

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145828	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/05/2020
NAME OF PROVIDER OF SUPPLIER ESTATES OF HYDE PARK, THE		STREET ADDRESS, CITY, STATE, ZIP 4505 SOUTH DREXEL CHICAGO, IL 60653	
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 - Few	<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 interview, record review and observation facility failed to follow their policy regarding Covid-19 control measures for long term care by failing to use EPA approved disinfectant on frequently touched areas. The facility also failed to screen consistently every shift for fever and pulse oxygen three residents (R2, R3, R4) out of four residents reviewed for infection control that were positive for Covid-19. Finding Include: On 6/4/20 at 9:35am V1 (Administrator) was observed spraying the table in conference room with foam disinfectant cleanser, let air dry then wipe. During interview on 6/4/2020 at 10:00am V3 (Housekeeping Supervisor) stated they are supposed to use EPA approved C germicide cleansers that kills germs and that also supposed to kill Covid-19. V3 stated he started working at the facility a few months ago and they have been using three different cleansers and one of them is the foam disinfectant cleanser that they spray on high touch surfaces, let air dry and wipe off. V3 stated the supplies he uses were supplied from the corporate office. V3 stated could not say with certain that the foam disinfectant that they have been using is effective against Covid-19 but it is effective against many other infectious germs. 6/4/20 at 10:15 am on first floor house keeper carts were observed to contain foam disinfectant cleanse alongside other cleansers On 6/4/20 at 10:35 am V6 (Housekeeper) stated he works the first floor stated they use three different disinfectants to clean high touch areas and the foam cleanser was one of them. V6 stated when they used the foam cleanser that they spray it on by itself, let it air dry then wiped it away. V6 stated after today they would not be using the foam cleanser. During interview, V4 (Customer Service-Foam Cleanser Company) stated the foam disinfectant cleanser that the facility is currently using has not been EPA approved to be used against Covid-19. V4 stated the foam cleanser has not been added to the list of EPA disinfectants that they approved to cleanse against Covid-19. V4 stated the facility was instructed to go to their company web site and look at the list of disinfectants that EPA has approved to be effective against Covid. During interview on 6/4/20 at 1:30 pm V1 (Administrator) stated after learning today (6/4/20) that the foam disinfectant cleanser that they had been using is not on the approved list put out by the EPA of disinfectants against Covid-19. V1 stated they would no longer be using the foam cleanser and would look on the EPA list to find a re-placement cleanser for it. V1 stated today she in-served her staff on discontinuing the foam cleanser and printed off the EPA list of Norvel Coronavirus fighting products that they could use/order. POLICY: Facility's Covid19 control measures or long term care policy denotes the facility will conduct education, surveillance and infection control and prevention strategies to reduce the risk of transmission of Covid-19. Disinfect frequently touch surfaces every two hours or as frequently as possible with EPA registered and approved product. Ensure cleaning and disinfection policies are being followed consistently and correctly. During interview on 6/4/20 at 1:00pm V2 (Director of Nursing) stated residents that are Covid-19 positive/suspected vitals are to be taken with pulse oxygen every 4 hours. V2 stated after the nurses take the residents vital signs they are to document the results on the medication flow sheet. V2 stated the nurses have been instructed a few weeks for residents suspected or Covid positive that taking vital signs every four hours was a new guideline to be followed. V2 stated residents that are Covid negative are assessed every eight hours and have their vitals taken. V7 (Licensed Practical Nurse) stated on 6/4/20 at 10:45am works the Covid unit and those residents stay in their rooms and their doors remain closed. V6 stated any staff that works the Covid unit must put a specific gown, gloves, face shield and N95 mask and if leave the unit remove PPE and wash hands. V7 stated when she works on the Covid unit she takes the vital signs and pulse oxygen twice during her shift and writes it down in the medication flow sheet. V7 stated she was instructed after taking care of residents that have tested positive for Covid to take their vital signs, pulse oxygen and document them in the medication flow sheet. R3's face sheet denotes admitted to facility 5/26/20 with multiples [DIAGNOSES REDACTED]. R3's medication sheet dated 5/28/20, 5/29/20, 5/31/20, 6/1/20, 6/2/20 and 6/3/20 denotes vitals signs and no pulse oxygen taken/recorded on the medication flow sheet. R4's progress note dated 5/11/20 received lab results Covid-19 positive. R4's physician order [REDACTED]. R4's medication flow sheet dated 5/11/20-6/2/20 denotes no records of vitals and temperature being documented/recorded. R2's face progress dated 5/4/20 denote readmitted from hospital with [DIAGNOSES REDACTED]. R2's medication sheet dated 5/28/20, 5/29/20, 5/31/20, 6/1/20 and 6/2/20 denotes no pulse oxygen taken/recorded on the medication flow sheet. V11 (Infection Nurse Practitioner) he stated on 6/4/20 at 12:30 pm goes to different facilities and has residents in different facilities that have Covid-19. V11 stated the few residents in this facility that are Covid positive are stable and been doing better. V11 stated taking the vital signs and pulse oxygen can be used to assess residents with Covid-19. V11 stated the facility should be following their policy regarding the frequency of taking vitals and/or CDC guidelines for taking vital signs and pulse oxygen. POLICY: Facility's Covid19 control measures or long term care policy denotes the facility will conduct education. The facility will follow and implement recommendations and guidelines in accordance with Centers for Disease Control and Prevention. Screen all residents every shift for fever and respiratory symptoms including pulse ox. If resident is positive for Covid19 obtain vitals (temperature, heart rate, respirations including pulse ox every 4 hours). Blood pressure can be taken every 8 hours.</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.