

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145689	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/03/2020
NAME OF PROVIDER OF SUPPLIER MANORCARE OF ELK GROVE VILLAGE		STREET ADDRESS, CITY, STATE, ZIP 1920 NERGE ROAD ELK GROVE VILLAGE, IL 60007	
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 - Few	<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 observation, interview and record review, the facility failed to follow their infection control policy and practice by not ensuring a face cover was in use while transferring a COVID positive resident to [MEDICAL TREATMENT]. This affected 1 (R3) of 4 residents reviewed for personal protective equipment and infection transmission prevention. Findings Include: On 6/2/20 at 10:00am, observed EMT (Emergency Medical Technician) enter the COVID-19 Unit (Brookview Unit) through the back door. Observed two EMT's personnel wearing full PPE (Personal Protective Equipment), such as: Face Shield, N-95 mask, Gloves, and Gown. EMT's entered R3's room. R3 was picked up for [MEDICAL TREATMENT] transport. At 10:15am, R3 left the room on stretcher, with no mask in place. On 6/2/20 at 10:25am, V6 (Nurse) stated, Our practice is to have residents positive for COVID-19 wear a face mask when leaving their room. R3 is alert, so I don't know why R3 forgot to wear his face mask. We have residents wear mask when going out of their room and going to [MEDICAL TREATMENT] to prevent the spread of infection. On 6/2/20 at 10:30am, V7 (Certified Nursing Assistant) stated, I'm sorry. It's my fault. I should've reminded R3 to wear face mask before leaving. On 6/2/20 at 1:00pm, V2 (DON) stated, When resident is COVID positive, our facility practice is to have resident wear face mask when leaving the room. Residents going for [MEDICAL TREATMENT] should wear face mask upon leaving their room and during transport. This is our practice to lessen exposure to others. To prevent the spread of infection. I already spoke to V7 and V6, they were reminded to have resident positive for COVID-19 to wear face mask upon leaving their room. V7 admitted to me that V7 forgot to remind R3 to wear the mask before leaving the facility. Facility provided policy for PPE Requirements Based upon Clinical Situation (dated 5/21/20), read in parts: Patient are to be masked when transferring out of the CAIU to their new room location or when transferring out of the facility to acute care of for an external appointment (i.e., [MEDICAL TREATMENT], consultation).</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.