

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145838	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/20/2020
NAME OF PROVIDER OF SUPPLIER PETERSON PARK HEALTH CARE CTR		STREET ADDRESS, CITY, STATE, ZIP 6141 NORTH PULASKI ROAD CHICAGO, IL 60646	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880 Level of harm - Immediate jeopardy Residents Affected - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>This resulted in two deficiency practice statements: 1. 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 and Medicaid Services (CMS) Memo QSO-20-14-NH revised on 3/13/20, Nursing Home guidance from the Centers for Disease Control and Prevention (CDC), observation, interview and record review, the facility failed to ensure adherence to infection control practices to prevent the transmission of the Coronavirus (COVID-19) as evidenced by failure to 1) follow appropriate personal protective equipment (PPE) use when cleaning the room of three (R1, R2, R3) residents who were Persons Under Investigation (PUI) for potential COVID infection and who were on contact and droplet precautions; 2) adhere to social distancing; and 3) disinfect high-touch surfaces in a COVID-19 dedicated unit. This failure had a high likelihood of causing serious harm or death to other residents given their congregate nature, age, and underlying medical conditions. This had the potential to affect all 171 residents who resided in the facility. At the time of the survey, the facility had 74 residents who were tested positive for COVID-19 and 33 residents who were exposed and considered as PUIs. There were also 49 staff who were positive for COVID-19. The facility was in a county which had sustained community transmission, especially in the nursing home setting. The Immediate Jeopardy began on 5/6/20 when: 1) an Employee1 (E1) was observed mopping the floor in room [ROOM NUMBER] (a dedicated PUI room) without wearing appropriate PPE, which included gloves and gown. R1, R2 and R3 were in room [ROOM NUMBER] and were on contact and droplet precautions.</p> <p>E1 was observed only wearing a face mask. Outside the room, a contact and droplet precaution signage was posted. 2) On the COVID-19 designated unit, R4 who was diagnosed with [REDACTED]. The Regional Director, Regional Consultant and the Assistant Director of Nursing (ADON) were informed of the Immediate Jeopardy on 5/6/20 at 4:21pm. The Immediacy was removed when the removal plan was accepted on May 8, 2020 and was verified as implemented on May 12, 2020 at 1:35pm. Findings include: Review of a CDC article titled Coronavirus Disease 2019 (COVID-19) dated April 30, 2020 under Older Adults revealed, Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness. Under Older Adults are at Higher Risk revealed, 8 out of 10 deaths in the U.S. have been in adults [AGE] years old and older.</p> <p>https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fhigh-risk-complications%2Folder-adults.html 1. On 5/6/20 at 11:22am, E1 was observed mopping the floor in room [ROOM NUMBER], a room dedicated for housing three residents under investigation of COVID-19. R1, R2, and R3 were in the room at this time. E1 was observed wearing only a mask and no gown or gloves. Outside the room, contact and droplet precaution signage was posted. This was confirmed by another housekeeping staff member (E3) who was standing outside of room [ROOM NUMBER]. Review of the facility's Isolation List of Persons Under Investigation (PUI) provided by the facility revealed that R1, R2 and R3 were included on the list.</p> <p>A. Review of R1's May 2020 Order Review Report revealed Contact/Droplet Precaution. Review of R1's progress note dated 5/1/20 at 7:10pm, under General Progress Note revealed, Notified (R1's son) regarding COVID test to be done to (R1) due to symptom - low grade fever noted. Review of R1's progress note dated 5/1/20 at 1:07pm, under Medical Professional Progress Note revealed .CXR (chest x-ray) done on 4/30/2020 due to desaturation (low blood oxygen concentration), results reviewed. Per NOD (nurse on duty) patient is desaturating 87-88% on RA (room air), no respiratory distress noted. O2 (oxygen) 2L per NC (two liters per nasal cannula) administered and saturations went up to 96% . B. Review of R2's May 2020 Order Review Report revealed Contact/Droplet Precaution. Review of R2's progress note