Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005284	A. BUILDING: _____ B. WING _____	01/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEE MANOR	1301 LEE STREET DES PLAINES, IL 60018

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S 000	Initial Comments COVID 19 Focused Infection Control Survey Complaint Investigations #2097314/IL126833, #20997766/IL127328, and #2096830/IL126278	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.696 a) 300.696 c)6) 300.3240 a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.696 Infection Control a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693).	S9999	Attachment A Statement of Licensure Violations	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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S9999	Continued From page 1 Activities shall be monitored to ensure that these policies and procedures are followed. c) Each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services (see Section 300.340): 6) Guideline for Isolation Precautions in Hospitals Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These regulations are not met as evidenced by: Based on observation, interview and record review the facility failed to implement infection control policies and recommendations from the Centers of Disease Control (CDC) regarding isolation of COVID-19 residents related to cohorting of COVID-19 residents, ensuring signage for the specific use of PPE (personal protective equipment) was posted, and ensuring staff wore the appropriate PPE to prevent the spread of COVID-19. These failures have the potential to infect high risk residents with COVID-19 and spread the disease of COVID-19 to negative residents. This applies to 6 of 13 residents (R23-R28) reviewed for infection control in the sample of 31. The findings include: The facility roster, dated January 5. 2021, showed that 5 residents are COVID-19 positive and 10 residents are listed as PUI's, patients under	S9999		

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S9999	Continued From page 2 Investigation for COVID-19 due to exhibiting COVID-19 symptoms, being a new admission to the facility, or being exposed to a resident that is COVID-19 positive. A facility form, dated January 5, 2021, showed that as of January 2, 2021, 72 residents and 35 staff members had tested positive for COVID-19. The form also showed 12 residents with COVID-19 had expired. 1. On January 5, 2021 at 9:00 AM, V2, Director of Nursing/DON, stated the facility's designated COVID-19 unit was located on the fifth floor/memory care unit. On January 5, 2021 at 9:30 AM, the initial tour of the fifth floor memory care unit showed a central nurses station with 2 small hallways and a central dining area to the right of the station. Thirteen residents were seated in the central dining area. Six of the residents had masks on. Nine residents had no mask on. Two residents were seated in wheelchairs in the hallways on the right side of the unit, one with a mask on, one resident without a mask. To the left of the nurse's station was a long hallway (COVID-19 unit), separated by double doors. The left door of the double doors was propped open with no isolation signage noted on the doors. On January 5, 2021 at 9:35 AM, V15, Registered Nurse (RN), pointed at the hallway with the open double doors and stated, "Behind those doors is our designated COVID unit but this floor is also our memory care unit. All of residents up here have dementia so they either wear masks, refuse to wear masks, or eat the masks. We also have residents that wander up here."	S9999		

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S9999	Continued From page 3 On January 5, 2021 at 9:40 AM, an initial tour of the designated COVID-19 unit was completed with V16, Activity Director, and V17, RN. The door to the COVID unit remained propped open. No isolation signage was noted on the doors entering the unit. No PPE (personal protection equipment) or isolation cart was noted outside of the unit. When V16 was asked for PPE to wear on the COVID unit, V16 stated, "I have to go get you some. You need to wear a blue isolation gown, an N95 mask, and eye protection on the unit. If you go into a COVID positive room, you need to put a surgical mask over your N95 and remove the surgical mask and blue gown before you leave the room. The doors to the unit should be closed. We need a sign on the doors too." V16 walked down the hallway of the COVID unit to obtain a blue isolation gown for this surveyor to wear during the initial tour. This surveyor, V16, and V17 then entered the COVID-19 unit. It was noted that V16 and V17 did not don blue plastic protective gowns prior to entering the unit. Prior to entering the unit, it was also noted that V17, RN, was wearing a surgical mask over her N95 mask. When V17 was asked when she should change her surgical mask, V17 RN stated, "We change our surgical masks every hour." On January 5, 2021 at 9:45 AM, upon entrance to the COVID-19 unit, R23 and R24 were seated in their room with the door open. R23 and R24 were not wearing masks. No isolation sign was noted on the door to their room. The door to R29's room, immediately next door to R23 and R24's room, had an "STOP" sign on the door. When V16, Activity Director, was asked why there was no isolation sign on the door to room 514, V16 stated, "The resident in (R29's room) is currently COVID-19 positive. (R23) and (R24) are COVID-19 negative. (R23) last had COVID in	S9999		

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S9999	Continued From page 4 May 2020 and (R24) had it in June 2020. They (R23 and R24) should have the door to their room closed or at least have masks on ...We have some COVID-19 negative residents on the COVID unit too. I think we currently have 5 or 6 COVID-19 positive residents along with 3 or 4 residents that have either never had COVID or had COVID a long time ago on the unit." Upon continuation of the tour of the COVID unit, it was noted the COVID-19 positive residents were not in a separate designated area of the unit but spread throughout the unit. Some COVID-19 residents were in rooms right next to or across from rooms containing COVID-19 negative residents. On January 5, 2021 at 10:00 AM, V17, RN, stated she was the assigned nurse caring for the residents on the COVID-19 unit which included both COVID-19 positive and COVID-19 negative residents. When V17 was asked why COVID-19 positive and negative residents weren't on separate units, or why the COVID-19 positive residents weren't clustered together in rooms towards the end of the hallway of the unit, V17 stated, "I don't know." A fifth floor facility map, dated January 5, 2021, showed 6 COVID-19 negative residents (R23-R28) residing on the designated COVID-19 unit of the facility. R25, R26, and R27 had never been diagnosed with COVID-19. R23 was last diagnosed with COVID-19 on May 19, 2020. R24 was last diagnosed with COVID on June 16, 2020. R28 was last diagnosed with COVID-19 on May 5, 2020. The map showed 5 COVID-19 positive residents (R21, R22, R29, R30, R31) residing on the COVID unit. On January 5, 2021 at 2:15 PM, V14, Infection	S9999		

