

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145939	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/26/2020
NAME OF PROVIDER OF SUPPLIER WATERFRONT TERRACE		STREET ADDRESS, CITY, STATE, ZIP 7750 SOUTH SHORE DRIVE CHICAGO, IL 60649	
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 - Many	Provide and implement an infection prevention and control program. A Targeted Infection Control Survey/COVID-19 Focused Survey was conducted by the Centers for Medicare & Medicaid Services (CMS) on March 25, 2020 to March 26, 2020. Based on observation and interview, the facility failed to perform the appropriate screening of visitors that were permitted to enter the facility by not assessing the temperature of two Emergency Medical Services (EMS) workers who entered the facility and by assessing the temperature of permitted visitors in an area where resident contact could have occurred. The census was 107. Findings include: Review of the facilities Coronavirus-COVID-19 policy, revised 3/25/20, showed visitors were not allowed in the facility, except under certain situations. Visitors were to complete the visitors screening form and have their temperature taken prior to entering the facility. If the visitor had no temperature and answered no to all questions on the screening form, the visitor could proceed into the facility. Observation on 3/25/20 at 1:19pm, on the second floor of the facility, showed two Emergency Medical Services (EMS) transporters pushing a resident on a gurney down the hallway and into a resident room. A facility staff member entered the same resident room and closed the door. During an interview on 3/25/20 at 1:30pm, with the EMS transporters, after their exit from the resident room, both stated they were delivering a resident back to the facility after being discharged from a hospital. When asked if they had been screened prior to entering the facility they both stated they had completed the screening form but staff had not assessed their temperature prior to entering the facility. Observation on 3/26/20 at 9:45am, showed a female standing at the nurses station on the first floor of the facility. The female stated she was a laboratory technician from a laboratory outside of the facility, and was there to obtain a blood sample from a resident. Observation showed a staff person assessed the lab technician's temperature while she stood at the nurse's station. During an interview on 3/26/20 at 9:50am, with the laboratory technician, she stated she had completed the questionnaire and used hand sanitizer on her hands in the reception area of the facility and was directed to the nurses' station to have her temperature assessed. During an interview on 3/25/20 at 11:05am, the Director of Nurses (DON), stated the facility was not allowing any visitors into the facility at this time. She stated the process for allowing emergency medical services (EMS) transporters and other necessary individuals into the facility was for them to complete the questionnaire and have their temperature assessed in the reception area of the facility, prior to entering the resident care areas of the facility. She stated that due to possible theft, the facilities infrared thermometer had disappeared a couple of days ago and the facility had ordered a new one. She stated that since the infrared thermometer disappeared, the charge nurse on the first floor was assessing any visitor's temperatures. She stated she did not know why the EMS transporters temperatures were not assessed because staff had been educated to assess the temperature for anyone entering the facility.		
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.