STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145796	A. BUILDING _____ B. WING _____	**04/09/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BALMORAL HOME	**2055 WEST BALMORAL AVENUE CHICAGO, IL 60625**

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.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure linens were consistently stored in accordance with accepted national standards of practice and failed to ensure used food trays were appropriately stored in order to prevent the spread of infection. These failures had the potential to affect all 183 residents in the facility during the survey. Findings include: 1. During the initial tour with the Administrator on 4/8/20 at approximately 11am, Nurse Aide (NA) 1 was observed to remove linens out of the unit's linen cart outside room [ROOM NUMBER]. The linen cart was not fully covered, bed linens and blue incontinence pads were exposed and a portion of the white bed linen used to cover the cart was observed to touch the floor. Further down in the hall by room [ROOM NUMBER] another unit linen cart was observed to be half covered with linens exposed. The Administrator was asked about the observations. The Administrator responded, I will talk to her (referring to NA1) The Administrator was then overheard informing NA1 to ensure that linen carts were fully covered at all times. On 4/8/20 at approximately 2pm, during the unit observations with the Director of Nursing (DON) the following were observed in all of the three floors: A. Unit linen cart in the first floor outside room [ROOM NUMBER] was not totally covered with bed linens and blue cloth incontinence pads hanging on the sides. B. Unit linen cart in the second floor outside room [ROOM NUMBER] was not totally covered with bed linens exposed. C. Unit linen cart in the third floor outside room [ROOM NUMBER], only the topmost part was fully covered. The second and third shelves were open with linens and blue cloth incontinence pads were exposed. NA1 (the same NA the Administrator talked earlier) was asked by the DON about the observation. NA1 responded, Yes, that's my cart and what's the problem with it. The DON explained to NA1 that unit linen carts should be fully covered to prevent contamination. Review of the facility's undated Laundry Policy and Procedure under Procedure indicated, .3. Linen cart is to be covered during transportation of linen. Linen carts in hallways and alcoves will be covered at all times . 2. On 4/8/20 at approximately 12:10pm, two used food trays were observed on top of the nurse's treatment cart. Registered Nurse (RN) 1 was asked about the observation. RN1 stated, No, those should not be on top of the treatment cart. RN1 further stated that it was important not to put used food trays on the treatment cart for infection control purposes. On 4/8/20 at approximately 2:15pm, the Director of Nursing and the Administrator were informed of the observation. The DON acknowledged that was not an acceptable practice. The Administrator stressed that staff were to collect the food trays from the residents' rooms after meals and place the used trays in the dining cart.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE