

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145931</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/13/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LIEBERMAN CENTER FOR HEALTH &amp; REHAB</b>		STREET ADDRESS, CITY, STATE, ZIP <b>9700 GROSS POINT ROAD SKOKIE, IL 60076</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880  <b>Level of harm - Immediate jeopardy</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to prevent potential infection and transmission of COVID-19 by failing to ensure staff followed appropriate standard and transmission based infection control practices in the rooms for Persons Under Investigation (PUI) who were currently on contact and droplet precaution. This failure had a high likelihood of causing serious harm or death to the residents residing on the third and seventh floor units given their congregate nature, age, and underlying medical conditions. At the time of the survey, the facility had six residents who were positive for COVID19 and 11 residents who were classified as PUI. The facility was in a county that had sustained community transmission, especially in the nursing home setting. The Immediate Jeopardy began on 6/25/20 at approximately 3:15pm when NA1 entered R1's (a PUI) room without donning an isolation gown and face shield. NA1 took R1's vital signs while inside the room and exited the room without removing her used gloves. Furthermore, NA1 used the mobile vital signs machine (MVSM) when she took R1's vital signs instead of the dedicated medical monitoring equipment (BP machine, thermometer etc.) located inside R1's room. The MVSM was intended for the use of non- PUI residents only. NA1 was about to use the same MVSM to a non-PUI resident without first disinfecting the machine when she was stopped. The Administrator and the Director of Nursing (DON) were notified of the immediate jeopardy on 6/26/20 at approximately 12:35pm. The immediacy was removed on 7/1/20 at 3pm when the removal plan was verified as implemented. Findings include: Review of the CDC's Responding to Coronavirus (COVID-19) in Nursing Homes revised on 4/30/20 under Considerations for the Public Health Response to COVID-19 in Nursing Homes revealed, .Resident Cohorting .Assign dedicated resident care equipment (e.g. vitals machine) to the cohort unit. Cleaning and disinfection of shared equipment should be performed between residents and the equipment should not leave the cohort unit. Further review of the same document under Considerations for new admissions and readmissions revealed, .Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19. All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of a N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown . 1. On 6/25/20 at approximately 12:15pm, during the 3rd floor unit tour with the Director of Nursing, E1 was observed cleaning inside R2's room. R2 was on his bed resting. E1 did not have an isolation gown on. When asked about the observation, E1 responded, I'm sorry; I forgot to put one on. The DON was also asked about the observation. The DON confirmed staff should use complete PPE when entering a PUI's room. The DON verbalized that all the housekeepers were trained on proper donning and doffing of PPE just like the nursing staff. Review of R2's clinical notes under Nurses' notes dated 6/21/20 at 07:07am revealed, Resident (R2 [AGE] years old) is on 14 days (sic) droplet and contact isolation until 7/3 per facility's protocol post hospital visit . Review of the third floor unit's daily census for 6/25/20 revealed there were 45 residents residing on the unit during the survey. Review of the 45 residents' demographics revealed their age ranged from 62 to [AGE] years old. Further review of the residents' face sheets indicated presence of various underlying chronic medical conditions such as diabetes mellitus, [MEDICAL CONDITION], asthma, different type [MEDICAL CONDITION] and [MEDICAL CONDITION] to name a few. 2. On 6/25/20 at approximately 3:15pm, NA1 entered R1's room without an isolation gown and an eye shield. NA1 brought a MVSM inside R1's room and closed the door. The unit's Social Service Director who was nearby was asked to confirm the observation. The SSD knocked on R1's door that was opened by NA1. NA1 was observed in the middle of taking R1's blood pressure using the MVSM. The SSD confirmed the observation and stated, You are right she's not wearing a gown. When asked about the observation, the SSD stated that as far as she knew all staff members were expected to wear all PPE as shown on the visual sign posted outside a PUI resident's room. A few minutes later NA1 emerged from R1's room with the MVSM in tow. NA1 was observed with gloves on. NA1 left the MVSM outside R3's room, proceeded to remove her gloves, and discarded the used gloves in the hallway's trash bin. NA1 proceeded to go to where R3 was and was about to take R3's vital signs when she was stopped by the UM. The UM was notified by the surveyor of the observations prior. In a concurrent interview with the seventh floor unit manager (UM) and NA1 on 6/25/20 at approximately 3:30pm, NA1 was asked about the observation. NA1 responded, I did not know that she's on isolation. The UM added, Look at the signs (pointing to the isolation precaution signs and visual signs on how to don and doff PPE posted on the door). The UM proceeded, Did you not see those, how about this one (pointing to the isolation cart