

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>14E177</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/09/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CRESTWOOD TERRACE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>13301 SOUTH CENTRAL AVENUE CRESTWOOD, IL 60445</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, interview, and record review, the facility failed to properly contain COVID-19 by not following their facility policy and protocol on the proper use of cleaning and disinfecting agents. This failure has the potential to affect all 102 residents currently in the facility. 6/8/20 at 11:10am, V6 (Housekeeper) stated that I use Q 128 disinfectant on television tables and areas close to the residents that they touch. I spray it on there, wait a minute or two then wipe it off. I do this once a day along with the bathroom. For the sinks in the bathroom, I use a foaming disinfectant for the sinks and the knobs on the sinks. It foams so it works right away and can be wiped right off. I use this same process and supplies for R3 and R4's room who are in quarantine. 6/8/20 at 11:45am, V6 entered R5 and R6s room and sprayed green Q 128 disinfectant on R5's dresser and television stand then immediately wiped it. V6 sprayed same disinfectant on rag then wiped R6's desk and bedside stand. It did not remain wet when wiped with rag. V6 sprayed foam disinfectant on bathroom sink and sink handles then wiped it off within 1 minute. V6 stated that R5 and R6 share the bathroom with R7 and R8. 6/8/20 at 12:15pm, V7 (Housekeeper) sprayed Q 128 disinfectant on seven tables in the community dining room then wiped them immediately after being sprayed. Tables dried within 3 minutes, then residents ate lunch on the tables. 6/8/20 at 12:24pm, V8 (Housekeeping Supervisor) sprayed Q 128 disinfectant on three tables in the community dining room then wiped them immediately after being sprayed. 6/8/20 at 12:50pm, V8 stated that we use the green Q 128 in all resident rooms, on the doorknobs and areas that they touch. We also use it in the community dining room on all the tables before the residents sit down to eat meals. We also use the foam cleaner in rooms. We use the same chemicals in the quarantine rooms and they both have a two minute kill time for viruses. 6/8/20 at 1:20pm, V8 stated that on the bottle of the foam cleaner and the Q 128, it states to leave wet (contact time) for 10 minutes to be effective in killing viruses. Facility provided user insert for Q128 disinfecting cleaner which notes that the product does kill Coronavirus if surface remains wet for 10 minutes. Facility policy updated 2/28/20 notes that cleaning of areas should be done with an EPA registered approved product for COVID 19 and dwell times should be observed.		
F 0885  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to properly report a positive case of COVID-19 to residents and their representatives. This failure has the potential to affect all 102 residents currently in the facility. Findings include: 6/08/2020 at 10:41AM, V3 (Certified Nurse Assistant/CNA) stated that there are two residents on her wing who are quarantined for monitoring, but they can leave their room wearing a mask. When asked if she is aware of any positive cases in the facility, she stated that she is not aware of any positive cases among residents or staff. 6/08/2020 at 10:58AM, V2 (Director of Nursing/DON), who is also the infection preventionist for the facility, stated that they do not have any positive cases among residents but have one staff that tested positive. When asked if residents and their representatives were made aware of the one positive case, she stated that it was reported to Illinois Department of Public Health (IDPH) by the administrator who does daily reporting. She stated that residents were notified at a town hall meeting and family members were notified via Robot Call. Review of records showed that V1 (Administrator) reported that one staff member tested positive to IDPH on May 23, 2020. Review of records for R1 and R2 showed a documented Robot Call on 5/26/2020 entered by V2 which stated that the facility does not have any positive case of COVID-19; Robot Call documented by V2 on 6/08/2020 stated that the facility has one positive case of [MEDICAL CONDITION]. 6/9/2020 at 12:20PM, V2 was asked why her documented robot call on May 26th stated that there were no positive cases of COVID-19, she stated that she was only thinking of the residents when making the Robot Call and did not include the staff. 6/8/20 at 10:47am, V4 (Certified Nursing Assistant, CNA) stated, I am not aware of any staff who tested positive for COVID-19. The facility does not share that information with us. I guess if a staff was positive they would just tell us or somehow let us know. 6/8/20 at 11:00am, V5 (CNA) stated, I am not aware of any staff that tested positive. I am not sure they can give us that information. 6/8/20 at 11:10am, V6 (Housekeeper) stated, I am not aware of any staff or residents who have tested positive. Facility provided Pandemic Preparation (dated 4/2020) documents that the Infection Preventionist will coordinate communication with staff, residents, and families regarding the status and impact of pandemic in the facility; Weekly monitoring of pandemic like illness and confirmed cases of the pandemic in residents and staff is included in our overall surveillance of communicable disease and is reported to the Department of Health.		
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.