

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145415	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/26/2020
NAME OF PROVIDER OF SUPPLIER ELEVATE CARE IRVING PARK		STREET ADDRESS, CITY, STATE, ZIP 4340 NORTH KEYSTONE CHICAGO, IL 60641	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>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 ensure: (1) clean linens were stored in a sanitary manner; (2) staff followed appropriate handwashing and gloving technique; and (3) staff followed proper personal protective equipment (PPE) use during care for nine (R1, R2, R3, R4, R5, R6, R7, R8 and R9) of 34 COVID-19 positive residents. These failures could potentially affect all the residents residing in the facility during the survey. Findings include: According to the Centers for Disease Control and Prevention (CDC), Given the high risk of spread once COVID-19 enters a nursing home, facilities must take immediate action to protect residents, families, and healthcare personnel (HCP) from severe infections, hospitalization, and death. Recent experience with outbreaks in nursing homes has also reinforced that residents with COVID-19 may not report typical symptoms such as fever or respiratory symptoms; some may not report any symptoms. Unrecognized asymptomatic and pre-symptomatic infections likely contribute to transmission in these settings. In addition to the actions described above, these are things facilities should do when there are COVID-19 cases in their facility or sustained transmission in the community. Action to take now. Enforce social distancing. Ensure all residents wear a cloth face covering for source control whenever they leave their room. Implement universal use of source control for everyone in the facility. 1. During an entrance interview on 5/19/20 at 12:05pm, with the Administrator, when asked if the facility had any confirmed cases of residents with COVID-19 or persons under investigation, the Administrator stated that they had residents who tested positive for COVID-19 and that some were in the acute care hospitals while the rest were on the second floor. The Administrator further stated that the second floor was the designated COVID-19 unit. When asked about the facility's PPE inventory, the Administrator revealed that the facility had enough PPE as of this time. The Administrator claimed that the Chicago Public Health Department had sent PPE to the facility in addition to what their corporate office had provided. 2. Observation on 5/19/20 at approximately 1:25pm with the Director of Nursing (DON) on the second floor (COVID-19 unit) revealed a soiled linen cart with dirty linens was observed in between two clean linen carts outside room [ROOM NUMBER]. The dirty linen cart touched both sides of the clean linen carts that were not fully covered with linen exposed. Another clean linen cart was observed outside room [ROOM NUMBER] and 208 that was not fully covered with linens exposed. When asked about the observations, the DON stated that the clean laundry should be separated from the soiled laundry to prevent cross contamination. 3. Observation on 5/19/20 at approximately 1:35pm with the DON, LPN2 (an agency nurse) on the first floor unit was observed to wash her hands in the nurse's station and closed the faucet without using paper towels. The DON was asked about the observation. The DON stated that was not acceptable and that the nurse should have used paper towels to close the faucet. Review of the facility's Hand hygiene/Handwashing policy revised on 1/10/18 under Procedure for Washing Hands with Soap and Water revealed, Rinse hands thoroughly holding under running water with fingertips down. Dry hands and use paper towel to turn off faucets. 3. Observation on 5/19/20 at approximately 3:15pm in the COVID-19 unit (all residents on this floor were diagnosed with [REDACTED]). LPN1 had a mobile medical device with him when he exited the door. RN1 and LPN1 then proceeded to enter R5 and R6's room and immediately closed the door. On 5/19/20 at approximately 3:40pm, the DON was informed of the above-mentioned observation. The DON who later joined the surveyor knocked on R7, R8 and R9's door in search of RN1 and LPN1. Both were observed inside the room providing cares. Review of the facility's Infection Control Interim Policy Addressing healthcare crisis related to [MEDICAL CONDITION] revised on 3/24/20 under Care of Confirmed Positive COVID-19 revealed, PPE Use. Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use. 4. Observation on 5/19/20 at approximately 3:45pm on the third floor, NA1 was observed to walk in the hallway with gloves on. When NA1 stopped in the nurse's station, another staff member gestured NA1 to remove the gloves. In an interview on 5/19/20 at approximately 4:35pm, The Infection Control Nurse (ICN) was queried about gloves worn in the hallways. The ICN responded that it was not acceptable and that staff members were to remove gloves prior to exiting the room. Review of the facility's Infection Precautions Guideline revised on 1/10/18 under Gloves indicated, Put on clean, non-sterile gloves upon entry into the patient room or care area. Change gloves if they become torn or heavily contaminated. Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene. 5. Review of the camera footage at approximately 4:05pm with the Administrator, the Regional Nurse Consultant (RNC) and the DON confirmed the above-mentioned observations. During the live viewing, RN1 and LPN1 were observed to exit room [ROOM NUMBER]. Upon seeing the two going to another room the DON verbalized, I need to go and stop them before they can continue and excused herself. 6. In an interview on 5/19/20 at approximately 4:35pm with the ICN, the ICN confirmed, That's not our policy and procedure at all. The ICN continued staff should have removed their isolation gowns while inside the room. The ICN explained that the process was to put staff's name on the gown the first time the gown was used inside a resident's room. Before exiting, staff had to remove the isolation gown while inside the room. Hang the gown on the hooks near the door. Staff was to reuse the same gown every time they had to provide care inside that same room for the entire duration of the shift. The ICN then verbalized, There's really no excuse for not following our procedure. The ICN further verbalized, It's not like they were not trained.</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.