths and abilities are that R9 is able to follow staff's simple directives. On 5/26/20 at 10:40am, surveyor requested V11's (Activities Aide) name and title. V11 touched her shirt, advised that she forgot her badge then subsequently went in and out of several 3rd floor resident rooms passing hot chocolate without any hand hygiene performed. The (9/2016) personal protective equipment competency validation includes: Don Mask: fit flexible band to nose bridge. Fit snug to face and below chin. On 5/26/20 at 11:20am, V15 (Registered Nurse) entered the 6th floor yellow zone (for suspected Covid 19 residents) wearing a surgical mask covering only his mouth and chin, the flexible band remained straight (not fitted to his nose bridge and/or snug to face). Surveyor inquired about his mask. V15 stated This is a surgical mask and subsequently raised the mask to cover his nose. On 5/26/20 at 11:27am, R4 was observed in the 6th floor yellow zone hallway wearing a mask on his chin while V15 was present. Surveyor inquired why R4 was wearing the mask on his chin. R4 subsequently placed it over his nose and mouth. Surveyor inquired about R4's symptoms. V15 stated He tested positive (for Covid 19) in April; he sometimes says he's coughing. On 5/26/20 at 11:30am, R8 was observed in the 6th floor yellow zone hallway wearing a mask under her chin while V15 was present. Surveyor inquired about her mask. R8 responded I need another one. The CDC (Covid-19) guidelines include optimize PPE supply: Face masks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The folded mask can be stored between uses in a clean sealable (paper) bag or breathable container. On 5/26/20 at 11:35am, 26 clear (plastic) bags containing used comingled PPE (gown, mask, face shield) were dangling from the walls and/or handrails in the 6th floor yellow zone hallway. Surveyor inquired about the bags. V15 stated You hang your PPE on your assigned hooks before exiting the yellow zone. When I finish using it I fold it and put it in a pack. There's (2) staff here per shift, if they are not coming here we need to get rid of it to clear some room. Surveyor inquired how staff maintain a clean mask and/or face shield if comingled with a potentially contaminated gown. V15 responded Maybe we need to educate them to separate everything. It's better if you put it in a different bag, not one bag. On 5/26/20 at 11:47am, V17 (Certified Nursing Assistant) was observed (in the 3rd floor dining room) setting up lunch trays; her mask was not covering her mouth and chin. Surveyor requested her name. V17 immediately raised the mask to cover her nose. V17 touched her mask then plated food without performing hand hygiene. She subsequently touched her face then trays and silverware without performing hand hygiene. On 5/26/20 at 11:52am, V18 (Certified Nursing Assistant) was observed (in the 3rd floor dining room) setting up lunch trays on an uncovered metal rack. Cookies were noted atop of the napkins and silverware (uncovered). V18 proceeded down the hallway with the (uncovered) metal rack and proceeded to serve trays to several rooms. Staff subsequently handed her a plastic bag to place over the rack. Surveyor inquired about the uncovered contents on the trays. V18 responded she didn't put a cover on the fruit cocktail. On 5/26/20 at 11:55am, V12 (Licensed Practical Nurse) was observed (in the 3rd floor dining room) preparing drinks while her mask was falling off of her nose (nostrils exposed). Surveyor inquired about her mask. V12 responded It pulls down as I talk. The flexible band was not fitted to her nose and/or snug to face. Signs posted throughout the facility state: disease prevention, maintain social distancing (6 feet). On 5/26/20 at 12:30pm, V19 (Maintenance Director) stated Were allowing four (4) people at a time in the elevator. The Administrator and DON (Director of Nursing) came up with the number. Surveyor inquired about the dimensions of the elevator. V19 responded Right off my head I would say 4 x 4 (feet). Surveyor inquired about social distancing due to Covid 19. V19 replied The distance to be maintained is 6 feet apart. Surveyor inquired if social distancing was being maintained if 4 people are allowed in a 4 x 4 (feet) elevator. V19 stated No. On 5/26/20 at 12:34pm, surveyor inquired about maintaining social distancing in the elevator. V1 (Administrator) stated A staff (elevator monitor) makes sure everyone has a mask on and only three (3) additional people are allowed at one time. V1's mask was falling off his nose as he spoke; the flexible band remained straight (not fitted to his nose bridge and/or snug to face). Surveyor inquired if (6 feet) social distancing was being maintained in a 4 x 4 (feet) elevator with 4 people present. V1 responded We can decrease that number if you suggest that. We can have two people in there. At approximately 12:50pm, V1 advised he measured the elevator and affirmed it is 4 x 6 feet.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.