dated 5/1/20 at 3:07pm under Health Status Note revealed (R2) noted with period of emesis (vomiting) and productive coughing, Nurse Practitioner (NP) made aware. Review of R2's progress note dated 5/1/20 at 3:20pm under Medical Professional Progress Note revealed, COVID negative - done a week ago, repeating COVID testing. Emesis and productive coughing, Labs ordered . C. Review of R3's Clinical Physician order [REDACTED]. Review of R3's progress note dated 5/2/20 at 10:38pm under Health Status Note revealed, BP (blood pressure) 138/79, HR (heart rate) 87, RR (respiratory rate)18, SPO2 (oxygen saturation - is the fraction of oxygen-saturated hemoglobin relative to total hemoglobin in the blood. The human body requires and regulates a very precise and specific balance of oxygen in the blood. Normal arterial blood oxygen saturation levels in humans are 95-100 percent) 95% on room air, Temp 99.5 F. PRN (as needed) Tylenol administered d/t elevated temperature, will continue to monitor resident and endorse accordingly. Review of R3's progress note dated 5/3/20 at 6:00am under Behavior Note revealed .BP: 122/60, HR: 89, RR: 18, T: 99.9, SPO2 95% at room air . Review of R3's Temperature Summary revealed 5/4/20 at 10:00pm 102.9 F. During interview with the Director of Nursing (DON) on 5/12/20 at 1:50pm, when asked about her expectation from staff when entering a PUI room, the DON stated that staff should wear their full PPE of gown, mask, gloves and face shield. Review of facility's policy titled Infection Prevention and Control dated July 31, 2019, under Precautions to Prevent Transmission of Infectious Agents and Transmission Based Precaution revealed 2. Contact Precaution - intended to prevent transmission of infectious agents spread by direct or indirect contact with patient or the environment .b. Use of Gown and gloves is necessary for all interactions. Under 3. Droplet Precautions, it revealed, intended to prevent transmission through close respiratory or mucous membrane contact with respiratory secretions .b. Gown, gloves and mask may be worn for close contact with the resident. Review of facility's policy titled COVID 19 Guidelines and Emergency Preparedness Plan dated 4/30/2020 revealed, COVID 19 Transmission .Evidence now of: human to human transmission. Incubation period: 2-14 days. Transmission dynamics: person to person and contact of surfaces with infectious organisms Under Clinical Guidance, it revealed, Isolation: Suspect Person under Investigation (PUIs) should be immediately placed in respiratory isolation. Under C) Isolation, it revealed, Suspect PUIs .Healthcare personnel entering the room should use standard precautions, contact precautions, droplet precautions, and use eye protection (e.g., goggles or a face shield). Under Control of Infection, it further revealed, In-service all staff on infection control procedures to prevent COVID 19 .use of PPE, Standard, Contact and Droplet Precautions, Proper Donning and Doffing of PPEs . In a CDC article titled Healthcare Infection Prevention and Control FAQs for COVID-19 dated May 11, 2020 revealed, What personal protective equipment (PPE) should be worn by environmental services (EVS) personnel who clean and disinfect rooms of hospitalized patients with COVID-19? In general, only essential personnel should enter the room of patients with COVID-19. Healthcare facilities should consider assigning daily cleaning and disinfection of high-touch surfaces to nursing personnel who will already be in the room providing care to the patient. If this responsibility is assigned to EVS personnel, they should wear all recommended PPE when in the room. PPE should be removed upon leaving the room, immediately followed by performance of hand hygiene.</p> <p>https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-faq.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Finfection-prevention-control-faq.html 2. Observations on 5/6/20 at 12:56pm, on the designated COVID unit revealed as Activity staff (E2) standing next to R4 in front of the nurses' station. E2 was wearing full PPE of face mask, face shield, gown and gloves. R4, who was not wearing a mask, was observed on the nurses' desk phone talking to an unnamed family member. When R4 was finished, E2 talked on the phone with R4's family member. E2 hung up the</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.

