

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 14E169	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/18/2020
NAME OF PROVIDER OF SUPPLIER WINSTON MANOR CNV & NURSING		STREET ADDRESS, CITY, STATE, ZIP 2155 WEST PIERCE CHICAGO, IL 60622	
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 - Some	<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 policies on Infection Prevention and Control and Covid-19 Policies regarding resident not wearing face covering and nursing staff not giving proper instructions to residents on infection control procedure / practices for 1 (R2) out of 7 (R1, R2, R3, R4, R5, R6 and R7) residents reviewed in the sample of 7. These failures have the potential to affect all 7 residents in the 3rd Floor in maintaining health status being free from infection. Findings Include: On 8/14/2020 at 10:38 AM, the 3rd Floor is the designated area for Covid-19 exposed, suspected, and confirmed residents. On the 3rd Floor the following residents are residing: R1, R2, R3, R4, R5, R6 and R7. All are in isolation for contact / droplet precaution. There are two nursing staff in charge of the 3rd Floor. V2 (Assistant Director of Nursing) and V3 (Certified Nursing Assistant). On 8/14/2020 at 10:42 AM, R1 was seen inside room [ROOM NUMBER] lying on bed. R1 was alert and can very well express herself during conversation. R1 stated that she was on the 2nd Floor before, but was transferred to the 3rd Floor when she returned from the hospital. R1 stated that she does not wear any mask or gown when she goes out of her room. R1 stated that she often goes to the Nurse's Station to get some water. Seen on her movable table, foam cup without any water inside. R1's Progress notes reads on 4/7/2020, R1 has a low grade fever with 99.3 F as R1's temperature. On 4/13/2020, R1's oxygen saturation was 88% and oxygen therapy was done with 2-3 liters per minute oxygen. And per doctor's order, R1 was sent to the hospital. R1 was tested positive with Covid-19 on 4/14/2020 at the hospital. On 8/14/2020 at 10:50 AM, R2 was seen inside room [ROOM NUMBER] getting up from his bed when he heard knocking in his door. R2 was alert and can very well express himself during conversation. Then R2 went out of his room to the Nurse's Station without using any Personal Protective Equipment. R2 took a shaving cream (in a metal cylinder) and razor then went inside the common restroom with male / female sign on the door which was in near room [ROOM NUMBER]. Door was partially open and R2 was seen shaving in front of the mirror. Then R2 went out of the restroom going to the Nurse's Station and returned both the shaving cream and the razor. R2 stated that he often goes to the restroom to shave. None of the nursing staff approached R2 and gave any instructions. V2 (Assistant Director of Nursing) stated he should have not done that; CNA (Certified Nursing Assistant) are supposed to go inside the resident's rooms and shave the residents. We should have instructed him to stay inside his room and to wear mask. All rooms on the 3rd Floor do not have toilets, and there are common restroom where R2 just went in. We put commode inside the room. Any resident can go inside to use the common restroom. On 8/14/2020 at 11:05 AM, R3 was seen inside room [ROOM NUMBER] standing on the door that was open and was trying to get out. V2 (Assistant Director of Nursing) was instructing her to return inside her room. R3 had tested positive with Covid-19 on 4/8/2020 at the hospital. On 8/14/2020 at 11:25 AM, R4 was seen inside room [ROOM NUMBER], and had been a roommate before of R1. R5 was inside room [ROOM NUMBER], R6 inside room [ROOM NUMBER] and R7 inside room [ROOM NUMBER]. On 8/14/2020 at 12:30 PM, V1 (Director of Nursing / Infection Control Preventionist) stated, Designated area for Covid-19 positive, exposed, person under investigation is the 3rd Floor. In the 3rd Floor we practice contact / droplet precaution so all residents in the 3rd Floor are in isolation. And should stay in their room unless the need to get out of their room is necessary. R2 needs to use face mask when getting out of his room. All persons that enter any room on the 3rd Floor must use gown, gloves, face mask and face shield. Residents on the 3rd Floor should use mask when getting out of their rooms. Under Infection Prevention and Control Program, revised date 10/15/2019, reads: Facility duties and responsibilities includes. The facility must review isolation precaution techniques and procedures and helps ensure that Facility Staff, residents, and visitors follow established procedure / precautions. Under COVID Prevention Policy not dated, it reads: Whenever a resident is outside their room, they should wear a cloth face covering or face mask, perform hand hygiene, limit their movement in the facility, and perform social distancing (stay at least 6 feet from others). Under Interim Policy for Suspected or Confirmed Coronavirus (COVID-19) dated 2/21/2020. A resident with known or suspected COVID-19 if movement and / or transport is necessary, the resident is to wear a facemask.</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.