

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145593</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/08/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MANORCARE OF LIBERTYVILLE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1500 SOUTH MILWAUKEE AVENUE LIBERTYVILLE, IL 60048</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 observation, interview and record review the facility failed have any employee with symptoms of COVID-19 off work for the duration specified by the Centers for Disease Control (CDC). This applies to all 113 residents residing in the facility. The Facility Census Report dated 7/7/20 shows that there are 113 residents residing in the facility. On 7/7/20 at 9:15 AM, there were 12 residents residing on the COVID unit. The facility's undated Employee Tracking Log shows that on 5/17/20, V13 (Registered Nurse Supervisor) had symptoms of: 101.7 temperature, body aches, sore throat, chills and emesis. V13's Time Card dated 5/5/20-5/31/20 shows that she returned to work on 5/22/20 at 6:26 AM (4 days after the onsite of symptoms). V13's After Visit Summary from a local clinic shows that V13 tested negative for COVID-19 on 5/19/20 with directions to discontinue isolation 7 days from date of testing. V13's Illinois Department of Public Health Report of laboratory results dated [DATE] showed that V13 was positive for COVID-19. V13 has had no additional COVID-19 testing. On 7/7/20 at 11:15 AM, V1 (Administrator) said that symptoms of COVID-19 include: fever, diarrhea, nausea, vomiting, loss of smell/taste, body aches, sore throat, headache and cough. V1 said that employees can return to work as long as they are symptom free for 72 hours. V1 said that it is their corporate policy that they do not have to be off for 10 days. V1 said that only employees that test positive for COVID-19 have to be off for 10 days. V1 said that they are not using the testing strategy for when employees can return to work at this time. The facility's Coronavirus 2019 Policy dated 7/7/2020 shows, Use one of the below strategies to determine when health care personnel may return to work in health care setting . . If Symptomatic Symptom-based strategy. If testing is not available or has not been done to demonstrated recovery, exclude from work until: At least 3 days (72 hours) has passed since recovery, defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath) and at least 10 days have passed since symptoms first appeared. The CDC's Return to Work Criteria for Health Care Personnel (HCP) with Suspected or Confirmed COVID-19 guidelines updated 5/5/20 shows, Symptomatic HCP with suspected or confirmed COVID-19 (Either strategy is acceptable depending on local circumstances): Symptom-based strategy. Exclude from work until: At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and at least 10 days have passed since symptoms first appeared. Test-based strategy. Exclude from work until: Resolution of fever without the use of fever-reducing medications and Improvement in respiratory symptoms (e.g., cough, shortness of breath), and Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of [DIAGNOSES REDACTED]-CoV-2 RNA from at least two consecutive respiratory specimens collected =24 hours apart (total of two negative specimens)</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.