

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145382	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2020
NAME OF PROVIDER OF SUPPLIER LEE MANOR		STREET ADDRESS, CITY, STATE, ZIP 1301 LEE STREET DES PLAINES, IL 60018	
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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, this facility failed to properly prevent and/or contain the spread of COVID-19 by not following their infection control protocols to include appropriate hand hygiene before and after resident care to 7 residents (R1, R2, R3, R4, R5, R6, and R7) in the sample of 7 reviewed for hand hygiene and infection control practice. Findings include: On 7/7/2020 at 10:40am, V7 (Infection Prevention Nurse Practitioner) was observed entering the Covid-19 nursing unit wearing a face mask. V7 was observed donning gown, gloves, and face shield, and then entering R2's room. Upon completion of R2's assessment, V7 removed gloves and discarded. No hand hygiene was observed. V7 exited R2's room, donned a new pair of gloves, and entered R5's room. Upon completion of R5's assessment, V7 removed gloves and discarded. No hand hygiene was observed. At 10:52am, V7 was observed exiting R5's room, donning a new pair of gloves prior to entering R3's room. At 10:59am, V7 was observed removing gloves and discarding, then exiting R3's room. No hand hygiene was observed. At 11:00am, V7 was observed donning new gloves and reviewing V7's handwritten notes. V7 then removed gloves and discarded and applied a new pair of gloves. V7 was observed reviewing handwritten notes again, and then reviewing a resident's electronic medical record using the computer on the nurse medication cart. At 11:08 am, V7 was observed entering R1 and R4's room. V7 was observed performing an assessment of R4, including listening to lung sounds. At 11:11 am, V7 was observed performing an assessment of R1, including listening to lung sounds. V7 was not observed to change gloves between care of R4 and R1, and no hand hygiene was performed. On 7/7/2020 at 11:20am, the 100 nursing unit was noted to have 14 residents residing on it; 6 of these residents are under investigation for Covid-19. At 11:30am, V12 (Resident Assistant) was observed donning gown, gloves, and face shield prior to entering R6's isolation room. At 11:35am, V12 removed gown, gloves, and face shield and exited R6's room. V12 was observed walking towards the nurses' station carrying face shield, and then turned around and placed face shield on isolation cart outside of R6's room. V12 then entered R7's room. V12 was observed exiting R7's room with R7's water pitcher. V12 returned to R7's room after filling pitcher with water. No hand hygiene was observed. On 7/7/2020 at 11:55am, V10, LPN (Licensed Practical Nurse), stated that staff are expected to perform hand hygiene before and after resident care to prevent the spread of infection. On 7/7/2020 at 1:20pm, V3, DON (Director of Nursing) stated that staff are expected to perform hand hygiene before and after resident care. V3 stated that staff can use hand sanitizer before entering a resident's room but are expected to wash hands with soap and water for 20 seconds prior to exiting a resident's room. At this time, there are no hand sanitizer dispensers located with residents room. R1's POS (Physician order [REDACTED]). R3's POS, dated 6/25/2020, notes strict droplet isolation precaution due to Covid-19. R4's POS, dated 6/25/20, notes strict droplet isolation precaution due to Covid-19. R5's POS, dated 6/16/2020, notes strict droplet isolation precaution due to Covid-19. R6's POS, dated 7/4/2020, notes droplet isolation for potential Covid-19 exposure for 14 days. Facility policy titled Covid-19, with last revision date of 3/24/2020, documents, Ensure employees clean their hands according to CDC guidelines, including before and after contact with residents, after contact with contaminated surfaces or equipment and after removing personal protective equipment. Perform hand hygiene upon exiting patient rooms. Review of this facility's hand washing/hand hygiene policy, revised 08/2015, notes all personnel shall follow the hand washing/hand hygiene procedures to help prevent the spread of infection to other personnel, residents, and visitors. Use an alcohol-based hand rub or soap and water for the following situations: before and after direct contact with residents, after contact with objects in the immediate vicinity of the resident, after removing gloves, before and after entering isolation precaution settings. Hand hygiene is the final step after removing and disposing of PPE (personal protective equipment).</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.