

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145343</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/04/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>AMBASSADOR NURSING &amp; REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4900 NORTH BERNARD CHICAGO, IL 60625</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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, interview and record review, the facility failed to screen all essential visitors upon entrance to the facility to prevent and/or contain the possible spread of infectious microorganisms, including COVID-19. These failures affected all 135 residents in the facility. Findings include, On 6/3/20 at 9:56 am, upon entrance to the facility, V4 (Receptionist) at the front desk did not take surveyors temperature nor did a screening questionnaire. On 6/3/20 at 11:25 am, V1 (administrator) essential visitors are screened immediately when they enter the facility to prevent the spread of Covid-19 infection. The temperature is taken and they are asked a questionnaire, if they have an elevated temperature or if they answer any questions as yes, they cannot enter the facility. Facility policy (3/4/20), Infection Control: Covid-19 Prevention, Surveillance and Education documents in part: b. All visitors, family members, resident representatives, vendors, volunteers, transport and delivery drivers will be screened prior to entering a patient area to reduce the risk of spreading possible infection/infectious disease.		
F 0885  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to timely notify all residents in the facility, their representatives and families of cumulative updates of when a resident was newly admitted with a confirmed infection of COVID-19 or at least weekly to prevent and/or contain the possible spread of infectious microorganisms, including COVID-19. This failure affected all 135 residents in the facility. On 6/3/2020 at 10:30 am, R2 stated that V1 stated that there are no positive COVID-19 cases in the facility and that the facility was not admitting any new residents with positive COVID-19. R2 stated that R2 sees another resident (R1) is down the hall behind the plastic and that V9 (Family Member) was not notified of any new positive COVID-19 cases in the facility. On 6/3/2020 at 11:05 am, R5 stated that there is no newsletter or website for residents to go to find out information about COVID-19 cases in the facility. On 6/3/2020 at 11:50 am, V5 (Social Services Director) stated that she is responsible for making phone calls to residents' representatives and families with notifications about positive COVID-19 cases in the facility. V5 stated that when R1 was admitted to the facility from the hospital on [DATE] with an active positive COVID-19 diagnosis, she said, No, I didn't call everybody last week. V5 confirmed that she did not notify residents, residents' representatives and families of the new positive COVID-19 case (R2) in the facility. On 6/4/2020 at 9:56 am, V5 stated that there is no website or newsletter that residents can access to obtain updated information about positive COVID-19 cases in the facility. V5 stated that two letters were mailed to residents' representatives and families in April 2020 and May 2020 respectively. On 6/3/2020 at 11:59 am, V4 (Receptionist) stated that the last letter to update about COVID-19 cases in the facility that was mailed to residents' representatives and families was three weeks ago and that the mailing instructions were given to her by V1 (Administrator). V1 documented in two facility letters, dated 4/10/2020 and 5/10/2020, which were addressed to All Staff, Residents, Families and Healthcare Providers, that there were staff and residents that had tested positive for COVID-19 in the facility. On 6/3/2020 at 11:25 am, V1 (Administrator) stated that he gives updates to residents when there's a new confirmed case of COVID-19 in the facility. V1 stated that he does this by updating residents on an individual basis or a make shift resident council meeting. V1 stated that he is mailing weekly letters to residents' representatives and families about the status of COVID-19 in the facility or the social services staff are making weekly phone calls to residents' representatives and families to update them. Facility policy, titled Infection Control: COVID-19 Prevention, Surveillance and Education Guidelines and dated 3/4/2020, documents, in part: . c. Education. 1. Education will be provided to the resident, employee and vendor/visitor population in relation to the following topics: . 3. Continual and evolving information about COVID-19 prevention and characteristics will be provided to residents, employees, and vendors/visitors as the information is made available by the CDC (Centers for Disease Control and Prevention). The Center for Clinical Standards and Quality/Quality, Safety and Oversight Group, Reference: QSO-20-29-NH letter from CMS (Center for Medicare and Medicaid Services), titled Interim Final Rule Updating Requirements for Notification of Confirmed and Suspected COVID-19 Cases Among Residents and Staff in Nursing Homes and dated 5/6/2020, documents, in part: . (g) COVID-19 Reporting. The facility must-- . (3) Inform residents, their representatives, and families of those residing in facilities by 5 p.m. the next calendar day following the occurrence of either a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other. This information must-- . (iii) Include any cumulative updates for residents, their representatives, and families at least weekly or by 5 p.m. the next calendar day following the subsequent occurrence of either: each time a confirmed infection of COVID-19 is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other.		

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.