

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>14E888</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/29/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SHARON HEALTH CARE WILLOWS</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3520 NORTH ROCHELLE PEORIA, IL 61604</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on the unprecedented coronavirus global pandemic that resulted in the Presidential declaration of a State of National Emergency dated 3/13/20, the Department of Health and Human Services, Centers for Medicare &amp; Medicaid Services (CMS) Memo QSO-20-14-NH revised on 3/13/20, Nursing Home guidance from the Centers for Disease Control (CDC), observation, interview, and record review, the facility failed to: cancel group activities; transport/store clean linen in a manner to keep it free of potentially infectious materials; and follow-up on results of COVID-19 testing for one resident (R1) to prevent the spread of COVID-19. This had the potential to affect all 157 residents residing in the facility at the time of the survey. Findings include: 1. Review of the facility's PUI line listing, dated 4/20/20 to 4/30/20, revealed, the facility had two residents with confirmed COVID-19 and 14 residents that were persons under investigation for COVID-19. Review of the facility's Call off list, dated 4/20/20 to 4/29/20, revealed, the facility had one staff with confirmed COVID-19 and 15 staff that were persons under investigation for COVID-19. 2. During an interview on 4/29/20 at 2:10 pm, with the Assistant Administrator, when asked if the facility was conducting group activities, the Assistant Administrator stated that no group activities were being conducted. During the same interview, with the Assistant Administrator, when asked if the facility was still conducting communal dining, the Assistant Administrator stated, We have split up the facility units in half and only allow two (residents) to a table. Once they (the residents) are fed they are encouraged to go back to their rooms. Observation on 4/29/20 at 2:50 pm, in the North dining room, revealed 12 residents and three staff members getting ready to begin BINGO (a group activity). Residents were seated two to a table. Each round table was approximately 4 feet in diameter. All 12 residents were not [MEDICATION NAME] social distancing and were within six feet of another resident. During a follow-up interview on 4/29/20 at 2:50 pm, with the Assistant Administrator, when asked if the BINGO game was a group activity, the Assistant Administrator stated, We are doing the same as dining. Only two per table. I can stop it now if I have to. 3. Observation on 4/29/20 at 3:45 pm, in the facility's D hall, revealed, an isolation sign on the door of room D12. Outside of the partially open door of room D12, a rolling cart of clean, folded bed linens was uncovered and no staff were observed in the hallway. During a follow up interview on 4/29/20 at 3:50 pm, with Nurse Assistant (NA1), when asked about the rolling cart of clean, folded bed linens outside of room D12, NA1 stated, It should be covered. That really shouldn't even be there. Observation on 4/29/20 at 4:01 pm, in the facility's A hall, revealed, an uncovered, rolling cart of clean, folded bed linens outside of room A10. No staff were observed in the hallway at the time. Observation on 4/30/20 at 12:35 pm, in the facility's E hall, revealed, an uncovered, rolling cart of clean, folded bed linens outside of room E10. No staff were observed in the hallway at the time. During a follow up interview on 4/30/20 at 12:37 pm, with NA2, when asked about the uncovered clean linen, the NA2 stated, It should be covered. I'm going to go cover it now. During an interview 4/30/20 at 11:15 am, with the Assistant Administrator, when asked about the transport and storage of clean linens in the resident hallways, the Assistant Administrator stated, They (the clean linens) should have been covered. Review of the facility's Laundry Handling policy, not dated, revealed .All clean laundry is brought out and delivered to resident rooms and storage areas with a clean sheet/covering in place to keep sanitary. 4. Review of R1's hospital After Visit Summary, dated 4/26/20, revealed, under the heading Lab Tests in Progress, [DIAGNOSES REDACTED]-COV-2 BY PCR (a test to detect [MEDICAL CONDITION] that causes COVID-19). Further review of R1's medical record revealed no results for the pending lab test. During an interview on 4/30/20 at 3:15 pm, with the Assistant Administrator and the Director of Nursing (DON), when asked when the facility would usually follow-up on a resident's COVID-19 that was performed in the hospital, the Assistant Administrator stated, The following day or day of (the testing). When asked if the facility had followed up on the results of R1's COVID-19 testing, the DON stated, I don't think he was tested . When R1's hospital After Visit Summary, dated 4/26/20, with the COVID-19 testing listed as a pending lab test, the Assistant Administrator made a phone call and reported that R1's COVID-19 test was negative. When asked who in the facility is usually responsible for following up with lab testing done in the hospital, the DON stated, Probably typically me and my team. When asked if there was a reason R1's test for COVID-19 was not followed up on, the DON stated, Because I'm on hour 120 this week. Review of the facility's undated policy titled, Novel Coronavirus/COVID-19 revealed the policy specified that All non-essential activities will be postponed such as: activities Review of the document Social Distancing by the CDC revealed the following guidance that facilities were to follow during the COVID-19 pandemic: Limiting face-to-face contact with others is the best way to reduce the spread of coronavirus 2019 (COVID-19) Stay at least 6 feet (about 2 arms lengths) apart from other people. Do not gather in groups.</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.