

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145372	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/04/2020
NAME OF PROVIDER OF SUPPLIER SYMPHONY OF JOLIET		STREET ADDRESS, CITY, STATE, ZIP 306 NORTH LARKIN AVENUE JOLIET, IL 60435	
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 - Immediate jeopardy 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 the unprecedented coronavirus global pandemic that resulted in the Presidential declaration of a State of National Emergency dated [DATE], the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) Memo QSO-[DATE]-NH revised on [DATE], Nursing Home guidance from the Centers for Disease Control (CDC), and observation, interview, and record review, the facility failed to prevent or contain the spread of COVID-19 as evidenced by failure to develop a process of ensuring that screening forms required for staff and others entering the facility were reviewed for completion and healthcare personnel (HCP) who documented positive signs/symptoms of respiratory infection in the screening form were properly assessed and not allowed to work. This failure represent Immediate Jeopardy (IJ) to the health and safety of all 77 residents in the facility due to the high likelihood of transmission of COVID-19 from staff to residents. The facility is in a county with high incidence of community based transmission and at the time of the survey the facility had 67 confirmed COVID-19 cases in residents and staff. The IJ began on [DATE] when Nursing Assistant (NA1), a deceased employee, was allowed to work from 2pm-10pm without clinical evaluation when on the screening form, NA1 indicated yes to the screening question I now have a new symptoms of a cold or flu. NA1 subsequently tested positive to [DIAGNOSES REDACTED]-CoV-2, the coronavirus associated with COVID-19, and was hospitalized and eventually NA1 expired on [DATE]. The facility had reported two staff COVID-19 related deaths, Employee (E1) and NA1, and 24 resident COVID-19 related deaths. At the time of the survey, the facility had 40 staff and 27 residents who tested positive for COVID-19. The Administrator was notified of the Immediate Jeopardy on [DATE] at 11:51am. Findings include: According to https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html updated on [DATE] revealed: Given their congregate nature and resident population served (e.g., older adults often with underlying chronic medical conditions), nursing home populations are at the highest risk of being affected by COVID-19. If infected with [DIAGNOSES REDACTED]-CoV-2, [MEDICAL CONDITION] that causes COVID-19, residents are at increased risk of serious illness. COVID-19 cases have now been reported in all 50 states and DC; with many areas having wide-spread community transmission. Given the high risk of spread once COVID-19 enters a nursing home, facilities must take immediate action to protect residents, families, and healthcare personnel (HCP) from severe infections, hospitalization s, and death. Visitors and HCP continue to be sources of introduction of COVID-19 into nursing homes. To protect the vulnerable nursing home population, aggressive efforts toward visitor restrictions and implementing sick leave policies for ill HCP, and actively checking every person entering a facility for fever and symptoms of illness continue to be recommended. During the entrance interview on [DATE] at 10:15am, with the Administrator when asked if the facility had any confirmed cases of residents with COVID-19 or persons under investigation (PUI), the Administrator stated that they had active cases and PUIs placed in the designated unit on second floor. Review of the resident list, provided by the facility, revealed 27 positive cases and three PUIs in the facility. Review of the employee surveillance record revealed there were two staff deaths related to COVID-19. Both staff (NA1 and E1) had onset of symptoms dated [DATE]. The same form indicated E1's last day of work was on [DATE], called off work with onset of symptoms (fever, cough and shortness of breath) on [DATE], was hospitalized on [DATE] and expired on [DATE]. Review of the Resident Line List for COVID-19 Outbreaks in Long Term Care revealed the first confirmed COVID-19 case R1 (Resident 1) had onset of symptoms on [DATE], tested positive for COVID-19 on [DATE], was hospitalized and subsequently expired on [DATE]. Review of the facility's COVID-19 Screening Tool for Employees/Visitors, revealed the following questions needed to be answered with a yes or no prior to the start of the shift or prior to the entry to the facility:</p> <p>Within the past 14 days, I have traveled to a location where COVID-19 has been diagnosed or suspected. Within the past 14 days, I have been in close contact with persons who have traveled to a location where COVID19 has been diagnosed or suspected. Within the past 14 days, I have been sick with a cold or the flu. Within the last 7 days, I have had a fever. Within the last 7 days, I have had nausea and vomiting. Within the last 7 days, I have had diarrhea. I now have new symptoms of a cold or flu. I now have a new onset of fever. Within the past 14 days, I have been around people who have been or are sick with colds or flu. Within the past 14 days, I have been around people who were sick with colds or flu. I have been nauseated or have vomited or had diarrhea within the past week. IF YOU HAVE MARKED YES TO ANY OF THESE QUESTIONS, PLEASE SEE YOUR DON (Director of Nursing/IP (Infection Preventionist), AND OR DESIGNEE FOR FURTHER ADVICE AND DIRECTIONS. 