

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145510</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/11/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SYMPHONY OF LINCOLN PARK</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1366 WEST FULLERTON AVENUE CHICAGO, IL 60614</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</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 failed to display transmission based precautions signage for personal protective equipment (PPE) use to prevent and/or contain the possible spread of infectious microorganisms, including COVID-19. These failures affected all 33 residents on the second floor and all 21 residents on the fifth floor of the facility. Findings include: 1. On 6/10/2020 at 11:40 am, on the wall outside R2's open room door was a black and white sign observed with a picture of a STOP sign and with verbiage, Report to nurse before entering. Also, a bin with drawers filled with PPE was observed outside R2's room door. On 6/10/2020 at 11:42 am, V17 (Certified Nursing Assistant/CNA) stated that R2 was recently placed on droplet precautions due to R2 being tested for COVID-19. When asked what PPE she would wear before entering R2's room, V17 said that she wears a gown, N95 mask and gloves. R2's physician order [REDACTED]. On 6/10/2020 at 12:05 pm, on the designated COVID-19 floor (fifth floor), a large plastic barrier from floor to ceiling and wall to wall was observed. No transmission based precautions signage was observed on this barrier wall. On 6/10/2020 at 12:10 pm, no signage was posted outside of R1's room door. A bin with drawers filled with PPE was observed outside of R1's door. On 6/10/2020 at 12:36 pm, V19 (CNA) was observed with a face mask covered by an N95 mask and a disposable white gown. In preparation of passing the lunch meal to R1, V19 was observed donning a second isolation gown and gloves, then entered R1's room. On 6/10/2020 at 12:40 pm, V19 exited R1's room after discarding her second gown and gloves in the room and using alcohol based hand sanitizer. On 12:41 pm, V19 stated that she doesn't know what kind of transmission based precautions R1 is on. V19 stated that she had been off work for a month and that all of the residents on this floor are different now. R1's physician order [REDACTED]. On 06/10/2020 at 1:21 pm, V3 (Infection Control Preventionist) added that during the previous COVID-19 outbreak, the facility had laminated signs for staff for donning and doffing PPE prior to entering the fifth floor. V3 stated that those PPE signs are not in use for individual resident rooms on contact and droplet precautions for COVID-19 and PUI residents. Facility policy, titled Coronavirus 2019 and last revised on 5/8/2020, documents, in part: Procedure: . g. The following guidance is to help prevent transmission of COVID-19 in long term care facilities. . a. Resident/Patient Monitoring Protocol: . If patients have been screened and their testing is POSITIVE for COVID-19 OR if patients have signs/symptoms of a respiratory [MEDICAL CONDITION] infection: . 3. Maintain standard, contact and droplet precautions (including eye protection). . b. The isolation should be implemented by the healthcare member who discovers the symptoms pending a physician order. On CDC's website, a resource titled Interim Infection Prevention and Control Recommendation for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings and updated 5/18/2020, documents, in part, Place signage at the entrance to the COVID-19 care unit that instructs HCP (Healthcare Provider) they must wear eye protection and an N95 or higher-level respirator (or facemask if a respirator is not available) at all times while on the unit. Gowns and gloves should be added when entering resident rooms. Ensure that HCP have been trained on infection prevention.</p> <p>2. On 06/10/2020 at 11:46am the door to room [ROOM NUMBER] was observed open with sign that states to report to nurses' station before entering. V9 (Registered Nurse) was asked about the sign and what type of precaution the resident was on, V9 stated droplet/contact precautions and that there should be a sign indicating the type of precaution. On 06/10/2020 at 12:06pm the door to room [ROOM NUMBER] was observed open with sign that states to report to nurses' station before entering. V10 (Certified Nursing Assistant) was asked how staff or visitors know what type of precaution the resident is on. V10 stated, There's a paper inside of the PPE bin, in front of the door, that states the type of precaution the resident is on. On 06/10/2020 at 12:10pm V11 (Registered Nurse) was asked about the signs to report to nurses' station. V11 stated the nurse will tell the person what type of PPE that is to be used for the resident. On 06/10/2020 at 12:35am V1 (Administrator) stated that there should be no precaution signs on the door of isolation rooms to protect the residents' privacy. The only sign posted will direct the staff or visitor to see the nurse before entering the room. On 06/10/2020 at 12:53pm V2 (Director of Nursing) stated the sign that tells what type of precautions that should be used can be found in the PPE bin and that the door should be closed. Precaution sign is not posted to protect resident's privacy. On 06/10/2020 at 1:21pm V3 (Infection Control Preventionist) stated that precaution signs should be on the door and the door should be closed. V3 also stated that a note in the PPE bin that states what type of precaution should be used.</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.