

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145834</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>AUSTIN OASIS, THE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>901 SOUTH AUSTIN BLVD CHICAGO, IL 60644</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 - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on the unprecedented coronavirus global pandemic that resulted in the Presidential declaration of a State of National Emergency dated 3/13/20, the Department of Health and Human Services, Centers for Medicare &amp; Medicaid Services (CMS) Memo QSO-20-14-NH revised on 3/13/20, Nursing Home guidance from the Centers for Disease Control (CDC), and observation, interview and record review. The facility failed to follow Coronavirus (COVID-19) policy on Personal Protective Equipment and its use, and Vital Signs and Temperature monitoring of 2 (R1 and R2) of 2 residents reviewed on the sample of 2 (R1, R2). This had the potential to affect all 180 residents in the facility. Findings include: On May 20, 2020 at 10:28 AM during facility tour at the designated area for COVID-19 positive residents (4th Floor room [ROOM NUMBER] to 417), nursing staff assigned on the COVID-19 unit were all using surgical mask. Writer then went into room [ROOM NUMBER] where R1 and R2 were inside the room. V6 (Licensed Practical Nurse) and V7 (Certified Nursing Assistant) were doing bedside care using surgical masks, not N95 respirator masks. At the Nurse's Station, V5 (Licensed Practical Nurse) stated that they have supplies of N-95 mask, pointing at the room located inside the Nurse's Station and went inside the room bringing out an N-95 respirator mask. V5 stated that nursing staff on the floor should have been wearing N-95 mask, not surgical mask and that residents positive for COVID-19 are being monitored for vital signs and temperature daily. V6 (Licensed Practical Nurse) also stated that they are doing vital signs and temperature checks daily. On 11:34 AM during interview, V1 (Director of Nursing) stated that 4th Floor Rooms 410 to 417 are designated COVID-19 and residents are placed in that area when they are tested positive and quarantined for 14 days. All nursing staff assigned and working in the COVID-19 unit must wear N95 respirator masks and vital signs and temperatures must be taken every 4 hours. Review of Facility's Record reads the following: Laboratory test result dated 5/18/20 reads that R1 is positive of COVID-19. Laboratory test result dated 5/13/20 reads that R2 is positive of COVID-19. Physician order [REDACTED]. Treatment Administration Record (TAR) documents that both R1 and R2's vital signs are not taken every 4 hours and that there are many days that vital signs were not taken. Coronavirus (COVID-19) Policy dated 3/5/20 revised 5/12/20 reads N-95 masks must be worn when caring for positive cases and PUIs at a minimum. Facility will monitor vital signs and symptoms every 4 hours for positive cases and PUIs. Confirmed positive and PUI cases will be placed on contact/droplet isolation and have vitals and respiratory symptoms monitored every 4 hours. CDC Guidelines on Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings reads the following: The PPE recommended when caring for a patient with known or suspected COVID-19 includes: Respirator or Facemask (Cloth face coverings are NOT PPE and should not be worn for the care of patients with known or suspected COVID-19 or other situations where a respirator or facemask is warranted) Put on an N95 respirator (or higherlevel respirator) or facemask (if a respirator is not available) before entry into the patient room or care area N95 respirators or respirators that offer a higher level of protection should be used instead of a facemask when performing or present for an aerosol generating procedure. On 5/20/20 at 10:40 AM surveyor observed V8 (Certified Nursing Assistant/CNA) going to a resident's room wearing a blue surgical gown and a cloth mask. When asked if she changes her mask going from isolation rooms to no isolation room, she stated We don't. When asked about why she is using cloth mask V8 stated I'm not going wear the blue mask (pointing to the surgical mask that some other staff member was wearing) every day, all day. I switched to my mask because it is the same as the surgical mask. On 5/20/20 at 10:50 AM surveyor observed V9 (CNA) at the nursing station wearing a disposable yellow gown and a surgical face mask (blue). V9 stated I came from the 5th floor to help here because they only have two CNAs on this floor. Surveyor asked if she had residents under her care on transmission-based precaution in the 5th floor and if she knew what type of precaution they were under. V9 stated Yes, I had residents on TBP, some were on droplet precaution, some others I don't know. I didn't change my PPE leaving the 5th floor. On 5/20/20 at 10:55 Am V9 stated, The facility instruction is to keep our gown and mask, and change gloves and wash hands after we enter residents rooms. We go from isolation rooms to no isolation rooms wearing the same gown and mask. On 5/20/20 at 11:22 AM surveyor observed V11 (CNA) walking in the hall on the 2nd floor with a disposable yellow gown opened in the front. V11 stated she just had put on the gown and come down from the 3rd floor, going to the 1st floor to the HR. V11 stated I know how to put on a gown. Surveyor asked V11 why she was using the gown inappropriately; V11 answered, It was an accident. On 5/20/20 at 12:50 pm V4 (Regional consultant) stated All PPEs are expected to be changed after staff going into an isolation room. On 5/20/20 at 12:51 pm V3 (Nurse Consultant) stated If the staff is involved in patient care, he or she should use a surgical mask, not a cloth made mask. Facility policy for PPE usage reads: If staff chooses to wear cloth masks, please ask them to wear surgical mask underneath. Facility Infection Control policy/procedures reads: Gloves and other single-use PPE (e.g. gowns, masks) shall be worn once for a single resident/procedure and shall be discarded following use. Gloves shall not be washed. Gowns - Long-sleeved gowns protect uncovered skin and clothing during procedures and care activities likely to produce soiling or generate splashes or sprays of blood, body fluids, secretions, or excretions. Gowns should cover the front and back of the staff from the neck to mid-thigh. CDC Guidelines on Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings reads the following: The PPE recommended when caring for a patient with known or suspected COVID-19 includes: Respirator or Facemask (Cloth face coverings are NOT PPE and should not be worn for the care of patients with known or suspected COVID-19 or other situations where a respirator or facemask is warranted)</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.