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During interview with the Director of Nursing (DON) on 5/12/20 at 1:50pm, when asked about her expectation from staff on what to do immediately after a COVID-19 positive resident used the phone, the DON stated, Sanitize the high-touch areas. The DON further stated that they encourage family to call the phone inside the resident's room. Review of facility's policy titled COVID 19 Guidelines and Emergency Preparedness Plan dated 4/30/2020 revealed, Under Control of Infection, it revealed, If staff or resident has a close contact to a PUI or confirmed COVID 19 case .Disinfection of the general high touch surfaces of the facility using an EPA-approved disinfectant under List N. In a CDC article titled Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID--19) in Healthcare Settings dated April 13, 2020, under Recommendations #3. Patient Placement revealed, Limit transport and movement of the patient outside of the room to medically essential purposes .Patients should wear a facemask or cloth face covering to contain secretions during transport. If patients cannot tolerate a facemask or cloth face covering or one is not available, they should use tissues to cover their mouth and nose while out of the room . https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html In a CDC article titled Key Strategies to Prepare for COVID-19 in Long-term Care Facilities (LTCFs) dated April 15, 2020, under #3. Prevent spread of COVID-19 revealed, Actions to take now .Ensure all residents wear a cloth face mask covering for source control whenever they leave their room or are around others .If COVID-19 is identified in the facility, restrict all residents to their rooms . https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html In a CDC article titled Social Distancing dated May 6, 2020 revealed, Limiting face-to-face contact with others is the best way to reduce the spread of coronavirus disease 2019 (COVID-19) .Social distancing, also called 'physical distancing,' means keeping space between yourself and other people outside of your home. To practice social distancing: Stay at least 6 feet (about 2 arms' length) from other people . https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html The Immediacy was removed when the removal plan was accepted on May 8, 2020. On May 12, 2020 at 1:35pm, the surveyor verified (through observation and interview) implementation of an acceptable removal plan that included the following: 1. The facility re-educated all staff (including housekeepers) on general infection control procedures with emphasis on proper use of PPE, accurate donning and doffing procedure after leaving the contact and droplet isolation room, hand hygiene, proper disinfection of high touch surfaces and devices (such as phones), and social distancing of at least 6 feet apart. 2. The infection control policy had been reviewed by the Administrator, DON and the Medical Director. 3. The DON or designee had begun a system for monitoring staff for adherence to proper use of PPE, social distancing, and disinfection of devices. After removal of the Immediacy, the non-compliance remained at the level of no actual harm with the potential for more than minimal harm that is not Immediate Jeopardy until sustained compliance is verified. 2. Based on observation, interview and record review, the facility failed to ensure adherence to infection control practices to prevent the transmission of the Coronavirus (COVID-19) as evidenced by failure on: proper storage of face shields; proper use of face mask; observe isolation precautions; proper storage of used patient care equipment; proper handling and storage of clean linens; and proper handling of soiled linens. This had the potential to affect the 97 residents who had not tested positive for COVID-19 in the facility. Findings include: 1. A. On 5/6/20 at 10:40am, a face shield was observed laying on top of the laundry washer. There was no barrier or covering under the face shield. This was confirmed by the Plant Operations Manager (E4). When asked, E4 stated, It shouldn't be there. E4 stated that the face shields laundry staff use should be in the hanger stand when not in use. B. On 5/6/20 at 10:52am, Restorative Aide (E5) was observed on the second floor wearing a face mask but her nose was not covered. E4 was present during this observation. C. On 5/6/20 at 11:31am, a face shield was observed laying on top of a table in the second floor dining room. There was no barrier or covering under the face shield. This was verified by Licensed Practical Nurse1 (LPN1). During interview with the Director of Nursing (DON) on 5/12/20 at 2:00pm, when asked how staff should store their face shield when not in use, the DON stated, In a plastic bag. When asked if staff