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S9999	Continued From page 5 Preventionist (IP), stated R23-R28 were currently COVID-19 negative residents residing on the COVID unit. V14 stated R25-R27 had never been diagnosed with COVID and R23, R24, R28 had COVID-19 "over 90 days ago". When V14 was asked why the COVID-19 negative residents were not separated from the COVID-19 positive residents, V14 stated, "We don't have enough staff or rooms to move those residents. We have not moved the negative residents (R23-R28) off the unit because they have dementia and wander so we just assume they have already been exposed to COVID-19." V14 stated the doors to the COVID unit should be kept shut to prevent the dementia residents on the floor from wandering onto or off of the COVID unit. V14 stated an isolation sign should be posted on the doors leading into the COVID unit. V14 stated, "When entering the COVID unit, staff should don a blue disposable gown, N95 mask, and eye protection. Surgical masks are placed over N95 masks when entering a COVID-19 positive room and must be removed before exiting that room. The blue disposable gown should be taken off before exiting the unit. PPE should be available in a cart located outside the door of the unit. If staff see other staff or contracted staff not wearing the proper PPE, they are to correct that staff immediately." On January 5, 2021 at 11:30 AM, V12, Infectious Disease Nurse Practitioner, stated, "Ideally, COVID-19 negative residents should be separated from COVID-19 positive residents but we don't have enough staff to open up a separate COVID unit ...The doors to the COVID unit must be kept closed because we have dementia residents that wander and don't wear masks on that floor. If the doors to the COVID unit are open and a resident wanders onto or out of the unit, we	S9999		

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S9999	Continued From page 6 aren't containing the virus ..." 2. R9's Admission record printed on January 5, 2021 showed R9 was admitted on January 4, 2021. R9's Physician's Orders printed on January 6, 2021 showed R9 having an order for "Contact /Droplet Isolation for Admission Infection Observation" initiated on January 4, 2021. On January 5, 2021 at 9:30 AM, R9's room had a "stop sign" on the door and an isolation cart next to the door way. R9'S doorway had no designation of what type of isolation R9 was on. V24 (Phlebotomist) was standing close to R9 in his room. R9 was positioned in a wheelchair between the rooms 2 beds. V24 had on a white lab coat with no disposable gown over the lab coat. V24's eye protection was safety glasses located on the back of his head. V24 had a phlebotomy tote inside R9's room which held blood drawing equipment. When V24 left R9's room he did not wipe down the phlebotomy tote, and there were no disinfection wipes present in R9's doorway. During V19's interview, V24 left R9's room, reported to V19 that R9 did not want her blood drawn, and left down the hall. V24 still had his eye protection (safety glasses) on the back of his head. V19 did not stop and re-educate V24 to put his eye protection on correctly before V24 walked down the hall. On January 5, 2021 at 9:35 AM, V19 stated R9 was admitted yesterday (1/4/21), and is on a 14 day quarantine isolation. V19 stated quarantine isolation the same as COVID-19 isolation which needs personal protective equipment (PPE) of a N95 mask (for direct care), a gown, eye protection, and gloves when entering a room and interacting with a resident.	S9999		

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S9999	Continued From page 7 On January 5, 2021, at 10:25 AM, V23, Certified Nursing Assistant, stated residents who are new admissions get put on a 14 day quarantine which uses full PPE before entering the room. The PPE includes mask, gown, eye protection, and gloves. V23 stated any equipment coming out of an isolation room needs to be disinfected before leaving the room. On January 5, 2021 at 10:20 AM, V24 walked off the elevator onto the 5th floor with the same white lab coat on, and carrying the phlebotomy tote. The facility's Lab Draw list, printed on January 5, 2021, showed 4 residents R4 and R29-R31 were seen by R24 for lab draws. R9 resides on the second floor, and R29-R32 resident on the 5th floor. The facility's undated COVID-19 policy stated "...In general, for care of residents with undiagnosed respiratory infection use Standard, Contact, and Droplet Precautions with eye protection unless suspected diagnosis requires Airborne Precautions...Provide the right supplies to ensure easy and correct use of PPE ...Post signs on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPE". The facility's Disinfecting Durable Medical Equipment, reviewed on October 16, 2020, showed "All DME (Durable Medical Equipment) should be cleaned before and after each use". The Centers for Disease Control's website updated on June 9, 2020 showed the PPE needed for suspected or positive COVID patients include N95, eye protection, protective gown, and	S9999		

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S9999	Continued From page 8 gloves. (A)	S9999		