

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>146149</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/19/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WESTWOOD MANOR, THE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2444 WEST TOUHY AVENUE CHICAGO, IL 60645</b>	
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 <b>F 0880</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p><b>Level of harm - Minimal harm or potential for actual harm</b></p> <p><b>Residents Affected - Many</b></p>	<p><b>Provide and implement an infection prevention and control program.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility staff failed to ensure proper implementation of infection prevention and control practices. The facility failed to follow their Policy on Removal of Personal Protective Equipment (PPE) after taking care of resident that is positive and active of COVID-19, failed to ensure that COVID-19 positive and active residents limit exposure to other residents and staff to prevent the spread and transmission of infection, failed to properly use disinfectant/sanitizer per manufacturer's guidelines, including knowing the contact time to kill the COVID-19 pathogen; failed to ensure proper hand washing techniques were used with soap and water and/or alcohol based hand sanitizer used to kill COVID-19, failed to handle isolation/COVID-19 laundry to prevent the spread of COVID-19 and failed to have infection control policies detailed toward their facility. These failures were present on 4 of 4 nursing units affecting all 83 residents residing in the facility including the 4 (R1, R2, R3, R4) of 4 sampled residents reviewed for infection control. Findings include: 1. On 6/18/20 at 10 AM, V3 (Assistant Director of Nursing) stated there is no designated COVID-19 Unit. The COVID-19 residents are throughout the facility. V3 stated there was 46 resident diagnosed with [REDACTED]. The facility's list of COVID-19 residents document 16 residents in-house and 2 residents hospitalized. COVID-19 isolation rooms were intermingled with non-COVID-19 residents on all 4 wings. The facility's daily census report documents 83 residents in facility. On 6/18/20 at 10:08 AM in basement hallway outside of the laundry room, there were 7 to 8 red isolation bags piled up on the floor and against the wall. V4 (Laundry Aide) stated she removed them from the soiled linen holding room and was getting ready to put laundry into washers. There are only 2 washers in the laundry room. Asked V4 about what chemical is used for cleaning the floor and wall; V4 did not respond. V3 stated to V4 that she will need to sanitize the floor and wall after removing the red isolation bags. Both V3 and V4 stated they were aware that the soiled isolation bags should not have been on the floor. On 6/18/20 at 10:20 AM, in the outside patio both V7 (Activity Aide) and V8 (Assistant Social Service Director) were supervising the non-COVID-19 residents smoking break. Many of them were not wearing any masks. V8 stated that the residents carry the masks in their pockets. V8 stated the COVID-19 residents will come out to smoke after V7 sprays the chairs. V7 stated he uses a spray on the patio chairs. Asked what type of spray is used. V7 showed the spray bottle to surveyor, which was a Quaternary Ammonia cleaner. V7 stated he uses the spray on the chairs and tables in the patio. V7 stated he will spray, demonstrated how he sprays the chairs and says it remains for 10 seconds before wiping. V7 sprayed sparingly not covering all the surfaces. The outside temperature was 90 degrees Fahrenheit and sunny. The spray solution started to dry. V7 stated he was not sure how long to leave the solution on. V7 stated the residents complain about the wet patio furniture so he will wipe the chairs dry. On 6/18/20 at 11 AM, V9 (Housekeeper/Floor Technician) stated he is responsible for cleaning the floors in all common areas and resident rooms. V9 went to the janitor closet to show the chemicals he uses to clean the floor. V9 stated he uses 5 pumps of Tru Blu, 2 pumps of deodorizer (all purpose cleaner-lemon scent) and a splash of bleach into a 4 gallon mop bucket and adds water to fill the bucket. He stated he uses the solution to clean the floors in resident rooms and common areas including the COVID-19 isolation rooms. V9 stated that he changes the dirty mop water every 30 to 40 minutes, depends on how dirty the water is. Asked V9 how many rooms he cleans before changing the mop water; V9 stated 5 rooms. On 6/18/20 at 11:25 AM, V10 (Housekeeper) stated she uses Blend Rite Quat and showed a 32 ounce spray bottle labeled Blend Rite Quat. There was no manufacturer's information on the bottle, only