should wear the face mask covering both nose and mouth, the DON stated, Yes. Keep it at all times while in the unit. Review of facility's policy titled COVID 19 Guidelines and Emergency Preparedness Plan dated 4/30/20 under Control of Infection revealed, In service all staff on infection control procedures to prevent COVID 19 including risk of transmission, infection control practices .In the event of shortage of PPEs, staff will resort to conservation and reuse or extended use of mask, N95 respirators, face shield, goggles, and/or gown per CDC guidelines. However, the policy did not include how staff should store the face shield when not in use. In a CDC article titled Strategies for Optimizing the Supply of Eye Protection dated 3/17/20, under Implement extend use of eye protection revealed, Selected Options for Reprocessing Eye Protection .while wearing gloves, carefully wipe the inside, followed by the outside of the face shield or goggles using a clean cloth saturated with neutral detergent solution or cleaner wipe. Carefully wipe the outside of the face shield or goggles using a wipe or clean cloth saturated with EPA-registered hospital disinfectant solution. Wipe the outside of face shield or goggles with clean water or alcohol to remove residue. Fully dry (air dry or use clean absorbent towels) . https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html 2. On 5/6/20 at 9:13am, a used dark-blue colored special bed mattress was observed on the first floor near the reception desk. There was no barrier or covering. This was confirmed by the Assistant Director of Nursing (ADON). When asked, the ADON stated the mattress had been used and was scheduled for pick up by the rental company. The ADON further stated, It should be in a plastic bag. At 10:48am, while in the basement hallway, a dark-blue colored special bed mattress was observed on the floor, without a barrier or covering. E4 was present during this observation and confirmed that it was the same mattress sitting by the reception desk earlier that day. During interview with the DON on 5/12/20 at 2:00pm, when asked what staff should do before returning a rental equipment to the supplier, the DON stated that it should not be on the floor. The DON further stated, Maintenance and housekeeping disinfects the equipment before returning it to the supplier. Maintenance takes it out of the resident's room, place it in a cart with a lining. Review of the facility's policy titled Medical Care Equipment, Instruments and Health IT Devices Infection Control Plan Policy dated August 1, 2019, under Procedures revealed, #4. Equipment/devices that may be contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated, containerized and labeled as necessary .#13. After equipment is properly cleaned with facility approved disinfectant, it may be stored in a clean bag and labeled READY FOR USE and shall be moved to a clean storage location. In a CDC article titled Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings dated May 18, 2020, under 10. Implement Environmental Infection Control revealed, All non-dedicated non disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies. Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly. https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#infection_control_3 3. A. On 5/6/20 at 10:58am, on the second floor, a clean linen cart was observed near the nurses' station. The front of the linen cart was completely open, exposing multiple clean gowns and blankets to air and dust. A fitted sheet was observed sitting on top of the linen cart. This was confirmed by E4. B. On 5/6/20 at 1:15pm, inside the COVID unit on first floor, a clean linen cart was observed near the nurses' station. The front of the linen cart was completely open containing towels, fitted sheets, two small bags of unidentified linen and a stuffed toy. Outside of room [ROOM NUMBER], a bedside table was observed with multiple folded clean gowns, cloth underpads and flat sheets exposed. There was no barrier or covering between the linen and the bedside table. This was confirmed by LPN3. C. On 5/6/20 at 11:25am, Hospice Certified Nursing Assistant (E6) was observed holding linens and gown close to her body and touching her apron and gown. This was confirmed by Licensed Practical Nurse1 (LPN1). During interview with the DON on 5/12/20 at 2:00pm, when asked on her expectation from staff when handling clean linens, the DON stated that the linen carts should be covered at all times. The DON stated, Nothing should be on top of the linen cart. When asked how staff should carry clean linens, the DON further stated, It should be inches away from the body. Review of facility's policy titled Linen Handling by Laundry Staff dated 8/1/20, revealed under Procedure, 7. Clean linen will be brought to the floor in a cart that prevents contamination from the environment. 8. Clean linens may be places in a clean linen room or left in the cart that is protected from the environment. In a CDC article titled Linen and Laundry Management dated March 27, 2020, under Best practices for management of clean linen revealed,</p>		

