

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145736	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2020
NAME OF PROVIDER OF SUPPLIER ALDEN TOWN MANOR REHAB & HCC		STREET ADDRESS, CITY, STATE, ZIP 6120 WEST OGDEN CICERO, IL 60804	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to provide face masks for residents in the second and third floor dining rooms, failed to ensure that staff on the second floor perform hand hygiene when needed, and failed to ensure that residents' seating arrangements in the third floor dining room maintain social distancing to prevent the spread of COVID-19 in the facility. These failures affect R5, R6, R7, R8, R9, R10, R11, R12, R13, R14 and R15, and has the potential to affect all the other 122 residents on the second and third floors of the facility. Findings include: On 6/15/2020 at 10:25am, V1 (Administrator) gave the first floor census as 51, second floor census as 63, and the third floor census as 74, with 5 of the residents on contact/droplet precautions and in quarantine for different reasons, including being recently admitted to the facility. On 6/15/20 at 11:05am during activities in the third floor dining room with V13(Activity Aide), several residents who were not wearing face mask or any form of face coverings, were observed sitting at tables separated less than 6 feet apart. Residents including R5, R6, R7, R8, R9, R10, R11, and R12 were observed sitting too close to each other and without wearing face masks. These residents were identified by name with the assistance of V13. V13 was asked if the distances between the residents were anywhere close to 6 feet, V13 stated that the residents were too close together and she would do some rearrangements. No staff was observed attempting to put masks on any resident or to give any mask to any resident. Also, on 6/15/20 at 12:10pm on the third floor with V14 (Assistant Director of Memory Care Unit), R8, R16 and R17 were observed in the dining room without any face masks, waiting for lunch, in a seating arrangement that was much less than 6 feet apart. V14 gave the names of the residents and stated that he would have to move the residents to ensure they were seating 6 feet apart. On 6/15/20 at 11:10am, two nurses on the third floor, V11 (LPN, Licensed Practical Nurse) and V12 (LPN) both stated that they did not know where to get face masks or cloth masks for the residents. V12 stated that she knew some of the residents are not likely to keep the masks on. There were orange color signs on the unit and in the dining room that reads Please, Practice Social Distance - 6FT. V11 was asked if these instructions were still in effect, and she said the 6 feet social distance instructions are supposed to be followed. On 6/15/20 at 11:35am, V3 (Assistant Director of Nursing) stated Residents are expected to wear the cloth masks, some like to wear the surgical masks. Even if they don't keep the masks on, staff should explain the reason for the masks and attempt to put it on them, V3 later presented the facility's policies as follows: Interim Guidance - COVID-19 Control Measures - (Resident) dated 3/24/20 and last updated on 5/7/20. This policy states: The facility is committed to reducing the spread and transmission of COVID-19 and will continue to follow all guidance and recommendations from the Centers for Disease Control (CDC), state and local departments. #7 states: Ensure all residents wear a cloth face covering for source control whenever they leave their room or are around others, including whenever they leave the facility for essential medical appointments. Whenever a resident is outside their room, they should wear a cloth face covering or face mask, perform hand hygiene, limit their movement in the facility, and perform social distancing(stay at least 6 feet away from others). Another policy titled Coronavirus Disease 2019 (COVID-19), Considerations for Memory Care Units in Long Term Care Facilities, bullet point #5 states: Limit the number of residents or space residents at least 6 feet apart as much as feasible when in a common area, and gently redirect residents who are ambulatory and are in close proximity to other residents or personnel. According to Center for Disease Control (CDC), Social distancing, also called physical distancing, means keeping space between yourself and other people outside of your home. To practice social or physical distancing: Stay at least 6 feet (about 2 arms' length) from other people Do not gather in groups Stay out of crowded places and avoid mass gatherings In addition to everyday steps to prevent COVID-19, keeping space between you and others is one of the best tools we have to avoid being exposed to this virus and slowing its spread locally and across the country and world. The facility did not follow these guidelines.</p> <p>Findings include: On 06/15/2020 at 11:11am 3 residents (R13, R14, R15) are sitting in the dining room with no masks on. On 06/15/2020 at 11:13am asked V9 (Licensed Practical Nurse) should the residents be wearing mask when they are out of their rooms, she stated, Yes. On 06/15/2020 at 11:14am V9 gives V8 and V10 (Certified Nursing Assistants-CNA) a mask; hand hygiene not performed by either staff. V8, V9 and V10 each walked to one of the residents and helped them to put on the mask; hand hygiene not performed before or after. On 06/15/2020 at 11:16am asked V9 was she supposed to sanitize her hands before helping the resident to put on a mask and she said, Yes, sorry. Asked V9 when helping residents, when do you sanitize hands, she said, Before and after. Asked if she performed hand hygiene, she said, No. On 06/15/2020 at 11:18am Asked V10 what should be done when assisting residents? She said, Sanitize hands and put on gloves. Asked her what other option could she have used before and after assisting the resident with putting on a mask and she stated, she could have used hand sanitizer. On 06/16/2020 at 2:08pm via phone interview asked V2 (Director of Nursing) what should staff do when assisting residents with putting on masks? V9 stated, Do hand hygiene, educate them on why they need to wear it and perform hand hygiene after. Policy titled Hand Washing and Hand Hygiene dated 03/19 in part states Purpose appropriate hand hygiene is essential in preventing the spread of infectious organisms in healthcare settings. Part 1e. states, hand hygiene must be performed before and after providing personal cares for a resident. Part 2. states, alcohol-based hand rub (ABHR) is the preferred method for hand hygiene. Part 4. states, if your hands are not visibly soiled, use an alcohol-based hand rub for routine hand antisepsis before and after direct contact with the residents.</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.