

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145923	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2020
NAME OF PROVIDER OF SUPPLIER WARREN BARR NORTH SHORE		STREET ADDRESS, CITY, STATE, ZIP 2773 SKOKIE VALLEY ROAD HIGHLAND PARK, IL 60035	
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 - Immediate jeopardy 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 observation, interview, record review, the facility failed to provide infection control prevention to include separation of residents who were infected with COVID-19 from residents who were not infected with COVID-19 for one of five sampled residents (Resident (R) 5). The facility failed to provide adequate supervision to R5 who was not infected with COVID-19 but wandered into other resident's rooms who were infected on the dementia care unit. The facility failed to provide Personal Protection Equipment (PPE) such as a face mask to R5. The facility failed to keep isolation room doors closed and failed to dedicate specific staff to provide services to residents infected with COVID-19 on the dementia care unit. On 05/26/20 at 3:42 PM, the Administrator and the Director of Nursing (DON) were notified that immediate jeopardy was identified in the area of infection control prevention on the dementia care unit for the potential transmission of COVID-19 infection where R5 resided. The facility failed to provide adequate supervision to prevent R5 from wandering in residents' rooms who were in isolation for COVID-19 infection. The deficient practice placed R5 and 20 other residents who resided on the dementia care unit, at risk of becoming infected with COVID-19 when R5 wandered in and out of rooms. The facility presented an acceptable removal plan for the immediate jeopardy at F880 on 05/27/20 at 1:45 PM. The plan included moving the seven residents who were COVID-19 positive to the 2nd floor which was designated as the COVID-19 wing. R5 was placed on one on one supervision during the transfer process. The plan included in-service to all staff regarding supervision of wandering residents, application of facial protection and the requirement for doors to COVID-19 isolation to be closed at all times. The plan included random observations of all residents who are COVID-19 positive to ensure staff compliance with closing doors of the isolation rooms, and ensuring staff assigned to COVID-19 residents are not caring for residents who are negative for COVID-19. The plan included random observation results to be provided to the Quality Assurance and Performance Improvement Committee for review and recommendation for a period of six months. The removal plan was validated through observation of the COVID-19 designated unit, interviews with staff, policy and record review. Observations validated that the facility moved the seven COVID-19 positive residents from the dementia care unit to the designated COVID-19 unit on the north side of the 2nd floor. Entry to the dedicated unit was secured by way of a zippered partition that was zippered on approach. The doors were closed on the rooms with COVID-19 isolation. Interviews with staff validated their in-service training, understanding of the policy for COVID-19 precautions, and the use of personal protective equipment. On 05/27/20 at 2:12 PM, the Administrator was notified that the immediate jeopardy at F880 was removed. Findings include: R5's Face Sheet, located in the Electronic Medical Record (EMR), under the admissions tab, indicated the facility admitted the resident on 01/18/19 with [DIAGNOSES REDACTED]. Review of R5's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/24/20, indicated R5 had a Brief Interview for Mental Status (BIMS) score of eight out of 15, which indicated moderate cognitive impairment. The MDS indicated R5 required supervision from staff when walking between locations on the unit and indicated that R5 had a behavior of wandering. On 05/25/20 at 10:00 AM, R5 was observed walking on the hallway of the dementia care unit near the end of the hall. R5 was not wearing a protective facial covering and was near the entrance to room [ROOM NUMBER] where isolation equipment was set up. The door to room [ROOM NUMBER] was open and had signage on the door indicating the resident was under droplet isolation precautions. The DON who accompanied the surveyor, stated, His (referring to R5) room is at the front of the hall but he wanders. This end of the hallway is where we place residents who are in isolation for COVID-19. We have to redirect him, so he doesn't go in these rooms. On 05/25/20 at 10:00 AM the DON identified seven resident rooms near the end of the hallway on the dementia care unit where isolation was set up for droplet precautions. The DON identified rooms 107, 108, 109, 110, 111, which were all private rooms and room [ROOM NUMBER] which was shared by two residents, all as residents who were tested for COVID-19 and were confirmed to be infected with [MEDICAL CONDITION]. During this observation, the doors to the rooms where the infected residents resided were observed to be open. The DON stated 20 residents on the dementia care unit had rooms near the front of the hallway and had been tested and were not infected with COVID-19. The DON also stated the doors to the isolation rooms should be closed. During an interview on 05/25/20 at 3:27 PM, Licensed Practical Nurse (LPN) 1 stated, He (referring to R5) wanders all over the hall and into the resident rooms. He goes into the isolation rooms and has to be redirected. Sometimes the staff forget to close the doors, but he can open the doors too. During an interview on 05/25/20 at 3:57 PM, Certified Nursing Assistant (CNA) 1 stated, He (referring to R5) goes into the isolation rooms. We try to re-direct and he doesn't resist. We can't close the doors because we have to watch the residents. During an interview on 05/26/20 at 10:10 AM, CNA2 stated, He (referring to R5) wanders and goes everywhere and in every room. He opens the door if the door is closed. He goes into the isolation rooms because he gets confused. We try to redirect him and take him out of the room. He is easily re-directed. Review of R5's Nursing Progress Notes, located in the EMR under the progress notes tab, dated 02/01/20 through 05/24/20 revealed no documentation of staff's attempts to redirect the resident when he wandered into the rooms or to assist the resident with protective facial covering. During an interview on 05/25/20 at 1:30 PM, the Clinical Care Coordinator (CCC) verified the facility could not provide documentation in R5's nursing progress notes where staff had attempted to redirect R5 from wandering into COVID-19 positive rooms or attempts to assist the resident with facial protection. The interview also revealed R5's CNA Plan of Care (POC) did not include being care planned for wandering behaviors. During an interview on 05/26/20 at 11:30 AM, the DON stated, We had an understanding that we could put the residents with COVID-19 on the same wing with the residents who were not infected. We have placed them near the end of the hall. We cannot provide one on one supervision for him (referring to R5) because we don't have enough staff. We have not assigned dedicated staff to provide care to the infected residents. They are assigned to the unit and not specifically to just the residents with COVID-19 infections. During an interview on 05/26/20 at 2:15 PM, the Administrator confirmed the facility had not dedicated staff to care for residents who were infected with COVID-19. The Administrator stated, They are assigned to the unit and are not specifically assigned to just residents with COVID-19. The facility policy titled COVID-19-Dedicated Unit/space: Its Operational Considerations, dated 05/02/20 indicated, Recent CMS (Centers for Medicare & Medicaid Services) and federal directives encourage operators to develop dedicated segregated units with dedicated teams of health care personnel, as focal care space and recovery center for COVID-19 patients. create a special unit as a focal point for COVID-19 early recognition and care management. separate residents with positive and negative results. The facility policy titled COVID-19 Guidelines and Emergency Preparedness Plan, revised 05/08/20, indicated, Isolation-patients should be asked to wear a surgical mask as soon as they are identified and be evaluated in a private room with the door closed.</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.