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F 0880 Level of harm - Immediate jeopardy Residents Affected - Some	<p>(continued... from page 2)</p> <p>Sort, package, transport, and store clean linen in a manner that prevents risk of contamination by dust, debris, soiled linens or other soiled items. Each floor/ward should have a designated room for sorting and storing clean linens. Transport clean linens to patient care areas on designated carts or within designated containers that are regularly (e.g., at least once daily) cleaned with a neutral detergent and warm water solution.</p> <p>https://www.cdc.gov/hai/prevent/resource-limited/laundry.html 4. A. On 5/6/20 at 11:04am, an isolation set-up was observed outside of R5's room. There was no signage posted on the door. This was confirmed by Licensed Practical Nurse2 (LPN2). LPN2 stated that R5 was a Person under Investigation (PUI - any person who is under investigation for having [MEDICAL CONDITION] that causes COVID-19, or who was under investigation but tested negative for [MEDICAL CONDITION]). LPN2 further stated that R5 was readmitted from the hospital on [DATE]. Review of R5's medical record revealed a re-admission date of [DATE]. [DIAGNOSES REDACTED]. Review of R5's May 2020 Order Review Report revealed R5 had [DIAGNOSES REDACTED]. Review of R5's progress note dated 5/2/20 at 10:02pm, under general progress note revealed, Received resident from (name of hospital) around 1pm in stable condition via stretcher, two person assist with admitting [DIAGNOSES REDACTED]. Review of R5's progress note dated 5/7/20 at 2:47pm, under behavior note revealed, Resident refused nasal swab. Review of R5's progress note dated 5/9/20 at 2:00pm, under health status note revealed, Staff reported (R5) not eating her breakfast and lunch, when NOD went to resident's room, she said she doesn't like the food, she was asking orange juice and a can of milk . B. On 5/6/20 at 11:10am, a contact and droplet precaution signage was observed posted on the door of R7's room but there was no isolation set-up outside of the room. This was confirmed by E4 and Registered Nurse2 (RN2). RN2 stated that R6 and R7 shared the room [ROOM NUMBER] and that R6 was sent to the hospital for high fever on 5/4/20 and tested positive for COVID-19. She further stated that R7 was being monitored. When asked how come there was no isolation set-up outside of R7's room, RN2 stated there was no set-up when she came to work at 7am and added, It should. Review of R6's progress note dated 5/4/20 at 10:30am, revealed under Change of Condition, During morning care (R6) noted with fever 103.7 and SPO2 (amount of oxygen-carrying hemoglobin in the blood) 85%. Placed on non-rebreather (device used to assist in delivery of oxygen therapy) at 10 L (liter). Blood pressure was 84/53 with pulse of 158 beats per minute. NP (nurse practitioner) made aware with instructions to send resident out via 911. POA (power of attorney) called and made aware . Review of R6's progress note dated 5/4/20 at 3:56pm, revealed under Change of Condition, Called (name of hospital) and spoke with (name of RN) who mentioned they are trying to admit (R6) under (name of hospice) resident will be admitted for [MEDICAL CONDITION] and positive for COVID-19. Review of R7's May 2020 order summary revealed, Contact/Droplet Precaution The order date was 5/7/2020. Review of R7's progress notes did not reveal any documentation that R7's was placed on contact and droplet precautions immediately after staff learned that R6 was positive of COVID on 5/4/20. There was no documentation that a repeat COVID test was done on R7 after 5/4/20. During interview with the ADON on 5/6/20 at 9:30am, the ADON stated the facility had the first batch of COVID-19 testing on 4/24/20 and the second batch was done on 5/1/20. Review of R7's progress note dated 5/6/20 at 4:43pm, revealed under General Progress Note, Resident is COVID-19 negative. (Daughter) notified about the result. Review of R7's progress note dated 5/11/20 at 2:53pm, revealed under Health Status Note, (R7) with SOB (shortness of breath) and SPO2 stats (sic) at 86% placed on 4 L nasal cannula. Rechecked with stats (sic) at 91%. A-febrile (sic) with vitals (sic) signs within normal limits. Noted with poor appetite. Encouraged fluids. MD made aware. During interview with the DON on 5/12/20 at 2pm, when asked what an isolation room should have outside of the room, the DON stated, Should have the set-up and signage. Review of facility's