

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145885	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/07/2020
NAME OF PROVIDER OF SUPPLIER MAYFIELD HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP 5905 WEST WASHINGTON CHICAGO, IL 60644	
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 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to follow its coronavirus policy by not checking the resident's vitals, including oxygen saturation twice per day. This failure has the potential to affect three (R1, R2, and R3) of four residents reviewed for resident assessment in a sample of four residents. Findings include: Record review on R1's vitals indicates that no vital signs, including oxygen saturation (pulse ox), were documented on 4/7/20. On 4/9/20, R1's pulse ox was documented only once during the 24 hours. Record review on clinical progress note indicates no pulse ox was checked/documented on 4/9/20. Record review on [MEDICAL TREATMENT] communication form dated 4/10/20 documented temperature, pulse, respiration, and blood pressure. The [MEDICAL TREATMENT] communication form or the vitals tab doesn't have pulse ox documented. Record review on the nurse's progress note indicates no pulse ox documented on 4/10/20 before sending out R1 to [MEDICAL TREATMENT]. Record review on nursing progress note dated on 4/10/20 document low oxygen saturation of 83 % upon arrival from [MEDICAL TREATMENT] center. R2's vitals indicate that vitals were documented only once on 8/5/20. R3's vitals tab indicates no pulse ox documented for R3 on 8/3/20, 8/4/20, and 8/5/20. On 8/5/20, at 11:20 AM, V2 (Director of Nursing) stated, According to our coronavirus policy, our staff is supposed to check vitals, including pulse ox for all residence twice per daily. We don't know if our staff checked R1's pulse ox before he was sent out to [MEDICAL TREATMENT]. R1's communication form sent out for [MEDICAL TREATMENT] didn't have pulse ox documented. They should have check complete vitals, including pulse ox, before sending out R1 to [MEDICAL TREATMENT]. When we received him back from the [MEDICAL TREATMENT] center, his oxygen was below 90%, and we transferred him to the local hospital immediately. Facility presented Coronavirus (COVID-19) policy revised on 3/20/20 documents: Monitor vital signs on all residents twice daily per CDC recommendations. Vitals to include pulse ox.</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.