

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145222	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/20/2020
NAME OF PROVIDER OF SUPPLIER CROSSROADS CARE CTR WOODSTOCK		STREET ADDRESS, CITY, STATE, ZIP 309 MCHENRY AVENUE WOODSTOCK, IL 60098	
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 - Few	<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 ensure staff were screened upon entrance and failed to ensure staff wore face coverings to prevent COVID-19 transmission for two residents (R4, R5) reviewed for infection control in the sample of 5. The findings include: On 5/19/20 at 11:00 AM, two staff members walked past the dining room carrying bags of McDonalds. Neither staff person was wearing a mask. V1 Administrator identified the staff as V9 Certified Nursing Assistant (CNA) and V10 CNA. V9 and V10 walked past a dining room, therapy room, and TV room and past R4 and R5 who were at the nurses' station. V9 and V10 then walked behind the nurses' station without masks on. On 5/19/20 at 10:00 AM, V1 said the facility had 58 residents and 10 staff tested positive for COVID-19. The facility isolation was just lifted yesterday, 5/19/20. On 5/20/20 at 9:25 AM, V1 said employees should wear a mask when entering the building. Employees are to be screened at the beginning of their shift and again at midshift. Anyone who leaves the building and returns should be screened. At 9:51 AM, V1 said V9 and V10 were not screened midshift when they returned to the building on 5/19/20. At 11:08 AM, V1 said the purpose of employee screening is to identify and determine possible COVID symptoms in staff prior to working with residents. Screening decreases the potential risk of spread of infection from staff to residents. Wearing face masks also decreases the potential spread of droplet organisms and protects the employee. The facility's 3/20/20 Emergency Operations Plan showed the objective is to reduce transmission of [MEDICAL CONDITION] among associates, patients/residents, volunteers, visitors and partners and minimize the illness among associates and patients/residents during a pandemic. Simple infection control strategies in addition to government public health measures will be used to slow the spread of the disease. Activation of the plan will be based on input from the Public Health Departments and Centers for Disease Control and Prevention (CDC). Infection control measures must be heightened which may include social distancing and other hygiene practices to slow the spread of the disease. Personal protective equipment should be used as a practice measure when appropriate. Infection control supplies such as face masks will be utilized and optimized according to CDC guidance during a pandemic. The facility will follow updates from CDC, local public health authorities and Centers for Medicare & Medicaid Services (CMS) for guidance and adherence to updated protocols for management of COVID-19. The facility's Infection Prevention and Control Program Manual Surveillance dated 5/4/20 showed the following specific surveillance measures have been put in place for COVID-19: Evaluating and monitoring staff compliance with Personal Protective Equipment (PPE) and Employees will be actively screened for respiratory symptoms and fever. The CDC Coronavirus Disease 2019 guidance dated 4/13/20 showed to address asymptomatic and pre-symptomatic transmission, implement source control for everyone entering a healthcare facility, regardless of symptoms. This action is recommended to help prevent transmission from infected individuals who may or may not have symptoms of COVID-19. Actively screen everyone for fever and symptoms of COVID-19 before they enter the health care facility. As part of source control efforts, health care personnel should wear a face mask at all times while they are in the health care facility. Current Illinois Department of Public Health COVID-19 Control Measures for Long Term Care dated 5/7/20 shows to screen all staff for respiratory symptoms and check temperatures at the beginning of the shift and again at midshift. All employees must wear a mask during their shift to protect residents. All staff must wear masks when entering the building.</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.