

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145971	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2020
NAME OF PROVIDER OF SUPPLIER LAKE COOK REHAB & HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 4101 LAKE COOK ROAD NORTHBROOK, IL 60062	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, interviews, and record reviews, this facility failed to properly prevent and/or contain the spread of COVID19 by not following Illinois Department of Public Health's Covid-19 guidance for infection control protocols to include monitoring and assessment every 4 hours of 3 COVID positive (R1, R2, and R5) residents in a sample of 5 reviewed for monitoring signs and symptoms of COVID19. This facility also failed to follow their infection control protocol to include appropriate hand hygiene and donning/doffing PPE (personal protective equipment) before and after resident care for 5 residents (R2, R3, R4, R5, and R6) in the sample of 7 reviewed for hand hygiene and infection control practice. Findings include: On 7/15/20 at 10:05am, V8 (Housekeeping staff) was observed on the Covid-19 unit outside of R6's room, wearing gown, gloves, N95 mask with a non-surgical mask over, and face shield. V8 was observed entering R6's room and cleaning room. At 10:20am, V8 exited R6's room, removed and discarded gloves; no hand hygiene observed. V8 did not remove non-surgical mask covering and apply new one. V8 entered common shower room, exited, donned a new pair of gloves, re-entered and mopped floor. Upon exiting, V8 removed gloves and discarded. No hand hygiene observed. V8 did not remove non-surgical mask covering and apply new one. At 10:30am, V8 donned a new pair of gloves, sprayed a bedside table in hall across from R2's room; and then, proceeded to clean R2 and R5's room. V8 was observed exiting R2 and R5's room, removing gloves and discarding. V8 did not remove non-surgical mask covering and apply new one. V8 was observed donning gloves and then cleaned R4's room, exited room, removed gloves and discarded. No hand hygiene observed. V8 did not remove non-surgical mask covering and apply new one. V8 was observed donning a new pair of gloves and cleaning R3's room. V8 was observed exiting R3's room, spraying top of cart with disinfectant spray. On 7/15/20 at 12:57pm, V3, ADON (Assistant Director of Nursing/Infection Control Nurse) stated that residents on the Covid-19 unit have temperature and oxygen saturation level monitored every 4 hours. Heart rate, respirations, and blood pressure are monitored every shift. V3 stated that staff document assessment/signs and symptoms monitoring in the resident's progress notes every shift and as needed. On 7/15/20 at 1:58pm, V5 (nurse) stated that residents on the Covid-19 unit are monitored for shortness of breath, wheezing, congestion, and fevers. V5 stated that vital signs (temperature, heart rate, respirations, blood pressure, and oxygen saturation level) are monitored and assessments are completed at the beginning of the shift. V5 stated that each resident's temperature is also checked midday. V5 stated that this facility uses a contactless thermometer for residents. V5 stated that all staff wear a non-surgical face covering over their N95 mask; this mask is changed after exiting each resident's room. On 7/15/20 at 2:38pm, V4 (Housekeeping Director) stated that staff are expected to change gloves and the non-surgical face mask covering over their N95 mask after exiting each resident room. 1. R1: Review of the medical record notes R1 with [DIAGNOSES REDACTED]. Review of R1's POS (physician order [REDACTED]). Discontinue when Covid-19 negative per policy. On 7/7/20, strict isolation for droplet precautions, all services done in the room. Diagnosis: [REDACTED]. There is documentation temperature was monitored mid-shift each shift; temperature log located in a Covid-19 vital sign binder at the nurses' station. There is no documentation found noting R1's heart rate, respirations, and oxygen saturation level monitored more than once a shift. R1's Care plan for the potential for contact or exposure to Covid-19 initiated on 3/26/20. Intervention identified on 5/22/20 notes: increased frequency of vital signs, such as, but not limited to: temperature, oxygen saturation level. Care plan for Covid-19 positive isolation precautions initiated on 7/7/20. 2. R2: Review of the medical record notes R2 with [DIAGNOSES REDACTED]. Review of R2's vital sign flowsheet notes documentation temperature, heart rate, respirations, blood pressure, and oxygen saturation level monitored 2-3 times a day. There is documentation temperature was monitored mid-shift each shift; temperature log located in a Covid-19 vital sign binder at the nurses' station. There is no documentation found noting R2's heart rate, respirations, and oxygen saturation level monitored more than once a shift. R2's Care plan for the potential for contact or exposure to Covid-19 initiated on 6/1/20. Intervention identified notes: increased frequency of vital signs, such as, but not limited to: temperature, oxygen saturation level. 3. R5: Review of the medical record notes R5 with [DIAGNOSES REDACTED]. Review of R5's POS notes an order, dated 6/12/20, strict isolation for droplet precautions, all services in the room; [DIAGNOSES REDACTED]. There is documentation temperature was monitored mid-shift each shift; temperature log located in a Covid-19 vital sign binder at the nurses' station. There is no documentation found noting R5's heart rate, respirations, and oxygen saturation level monitored more than once a shift. Review of R5's care plan, dated 5/28/2020, notes R5 has potential for contact or exposure to Covid-19. Intervention identified notes: increased frequency of vital signs, such as, but not limited to: temperature, oxygen saturation level. Review of R5's care plan, dated 6/15/2020, notes R5 requires strict isolation precautions due to droplet precaution Covid-19. Review of this facility's infection control program guidelines, dated 03/2018, notes transmission-based precautions are implemented in addition to standard precautions, that are based upon the means of transmission (contact, droplet) in order to prevent or control infections. Review of this facility's Covid-19 exposure control plan, dated 3/17/20, notes the best way to prevent illness is to avoid being exposed to Covid-19 virus. Monitor resident for respiratory signs and symptoms (fever, cough, sore throat, or shortness of breath). Review of this facility's handwashing/hand hygiene policy, revised 03/2018, notes hand hygiene is the primary means to prevent the spread of infections. Wash hands with soap or use alcohol-based hand rub containing at least 62% alcohol: before and after direct contact with residents, after contact with objects or medical equipment in the immediate vicinity of resident, after removing gloves, and before and after entering isolation precaution settings. The use of gloves does not replace hand washing/hand hygiene. The IDPH (Illinois Department of Public Health) website, updated 7/2/20, notes control measures for long term care, interim guidance. Long term care facility residents are at high risk of being affected by Covid-19. Risk factors associated with living in congregate setting and characteristics of the populations served can result in more severe disease from Covid-19 in these individuals. The following guidance is to help prevent transmission of Covid-19 in long term care facilities. If residents have been screened and their testing is positive for Covid-19, obtain vitals (temperature, heart rate, and respirations) and pulse oximetry every 4 hours. Blood pressure can be taken every 8 hours. Contact clinical supervisor for any of the following: new-onset fever, shortness of breath, cough, sore throat, or any decrease in pulse oximetry from resident baseline level or any pulse oximetry reading less than 92%.</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.