

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145235	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2020
NAME OF PROVIDER OF SUPPLIER LAKEFRONT NURSING & REHAB CTR		STREET ADDRESS, CITY, STATE, ZIP 7618 NORTH SHERIDAN ROAD CHICAGO, IL 60626	
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	Provide and implement an infection prevention and control program. Based on observation, interview and record review facility staff (V5, V6) failed to follow the Covid-19 policy by not wearing their mask properly while in the facility in the presence of the residents. This has the potential to affect all 90 residents in the facility. Finding Include: Facility's census dated 9/10/20 denote 90 residents. On 9/10/20 at 8:45 am two staff members (V5, V6) were observed inside the facility's front lobby with their mouth, nose uncovered and their blue surgical mask down under their chin as several residents were standing down the hall from them. Staff (V5, V6) were observed pulling their mask up over their mouth and nose after being notified by IDPH surveyor that there was going to be a survey conducted. Facility's Covid-19 guidelines denotes Universal masking will be done to comply with CDC and regulatory department's recommendation to prevent potential spread of Covid-19 from symptomatic and pre-symptomatic health workers. In this regard, face mask will be provided to each employee to ensure source control. V5's employee report dated 9/10/20 denotes V5 was not wearing mask properly. V6's employee report dated 9/10/20 denotes V6 was not wearing mask properly. V1 (Administrator) stated on 9/10/20 at 9:45 am staff are to be wearing surgical mask on at all time while in the building. V1 stated V5 and V6 were disciplined and given a warning about proper mask wearing in the facility. V2 (Director of Nursing/Infection Preventist) she stated on 9/10/20 at 9:30 am staff were trained on donning and doffing PPE. V2 stated that staff have to use the universal surgical mask while in the building at all times.		

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.