

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145974	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/17/2020
NAME OF PROVIDER OF SUPPLIER NORWOOD CROSSING		STREET ADDRESS, CITY, STATE, ZIP 6016 NORTH NINA AVENUE CHICAGO, IL 60631	
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 - Minimal harm or potential for actual harm 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>Based on observation, interview and record review, the facility failed to prevent the spread of infections such as COVID-19 as evidenced by failure to adhere to infection control practices related to: failure to follow safe handling practices; failure to disinfect high-touch surfaces; failure to observe isolation precautions including proper use of personal protective equipment (PPE); failure to perform hand hygiene, properly handle linens, an proper glove utilization. Findings include: 1. A. On 4/16/20 at 11:56am, an empty hamper was observed inside the second floor dining room. The lid of the hamper was observed to be dirty, with multiple spots of dried, reddish-colored crusts. Certified Nursing Assistant1 (CNA1) was observed placing a clean lunch food tray on top of the dirty hamper. CNA1 took a clean clothing protector. CNA1 picked up the food tray that was sitting on the surface of the dirty hamper and brought it to a resident's room. The Director of Nursing (DON) confirmed that the lid of the hamper was dirty with multiple spots of dried, reddish-colored crusts. During interview with the DON on 4/17/20 at 1:17pm, when asked about her expectation from staff when passing out the meal trays and if staff should place the clean tray on top of a hamper, the DON stated, No. The DON added that the staff should perform hand hygiene before doing anything with food and use ABHR (alcohol based hand rub) or handwashing. The DON further stated that staff should wear a hair net, check the ticket on the tray and use gloves when getting the food ready. B. On 4/16/20 at 12:15pm, a hoier lift sling (an equipment used to lift and move the resident from bed to chair and vice-versa) was observed hanging on a chair with the strap touching the floor. This was confirmed by the DON who stated that the hoier lift sling should be kept in the clean utility room. The DON readjusted the hoier strap. When asked if sling should be kept on a chair, the DON stated it should not be there. When asked if the strap should touch the floor, the DON stated No.</p> <p>During a follow-up interview with the DON on 4/17/20 at 1:17pm, when asked where staff should keep the hoier sling/pad, the DON stated, For the hoier lift pad, each resident should have one in the room. For the sit to stand machine, the pad should be wiped before use on another resident. Review of the facility housekeeping bi-weekly dining room checklist revealed, Clean clothing protector cart, remove mesh bag - as needed. On 4/16/20, a copy of the facility's policy on Resident Care Items and Equipment Disinfection was requested but the Administrator stated that the facility did not have a policy. The Administrator further stated that hoier lifts were cleaned weekly. In an article titled A Unit Guide to Infection Prevention for Long Term Care Staff dated 3/2017 revealed, Germs can be found on the hands or gloves of health care workers, on surfaces in the facility, and on medical equipment. If these are not properly cleaned and disinfected, the germs may spread to other people and the environment. In healthy individuals, the immune system fights off germs and prevents infection. Older people, due to the declining ability of their immune systems to resist germs, are more susceptible to infection and can become infected more easily.</p> <p>https://www.ahrq.gov/hai/quality/tools/cauti-ltc/modules/resources/guides/infection-prevent.html In a CDC article titled Cleaning and Disinfecting Your Facility with review date of April 14, 2020 revealed under how to clean and disinfect, Wear disposable gloves to clean and disinfect. Clean surfaces using soap and water. Practice routine cleaning of frequently touched surfaces. High touch surfaces include: tables, doorknobs light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc. Disinfect - Clean the area or item with soap and water or another detergent if it is dirty. Then, use disinfectant. Recommend use of an EPA-registered household disinfectant. Laundry - Clean and disinfect clothes hampers according to guidance above for surfaces.