set-up located outside the door)? NA1 did not provide an answer. The UM instructed NA1 to clean and disinfect the MVSM. The UM explained that NA1 should not have used the MVSM since each PUI resident had his or her own dedicated vital signs equipment. The UM was also asked about NA1's lack of hand hygiene. The UM explained that NA1 should have removed her gloves and performed hand hygiene before she exited R1's room. During an interview with the Director of Nursing (DON) on 6/25/20 at approximately 3:45pm, the DON was asked about the observations. The DON stated, I am disappointed with (name of NA1). She had training a couple of days ago. The DON further stated, I understand the gravity of this concern, I really do. The DON confirmed that staff should wear all PPE when inside a PUI room and that there was no excuse not to follow because the isolation cart set up outside the room was full of PPE. Review of R1's clinical notes under Face Sheet revealed R1 ([AGE] years old) was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Further review of the clinical notes under Nurses' notes dated 6/23/20 at 11:00AM (CDT) revealed, Placed on droplet contact isolation due to persistent coughing, resident/family aware . Review of R1's MD/NP progress notes signed by the Advance Practice Registered Nurse (APRN) dated 6/24/20 revealed, Reason for appointment: 1. Cough History of Present Illness: Isolation Precautions .further review of the same document under Assessment indicated, 1. Infiltrate of lung present on imaging of chest - R91.8 (Primary) 2. [MEDICAL CONDITIONS]-I50.9 3.Cough -ROS . Record review of R1's care plan dated 6/23/20 under Problems revealed .Infection: 06/23/20- STRICT DROPLET/CONTACT ISOLATION FOR SUSPECTED COVID-19. 06/23/20-PNEUMONIA . under Interventions indicated, 06/23/20-STRICT DROPLET/CONTACT ISOLATION PRECAUTIONS, 06/23/20- CHEST X-RAY TO REVIEW, 06/23/20-LABS TO REVIEW, 06/23/20-MONITOR COUGH.LUNG SOUNDS, SOB , 06/23/20-MONITOR VITAL SIGNS, TEMPERATURE EVERY 4HRS ,06/23/20-RESIEDNT /FAMILY EDUCATE REGARDING ISOLATION PRECAUTIONS STATUS: Active (Current) . Review of R3's Face Sheet revealed R3 ([AGE] years old) was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of the seventh floor unit daily census for 6/25/20 revealed there were 42 residents residing in the unit during the survey. Review of the 42 residents' demographics revealed their age ranged from 62 to [AGE] years old. Further review of the residents' face sheets indicated presence of various underlying chronic medical conditions such as hypertension, [MEDICAL CONDITION], asthma, different type [MEDICAL CONDITION] and heart failure to name a few. During a follow up interview with the seventh floor UM on 7/1/20 at approximately 12:30pm, the UM was asked about NA1's primary resident assignment on 6/25/20. The UM confirmed that NA1 was assigned in the D wing and had eight other residents in addition to R1 and R3. The UM further explained that although each NA had primary assignments they were expected to care for other residents as needed and cover other NA's during break time. Review of the facility's COVID19 Guidelines and Emergency Preparedness Plan revised on 5/28/20 under Clinical Guidance indicated .C. Isolation. Suspect PUIs: Patients should be asked to wear a surgical mask</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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F 0880  <b>Level of harm - Immediate jeopardy</b>  <b>Residents Affected - Some</b>	<p>(continued... from page 1)</p> <p>as soon as they are identified .Healthcare personnel entering the room should use standard precautions, contact precautions, droplet precautions, and use of eye protection (e.g. goggles or a face shield) . 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 2. Adhere to Standard and Transmission-Based Precautions revealed, .HCP (see Section 5 for measures for non-HCP visitors) who enter the room of a patient with known or suspected COVID-19 should adhere to Standard Precautions and use a respirator (or facemask if a respirator is not available), gown, gloves, and eye protection. Review of the facility's Hand Hygiene policy revised on August 2015 under Policy Interpretation and Implementation indicated, 1. All personnel shall be trained and regularly in serviced on the importance of hand hygiene .2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections .8. Hand hygiene is the final step after removing and disposing of personal protective equipment . The Administrator and the DON were notified that the immediacy was removed on 7/1/20 at 3pm after the surveyor verified (through observation and interview) implementation of an acceptable removal plan that included the following: 1. Formally in-serviced NA1 and E1 on proper donning and doffing of PPE when entering the rooms of PUI residents who were on contact and droplet precautions. 2. In-serviced all staff on the importance of removing gloves and good hand hygiene prior to leaving the room of a PUI resident. 3. In serviced all staff on all shifts regarding strict infection control protocol when entering a PUI room including donning and doffing of PPE. 4. Educated nursing staff on how to properly clean and disinfect shared medical equipment using an approved EPA disinfectant after each resident use. 5. Trained nursing staff to use the dedicated vital signs monitoring equipment for residents on contact and droplet precautions (PUIs).</p>		