the label of BLEND RITE QUAT. V10 stated she sprays it on surfaces, such as bed rails, mattresses, cabinets, countertops and leaves it on for 10 minutes. V10 was asked for the Material Safety Data Sheet (MSDS) or information of what the chemical can be used on. No information was provided on ingredients or contact times for the Blend Rite Quat solution. On 6/18/20 at 11:40 AM, R3 was in her bed with the covers up to her neck. She was awake. The door was open and all 3 residents currently residing in the room are COVID-19 positive. V11 (Registered Nurse) was the tour guide and stated the door should be closed but did not close it or say anything to the residents as we came upon the room. After questioning and prompting V11, she closed the door. On 6/18/20 at 11:45 AM, R4 was not in her room and the door was left open. R2 (R4's room mate) was present in room. Both are COVID-19 positive. R2 stated the residents know the doors are to be closed but door remained open. V11 stated R4 moves around a lot. On 6/18/20 at 11:58 AM, V13 (Certified Nurse Aide/CNA) was leaving a COVID-19 room carrying a dirty diet tray and placed it on the open food cart with all the other dirty diet trays. V13 walked down the hall as she was pulling off her gown and then turned down another hall and proceeded to the triage room to discard her gown. V13 used 1 pump of hand sanitizer into her hands and rubbed them together for 10 seconds. V13's hands were not dripping wet with the sanitizer. V13 passed several isolation bins with PPE and sanitizing gel on the wall before entering the triage room. On 6/18/20 at 12:05 PM, V15 (CNA) came out of a COVID-19 room with a dirty dietary tray and placed it on the open dietary cart. V15 walked to the nurses' station, 30 feet away wearing the same gown from the positive COVID-19 room. V15 removed her gloves, one of her mask and face shield and the outer gown. V15 washed hands with soap for 10 seconds. Asked V15 what song she sang while washing hands; V15 stated happy birthday, one verse. Surveyor informed V15 that she washed her hands only 10 seconds. On 6/18/20 at 12:30 PM, V16 (Social Service Director) stated she cannot find any inservices for housekeeping staff. The facility's policy labeled HANDLING OF LAUNDRY AND BEDDING documents soiled laundry should be handled in a manner that prevents gross microbial contamination of the air and persons handling the linen. Place and transport contaminated laundry in bags or containers that are color-coded in soiled cart for handling soiled laundry. Under the ISOLATION LAUNDRY section, documents a red bag will be used for all isolation laundry and placed separate from the general laundry when brought to the soiled laundry room. This policy not followed for storage of red, isolation bags. The Product Safety Data Sheet provided on Tru Blu solution does not have any information on the pathogens it kills nor is there any contact times. The Product Safety Data Sheet provided on Disinfectant All Purpose Cleaner, Lemon Breeze is used for hospital type disinfectant at 1:16 dilution which deodorizes and removes bad odors leaving a pleasant lemon scent. There is no information on what pathogens are killed or what the contact times are. There was another piece of paper presented and labeled Disinfectant All Purpose Cleaner, Lemon Breeze. The directions from the sheet documents spray product on surface and wait 60 seconds before wiping with clean paper towel. The facility's policies presented were guidelines from CDC (Centers for Disease Control) and IDPH (Illinois Department of Public Health) and were not adapted to this facility. Another policy labeled HOUSEKEEPING POLICY documents bulletin points, such as, disinfect frequently touched surfaces every 2 hours, educate and observe housekeeping practices of proper disinfection, wear appropriate PPE, follow disinfection and cleaning procedures. There was no step by step procedures to sanitize and deodorize the facility nor did the policy indicate which product to use or the amount of product to be used. The facility presented 2 Handwashing technique policies, neither was on their letter head and the policies differ from one another. Both policies include the cleaning of hands with soap and water and with Alcohol-based Hand Sanitizer. The page labeled Soap and Water documents to wet hands with clean running water and apply soap. Lather hands by rubbing them together with soap. Scrub all surfaces of your hands including palms, backs, fingers, between fingers and under nails for 20 seconds. Hum happy birthday song, 2 verses. Rinse hands under clean water. Dry hands using clean towel or air dry. The</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.

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<p><b>Level of harm - Minimal harm or potential for actual harm</b></p> <p><b>Residents Affected - Many</b></p>	<p>(continued... from page 1)</p> <p>other page labeled Alcohol-Based Hand Sanitizer (ABHS) documents to use ABHS that contains 60% alcohol. Apply enough product on hands to cover all surfaces. Rub hands together until hands feel dry. Should take 20 seconds. This policy was not followed consistently. The other set of policies containing soap/water and hand sanitizer are from 2002 and differ from the above hand hygiene policy. In this policy, it documents when applying the alcohol-based sanitizing gel make sure to cover all surfaces until dry. There is nothing documented about the amount of hand sanitizer to use or how long to rub hands together. The policy indicates that alcohol-based hand sanitizer should be used after contact with inanimate objects in the immediate vicinity of resident and after removal of gloves. The portion on soap and water documents that the hands should be rubbed together vigorously for 15 seconds.</p> <p>2. On 6/18/2020 at 10:35 AM during facility tour of floor with rooms from 101 to 150, R1 was seen walking in the corridors and hallways of the facility. R1 did not reside within those rooms. Within a close distance, R1 introduced herself to surveyor. R1 moved about freely without staff giving redirection. R1 was within close distance to other residents and staff on the floor before going inside her room. After a while V12 (Certified Nursing Assistant) was observed outside R1's room with double gown and gloves. V12 stated that R1 is positive and active with COVID-19. V12 also stated that she should have taken off her Personal Protective Equipment (PPE) but she forgot to take it off. On 6/18/2020 at 10:55 AM in the hallway with V13 (Certified Nursing Assistant), R2 was found exiting her room going from one hallway to another also within close distance with other persons in the facility. V13 stated she should be in isolation inside her room. No staff approached R2 and gave any instructions or redirection. On 6/18/2020 at 11:05 AM at the Nurses' Station, V14 (Registered Nurse) stated that R1 and R2 are supposed to be in isolation because both are active and positive with COVID-19. Nursing staff use gown, gloves, mask and face shield as personal protective equipment (PPE) and should be removed before coming out of the room for COVID-19 positive residents. On 6/18/2020 at 11:20 AM V3 (Assistant Director of Nursing) stated, R1 and R2 should be isolated from residents and staff in the facility. And I know it is a problem. V12 should have taken off her PPE before leaving the room. We have one staff (a Physical Therapist) that was positive with COVID-19 and was doing therapy with resident that later became positive with COVID-19. I need to do teaching to V12 and other staff. We started cohorting around April with room [ROOM NUMBER] to 115 as our designated COVID unit. But after an increase of residents that are positive of COVID-19 we cannot cohort them anymore. Now we have 16 residents positive and active for COVID-19 with a census of 83 and a bed capacity of 115 but was not able to place them in a designated COVID area. I know that each wing has a COVID-19 positive resident so it is like the whole area is considered as COVID-19 designated area. And it is hard to monitor when residents don't want to stay in their rooms. There is a high risk of spreading infection when residents are not isolated and Personal Protective Equipment is not used properly. We know this is a problem. Record review documented the following: R1, R2, R3 and R4 are included on the list of residents who tested positive as of 6/18/2020 that are considered as active in status. R1's laboratory result dated 5/30/2020 reads that COVID-19 was detected and R2's laboratory result dated 5/28/2020 reads that COVID-19 was detected. Physician order [REDACTED]. Both R1 and R2's Care Plans do not have any intervention regarding non-compliance with isolation for COVID-19. Facility policy on Personal Protective Equipment Usage when Caring for Suspected or Confirmed Residents with COVID-19 reads that Healthcare Personnel should remove gloves and gown before exiting patient room. Hand hygiene should be done, remove face shield or goggles, remove and discard respirator or facemask and perform another hand hygiene. All these steps were not performed by V12 during facility tour. Facility did not create their own Infection Control Policy regarding COVID-19 and submitted a document that stated that the facility is following State guidelines regarding COVID-19 control measures. Facility Floor Plan as marked by V3 (Assistant Director of Nursing) shows that residents who are active and positive with COVID-19 are spread throughout different areas of the floor. Facility has 48 rooms occupied by residents (Rooms 101-150). Residents who are active and positive for COVID-19 occupy the following rooms: 107, 109, 112, 117, 126, 128, 129, 141 and 150. Upon request for Infection Policy related to COVID-19 facility presented an Illinois Department of Public Health Guidelines and in the first page reads that Infection Control Policy regarding COVID-19, the facility is following Illinois Department of Public Health (IDPH) guidelines regarding COVID-19 control measures for long term care. V3 (Assistant Director of Nursing) said that facility does not have their own Infection Control Policy specific to COVID-19. Illinois Department of Public Health (IDPH) COVID-19 Control Measures for Long Term Care (Interim Guidance) reads that facilities should ensure staff are educated on and correctly performing hand hygiene, donning and doffing of Personal Protective Equipment (PPE), and appropriate products for environmental cleansing/disinfecting. Identify additional isolation rooms limiting to single unit if possible, cohort like cases if necessary.</p>		