

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145654	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/08/2020
NAME OF PROVIDER OF SUPPLIER LAKEVIEW REHAB & NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 735 WEST DIVERSEY CHICAGO, IL 60614	
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 - Many	<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 the unprecedented coronavirus global pandemic that resulted in the Presidential declaration of a State of National Emergency dated 3/13/20, the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) Memo QSO-20-14-NH revised on 3/13/20, Nursing Home guidance from the Centers for Disease Control (CDC), and observation, interview, and record review, the facility failed to adhere to the following recommended infection control practices for preventing the spread of infections such as COVID-19, by failure to ensure: (1) laundry were stored in a sanitary manner; (2) staff followed appropriate handwashing technique; and (3) social distancing and use of facemasks were consistently observed. These failures had the potential to affect all residents in the facility. Findings include: According to the Centers for Disease Control and Prevention (CDC), Given the high risk of spread once COVID-19 enters a nursing home, facilities must take immediate action to protect residents, families, and healthcare personnel (HCP) from severe infections, hospitalization s, and death. Recent experience with outbreaks in nursing homes has also reinforced that residents with COVID-19 may not report typical symptoms such as fever or respiratory symptoms; some may not report any symptoms. Unrecognized asymptomatic and pre-symptomatic infections likely contribute to transmission in these settings .In addition to the actions described above, these are things facilities should do when there are COVID-19 cases in their facility or sustained transmission in the community. Action to take now .Enforce social distancing .Ensure all residents wear a cloth face covering for source control whenever they leave their room .Implement universal use of source control for everyone in the facility. 1. During the unit tour on 4/30/20 at 11:35am, with the Director of Nursing (DON), the following were observed: A. unit laundry cart outside room [ROOM NUMBER] was not fully covered with linen exposed and few linens were hanging on the side. B. unit laundry cart outside room [ROOM NUMBER] was not fully covered with linen exposed C. unit laundry cart outside rooms [ROOM NUMBERS] was not fully covered with linen exposed The DON was asked about the observation. The DON stated that he expected staff to cover the linen carts at all times. Review of the facility ' s Laundry Services dated 5/1/17 indicated, I. Clean Linen .B. All clean linen will be stored covered .III. Transportation of Linen A .Clean linen is covered during transport . 2. On 4/30/20 at 12:30pm, Employee1 (E1) was observed inside the dirty utility room with door half opened. E1 washed her hands for approximately eight seconds and closed the faucet without using a paper towel. On 4/30/20 at approximately 12:46pm, E1 was observed to wash her hands in the nursing station sink. E1 washed her hands for approximately ten seconds and closed the faucet without using a paper towel. On 4/30/20 at approximately 3:15pm, the environmental services supervisor (ESS) was asked about the observation. The ESS stated, I have in-serviced them so many times on how to properly wash their hands. The ESS further stated that she expected her staff to follow proper hand hygiene especially with the current pandemic. Review of the facility's Hand Hygiene policy dated 5/1/17 under IV. Process for hand hygiene with soap and water revealed, A. Remove gloves if worn .E. Rub hands together to make a lather rubbing all surfaces of the hands including the back of the hands, between the fingers, and under nails. F. Continue washing hands for at least 20 seconds .use towel to turn off faucet . The CDC Guideline for Hand Hygiene in Healthcare Settings (PDF - 1.3 MB) recommends, When cleaning your hands with soap and water, wet your hands first with water, apply the amount of product recommended by the manufacturer to your hands, and rub your hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse your hands with water and use disposable towels to dry. Use towel to turn off the faucet .Other entities have recommended that cleaning your hands with soap and water should take around 20 seconds. Either time is acceptable . 3. On 4/30/20 at approximately 3:20pm, two female visitors were observed standing approximately three feet apart in front of the receptionist's desk. One of the visitors who was talking with the receptionist (sitting behind the desk) had her facemask off. The receptionist's desk did not have a glass or plastic barrier. The receptionist, who was approximately four feet away, did not remind the visitor to wear her mask or to observe social distancing. On 4/30/20 at approximately 3:30pm, the DON and the Administrator were informed of the observation. The DON who witnessed the unfolding scene immediately called the attention of the receptionist and asked the visitor to put her facemask on. Review of the CDC's Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings revised on 4/13/20 under 6. Manage Visitor Access and Movement Within the Facility revealed, .Establish procedures for monitoring, managing, and training all visitors, which should include: All visitors should be instructed to wear a facemask or cloth face covering at all times while in the facility, perform frequent hand hygiene, and restrict their visit to the patient's room or other area designated by the facility. Informing visitors about appropriate PPE use according to current facility visitor policy .</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.