

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 146110	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/24/2020
NAME OF PROVIDER OF SUPPLIER SMITH CROSSING		STREET ADDRESS, CITY, STATE, ZIP 10501 EMILIE LANE ORLAND PARK, IL 60467	
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	<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 follow practices to contain the spread of COVID-19 as evidenced by failure to implement the use of personal protective equipment (PPE); and, handle personal laundry to prevent potential transmission of infection. This deficient practice had the potential to affect all 39 residents in the facility. Findings include: During an interview with the Administrator and Director of Nursing (DON) on 4/23/2020 at 10:30am, both indicated they have two positive cases of COVID 19 in house. The DON stated these residents were tested positive while in the Memory Care (Assisted Living). On 4/23/20 at 11am of the Skilled Nursing Wing, License Practical Nurse (LPN)1 was asked if there were any residents on isolation precautions in the unit. LPN1 stated one resident was placed on droplet precautions due to aspiration pneumonia and was tested negative for COVID 19. During an observation on 4/23/20 at approximately 11:30am, E1 (Laundry Aide) was observed carrying a basket of personal laundry to be delivered to R1's room (not on isolation precautions). The uncovered clean personal laundry was touching E1's uniform as she struggled to hold the basket and at the same time waiting for R1 to be moved from the doorway so E1 could enter. When asked why she was using a basket to transport the laundry, E1 stated that she was delivering for only one resident, so she did not use a cart. When asked if it was acceptable for the clean laundry to be touching her uniform, E1 stated that the load was quite heavy. E1 confirmed she would have been better off using a cart to protect the clean laundry from touching her uniform. Review of the Centers for Disease Control and Prevention (CDC) titled Background G. Laundry and Bedding under the heading of Guidelines for Environmental Infection Control in Health-Care Facilities (2003) specified that Laundry in a health-care facility may include bed sheets and blankets, towels, personal clothing, patient apparel, uniforms, scrub suits, gowns, and drapes for surgical procedures. Contaminated textiles and fabrics in health-care facilities can be a source of substantial numbers of pathogenic microorganisms. Review of published instructions titled Handling Clean Linen in a Healthcare Environment certified, undated by Textile Rental Service Association (TRSA) recommended the following: Avoiding the transfer of pathogens and other contaminants from a staff person to the hygienically clean HCTs (Healthcare textiles) is critical. More than 60 percent of health workers' uniforms sampled by researchers tested positive for pathogens while they wore them at work, according to a 2011 study published in the American Journal of Infection Control. Staff members should avoid pressing HCTs to their uniforms at any time. (Employees) also should be trained to keep all HCT storage carts or racks covered to prevent contamination from airborne dust, dirt and pathogens. Observation of the Transitional Care Unit (J and H wing) on 4/23/20 at 11:45am revealed the unit was separated by fire doors from the Skilled Nursing Wing. Upon entering the unit, an ante room was noted with clean personal protective equipment (PPE). Rooms J6 and J8 were separated by a plastic barrier from the opposite rooms in the hallway. Registered Nurse (RN)1 stated two residents (R2 and R3) in Rooms J6 and J8 were on isolation precautions due to positive COVID 19. Further tour of the unit revealed in H Wing, one resident on droplet precautions (R4). During an observation on 4/23/20 at approximately 12:30pm, E2 (housekeeping staff) was observed donning a gown to enter R4's room. E2 was wearing a cloth mask over the N95 respirator. E2 stated she was going to clean R4's bathroom and was carrying a basket with cleaning supplies. Posted in R4's door was a signage of droplet precautions. However, the surveyor was not able to observe E2 come out of R4's room. On 4/23/20 at approximately 1:30pm, together with the Housekeeping Supervisor, the surveyor interviewed E2. E2 was still wearing the same cloth mask over the N95. When asked if she was wearing the same cloth mask over her N95 that she used when she entered R4's room, E2 stated yes. E2 confirmed that it was her personal mask. When asked if it was an acceptable practice to continue wearing the same cloth mask over N95 throughout the facility, E2 stated that it should be okay since she was wearing N95 under the cloth mask. At this point, the Housekeeping Supervisor intervened and educated E2 that she should have used a surgical mask over the N95 and to discard it when leaving the isolation room. When the surveyor asked E2 if she had entered to clean the room of the two residents who were confirmed COVID 19 cases, E2 stated that she was not assigned to clean those rooms. Review of R4's electronic record indicated a positive result for flu virus but negative for COVID 19. Review of the facility's policy titled Face Masks: Traditional and Alternative (cloth) Universal Mask Policy dated 4/7/20 specified, We have instituted a universal face mask policy per IDPH (Illinois Department of Public Health) guidelines. While staff or visitors are in the facility they are to wear a face mask. This includes staff responsible for direct interaction or care involving residents as well as staff who do not normally interact directly with patients and residents, such as administrative, dietary, environmental services, and facility maintenance staff. The facility's policy allowed for the wearing of alternative face masks, but only for the following circumstances which failed to be present during the survey. The facility's policy indicated, Wear an alternative facemask based on the following: When FDA (Food and Drug Administration) regulated PPE (Personal Protective Equipment) supply has been exhausted and all efforts to extend PPE use has been exhausted. Review of the facility's in-service policy provided for its staff on 3/12/20 and 4/9/20 titled Infection Control-Protective Equipment specified the following instructions to its employee which does not include applying a cloth mask over facility issued face mask: Under the heading of Procedure specified, 4. Protective clothing provided to our employees includes but is not limited to: a. Gowns/aprons/lab coats (disposable, cloth and/or plastic); b. Gloves (sterile, non-sterile, heavy-duty and/or puncture-resistant); Mask; and d. Eyewears (goggles or face shields). Review of the CDC guidelines titled Interim Additional Guidance for Infection Prevention and Control for Patients with Suspected or Confirmed COVID-19 in Nursing Homes with a review date of 4/15/20 specified that Healthcare Personnel (HCP): HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary (and) environmental services). Cloth face covering: Textile (cloth) covers that are intended to keep the person wearing one from spreading respiratory secretions when talking, sneezing, or coughing. Cloth face covering are not considered PPE and should not be worn by HCP when PPE is indicated. Review of the CDC recommendations titled Prevention Strategies for Seasonal Influenza in Healthcare Settings dated 10/30/18 indicated that During the care of any patient, all HCP in every healthcare setting should adhere to standard precautions, which are the foundation for preventing transmission of infectious agents in all healthcare settings. Standard precautions assume that every person is potentially infected or colonized (the presence of [MEDICAL CONDITION] or bacteria) with a pathogen (microorganism that causes the infection) that could be transmitted in the healthcare setting. Droplet precautions (used for diseases or germs that are spread in tiny droplets caused by coughing and sneezing (examples: pneumonia, influenza (and) [DIAGNOSES REDACTED])). The CDC also recommends the following: HCP should don a facemask when entering the room of a patient with suspected or confirmed influenza. Remove the facemask when leaving the patient's room, dispose of the facemask in a waste container, and perform hand hygiene. The housekeeping staff member (E2) failed to adhere to this recommendation by keeping her personal cloth mask on while continuing to perform duties throughout the facility with the surface of the cloth her facemask possibly being contaminated with the droplets of [MEDICAL CONDITION] transmitted by being in a room with resident (R4) who</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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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>(continued... from page 1)</p> <p>had tested positive for influenza.</p>		