</p> <p>https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html In an article titled Food safety in long term care facilities: protecting residents from foodborne illnesses dated 5/1/2017 revealed, Older adults-both in the community and in long term care environments-are especially vulnerable to infection with norovirus and other pathogens because of reduced immunity and other age-related physiological changes. Other common pathogens affecting residents in long term care settings include campylobacter and salmonella. Given the serious consequences for seniors acquiring a foodborne illness, it's critical that long term care facilities follow good food safety practices. Employ safe food handling and infection control practices at all times to avoid cross-contamination.</p> <p>https://www.medcominc.com/medical-errors/food-safety-in-long-term-care-facilities/ 2. A. On 4/16/20 at 12:08pm, Certified Nursing Assistant2 (CNA2) was observed walking the third floor hallway with a mask on but his/her nose was not covered. During interview with the Director of Nursing (DON) on 4/17/20 at 1:17pm, when asked how staff should be wearing their face masks, the DON stated, It should cover the mouth and the nose, and (staff) should avoid touching it. Review of the facility's mask inservice tool revealed under Visual Instruction on Correct Use and Storage of Facemasks, Figure 1 - This image demonstrates approved wear of face mask. Facemask is shown secured over nose and mouth. In a CDC article titled How to Protect Yourself & Others with review date of April 13, 2020 revealed, Cover your mouth and nose with a cloth face cover when around others. You could spread COVID-19 to others even if you do not feel sick. Everyone should wear a cloth face cover when they have to go out in public. The cloth face cover is meant to protect other people in case you are infected.</p> <p>https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html B. Review of R1's medical record revealed that R1 was admitted on [DATE]. R1's [DIAGNOSES REDACTED]. R1 was on [MEDICATION NAME] HCl Solution (antibiotic) 2 gram intravenously (administered into a vein) every 12 hours for pneumonia for seven days. On 4/16/20 at 12:10pm, an isolation cart was observed outside of R1's room. There was no signage on the door. This was confirmed by the DON. On 4/16/20 at 12:12pm, wearing a mask and gloves, a medical equipment delivery person (Z1) was observed going into R1's room. Z1 delivered a special mattress for R1. Z1 was not wearing an isolation gown. Z1 came out of R1's room still wearing gloves. Z1 did not perform hand hygiene. E1 touched the clipboard on top of the utility cart, parked outside of R1's room. Still wearing the same gloves, Z1 went back to R1's room. Z1 came out of R1's room. Z1 did not perform hand hygiene. Still wearing the same gloves, Z1 went to get his form signed by an unidentified staff. Although staff were present in the hall, no one reminded Z1 to wear a gown before entering R1's room. This was confirmed by the DON. The DON then reminded Z1 to change his gloves. During interview with the DON on 4/17/20 at 1:17pm, when asked if medical equipment delivery persons should wear gown, mask and gloves when entering a room designated contact/droplet precautions, the DON stated, Yes. Review of Facility's Interim Policy for Isolation and Care of COVID-19 Patient or Resident with Respiratory Symptoms of Unknown Cause revealed, For a patient/resident with an undiagnosed respiratory infection, all staff will follow Standard, Contact, Droplet precautions, which include wearing a facemask, isolation gown and gloves. Eye protection should be worn if available. Appropriate signage about necessary PPE should be on the door, and staff should understand the protocol. In a CDC factsheet titled Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19 dated 4/8/20, revealed under donning (putting on the gear), #4 Put on NIOSH- approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available). Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf In a CDC article titled Transmission-Based Precautions revealed under PPE for Contact Precautions, Gown and gloves at entry point, before contact with a patient or patient's environment. Potentially contaminated objects include: objects such as tray</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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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>tables and bed rails, medical equipment (e.g. blood pressure cuff) .PPE removed at the point of exit, prompt hand hygiene. Under PPE for Droplet Precautions, PPE must be removed at the point of exit; do not reuse face masks. Hand hygiene follows PPE removal. https://www.cdc.gov/infectioncontrol/pdf/strive/PPE102-508.pdf 3. A. On 4/16/20 at 12:10pm, a clean linen cart was parked outside of room [ROOM NUMBER]. Two blue chux pads (incontinence protection for beds), three pieces of loose gloves, and two rolls of plastic bags were on top of the linen cart. This was confirmed by the DON. When the DON was asked if patient care supplies should be on top of linen carts, the DON stated, No. B. On 4/16/20 at 12:18pm, an open box of gloves was observed on top of the clean linen cart outside of room [ROOM NUMBER]. This was confirmed by the DON. C. On 4/16/20 at 2:07pm, an open box of gloves was observed on top of the clean linen cart outside of room [ROOM NUMBER]. This was confirmed by the DON. D. On 4/16/20 at 2:11pm, an open box of gloves was observed on top of the clean linen cart outside of room [ROOM NUMBER]. This was confirmed by the DON. E. On 4/16/20 at 2:15pm, an open bag of disposable undergarments was observed on top of an isolation cart outside of room [ROOM NUMBER]. This was confirmed by the DON. On 4/16/20, a copy of the facility's policy on handling and storage of clean linen was requested from the Administrator. On 4/17/20, the Administrator stated that the facility did not have a policy. In an article titled Handling Clean Linen in a Healthcare Environment revealed, .Research shows that outbreaks of infectious diseases associated with laundered health care textiles .Exposure of clean textiles to environmental contamination is most often cited as the cause. Under Storage, it revealed, Adequate storage space for HCT's (healthcare textile) is especially important. Ideally, space is set aside where the linen can be both stored and prepared for distribution, and kept separate from any soiled linen and other possible contaminants. Nothing should be stored in the area except the clean linen. https://industry Perspectives.com/wp-content/uploads/2017/04/hygienic-clean-linen.pdf 4. A. On 4/16/20 at 12:21pm, housekeeping staff2 (E2) was observed in room [ROOM NUMBER] sweeping the floor. E2 removed her gloves. E2 went to the next room and washed her hands for 9 seconds. The DON was present during this observation. When E2 was asked how long she should wash her hands, E2 stated, 15, 20 seconds. When E2 was asked why she went to the other room to wash her hands, E2 stated, I know, I know. During interview with the DON on 4/17/20 at 1:17pm, when asked if E2 should go to the next room to wash her hands when there was an available sink in room [ROOM NUMBER], the DON stated, No. B. On 4/16/20 at 1:59pm, Certified Nursing Assistant3 (CNA3) was observed coming out of room [ROOM NUMBER] carrying a flat sheet on her arm. CNA3 did not perform hand hygiene. CNA3 then went to another resident's room which was room [ROOM NUMBER] and left the flat sheet on the foot part of bed 2. When asked why she took linen from one resident's room to another resident's room, CNA3 stated it was a clean flat sheet. The DON was present during this observation. During interview with the Director of Nursing on 4/17/20 at 1:17pm, when asked if staff should take linens from one room to the next, the DON stated, No. The DON further stated that CNA3 had the linen on her arm when she went to answer the call light in room [ROOM NUMBER]. In an article titled Best Practice Guidelines - Storing and Handling Clean Linen in Healthcare Facilities revealed under Storage and Handling Procedures - Clinical/Patient Environment, #5. Once clean linen enters a patient room, it shall be considered reserved only for use by the current patient(s) within that room. Any linen not used by that patient(s) must be considered contaminated and treated as soiled laundry. Essentially, once linen enters a patient room, it should only exit that room in a soiled laundry bag.</p> <p>http://ipac.vch.ca/Documents/Cleaning%20and%20Disinfection/Storing%20and%20Handling%20Clean%20Linen%20in%20Healthcare%20Facilities.pdf In a CDC article titled How COVID-19 Spreads dated 4/13/20 revealed, It may be possible that a person can get COVID-19 by touching a surface or object that has [MEDICAL CONDITION] on it and then touching their own mouth, nose, or possibly their eyes. This is not thought to be the main way [MEDICAL CONDITION] spreads, but we are still learning more about this virus. Wash your hands often with soap and water. If soap and water are not available, use an alcohol-based hand rub. Also, routinely clean frequently touched surfaces.</p> <p>ziphttps://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html</p>		