policy titled COVID 19 Guidelines and Emergency Preparedness Plan dated 4/30/2020 revealed under C) Isolation, Suspect PUIs .In LTC setting, the AIR (Airborne Infection Isolation Room) is not applicable but the patient should be isolated in a room if the respiratory illness is undiagnosed and placed on Standard, Contact and Droplet Precaution. Healthcare personnel entering the room should use standard precautions, contact precautions, droplet precautions, and use eye protection (e.g. goggles or a face shield). Review of facility's policy on Infection Prevention and Control dated July 31, 2019 revealed under Procedure, .6. If the resident with infection needs transmission-based precaution, the facility will provide the Transmission-based precaution set required .7. A transmission-based precaution set-up will be provided outside the resident's room to provide Personal Protective Equipment (PPE) like gown and gloves to staff and visitors entering the resident's room .8. A sign will be provided outside the room for residents on transmission-based precaution indicating the type of precaution (Contact or Droplet). As long as the type of infection is not included in the signage, the Isolation sign is compliant with F583 in the SOM. In an undated article titled Follow all Posted Precaution Signs by the Association for Professionals in Infection Control and Epidemiology (APIC) revealed, Isolation precautions are used to help stop the spread of germs from one person to another. These precautions protect patients, families, visitors, and healthcare workers from the spread of germs .Generally, when patients are placed on isolation precautions, there will be sign at the door of their hospital rooms to remind visitors and healthcare workers which isolation precautions are needed. All healthcare workers and visitors need to follow these guidelines.</p> <p>http://professionals.site.apic.org/protect-your-patients/follow-the-rules-for-isolation-precautions/ In an undated CDC article titled Coronavirus Disease 2019 (COVID-19) Preparedness Checklist for Nursing Homes and other Long Term Care Settings under supplies and resources revealed, Signs are posted immediately outside of resident rooms indicating appropriate IPC precautions and require personal protective equipment (PPE) .Necessary PPE is available immediately outside of the resident room and in other areas where resident care is provided.</p> <p>https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf 6. A. On 5/6/20 at 11:08am, on the second floor, a soiled face towel was observed on top of the hallway railing next to room [ROOM NUMBER]. This was confirmed by LPN1. B. On 5/6/20 at 11:30am, in the second floor south dining room, an open green plastic bag containing soiled clothing protectors was observed on the floor. This was confirmed by LPN1. C. On 5/6/20 at 1:13pm, inside the COVID unit, an open green plastic bag containing a blanket was observed on the floor outside of room [ROOM NUMBER]. This was confirmed by LPN3. During interview with the DON on 5/12/20 at 2:00pm, when asked of her expectation from staff when collecting soiled linens like clothing protectors, blankets and face towels and placing them in bags, the DON stated, Put it directly in the chute. Review of the facility's policy on Linen Handling by Laundry Staff dated Aug. 1, 2019 did not show any documentation on proper handling of soiled linens while in the unit. In an article by the Agency for Healthcare Research and Quality (AHRQ) titled A Unit Guide to Infection Prevention for Long-Term Care Staff dated 3/2017 revealed, Soiled or improperly cleaned or disinfected linens can spread germs .Make sure the soiled linen is properly handled from the point of collection to the laundry.</p> <p>https://www.ahrq.gov/hai/quality/tools/cauti-ltc/modules/resources/guides/infection-prevent.html#section1 In a CDC article titled Background G. Laundry and Bedding dated Nov. 5, 2015 revealed, The laundry process starts with the removal of used or contaminated textiles, fabrics, and/or clothing from the areas where such contamination occurred, including but not limited to patient's rooms .Handling contaminated laundry with a minimum of agitation can help prevent the generation of potentially contaminated lint aerosols in patient-care areas .Contaminated textiles and fabrics are placed into bags or other appropriate containment in this location; these bags are then securely tied or otherwise closed to prevent leakage .Contaminated textiles and fabric in bags can be transported by cart or chute .Loose contaminated pieces of laundry should not be tossed into chutes, and laundry bags should be closed or otherwise secured to prevent the contents from falling out into the chute. https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/laundry.html</p>		