1. Review of the screening tools from [DATE] to [DATE] revealed the following: a. NA1's screening form dated [DATE] revealed a yes answer to the question I now have a new symptoms of a cold or flu. There was no evidence that NA1 was clinically assessed prior to starting the shift. Review of NA1's timecard reflected NA1 worked on [DATE] from 2pm-10pm. b. NA2's screening form dated [DATE] revealed a yes response to the questions: Within the past 14 days, I have been sick with a cold or the flu, within the last 7 days, I have had a fever. I now have new symptoms of a cold or flu. The form did not have a recorded temperature. There was no evidence that NA2 was clinically assessed prior to starting the shift. Review of the time card on [DATE] revealed NA2 worked 6am-2pm on that day. c. NA16's screening questions dated [DATE] were not answered except for a recorded temperature of 95 degrees Fahrenheit (F). The staffing sheet on [DATE] revealed NA16 worked 6am-2pm on that day. d. NA4's screening questions dated [DATE] and [DATE] were not answered except for a recorded temperature of 93.6 F. The timecard on [DATE] and [DATE] indicated NA4 worked 2pm-10pm on both days. e. NP1 (Nurse Practitioner1) screening questions dated [DATE] were not answered. There was no temperature recorded. f. E1 (Employee1) screening tool signed by the employee on [DATE] was not completed except for a recorded temperature of 93.6F. g. JM's (person initial) screening tool dated [DATE] was not completed nor was the temperature recorded. On [DATE] at 11am, when asked to identify JM, the Administrator stated she was not sure who the person was. During a telephone conference on [DATE] at 3:30pm with participation of the Administrator, Regional Nurse Consultant, Director of Nursing and Infection Control Preventionist, the facility confirmed that there was no evidence that clinical evaluation was conducted for the staff who answered yes to signs/symptoms of respiratory infections prior to allowing them to work. The Administrator confirmed that they are now looking at the screening tools to ensure they are reviewed for completeness and clinical evaluation as needed. 2. Review of the facility's COVID-19 Screening Tool for Employees, dated [DATE] to [DATE], and the facility's corresponding timecards revealed the following staff did not complete the screening questions prior to starting their shift: a. [DATE], eight staff did not complete the screening questions and were allowed to work: NA6, E3, E4, NA7, Licensed Practical Nurse (LPN1), NA8, E5, and the Maintenance Environmental Director. b. [DATE], 19 staff did not complete the screening questions and were allowed to work: E2, E6, NA9, NA5, NA10, NA11, LPN2, LPN3, NA12, E3, E5, E7, NA7, E8, E9, Registered Nurse (RN1), NA13, LPN4, and the Maintenance Environmental Director. c. [DATE], 11 staff did not complete the screening questions and were allowed to work: NA10, LPN5, NA14, RN2, E7, LPN4, E4, E5, E3, NA11, and E10. d. [DATE], 18 staff did not complete the screening questions and were allowed to work: NA10, NA5, NA11, NA15, NA16, RN1, NA17, E11, NA13, E5, NA18, RN1, E2, RN3, LPN1, E7, E8, and the Food Service Director. e. [DATE], nine staff did not complete the screening questions and were allowed to work: RN1, NA8, NA10, NA19, LPN1, NA8, NA7, LPN5, and the Food Service Director. Review of the facility's Report of Laboratory Results, dated [DATE] and [DATE], revealed that the following staff did not fill out the screening questions</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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F 0880 Level of harm - Immediate jeopardy Residents Affected - Many	<p>(continued... from page 1)</p> <p>on the COVID-19 Screening Tool for Employees, dated [DATE] to [DATE], were allowed to work, and subsequently tested positive for COVID-19 on [DATE] and [DATE]: NA9, NA10, and RN1. During an interview on [DATE] at 10:30am, the Administrator was asked when the COVID-19 results were reported to the facility. The Administrator stated that the results were reported at various times during the day on [DATE]. When asked why RN1 whose COVID-19 positive result that was reported on [DATE], was still allowed to finish the shift until 9:23pm, the Administrator stated the [MEDICAL TREATMENT] company was unable to find a replacement. According to the Administrator, RN1 stated the screening forms were not completed because RN1 was in a hurry. Review of the QSO, [DATE] revised on [DATE] Guidance for Limiting the Transmission of COVID-19 for Nursing Homes revealed: .Additional guidance: 2. Implement active screening of residents and staff for fever and respiratory symptoms . 4. Screen all staff at the beginning of their shift for fever and respiratory symptoms. Actively take their temperature and document absence of shortness of breath, new or change in cough, and sore throat. If they are ill, have them put on a facemask and self-isolate at home. [DATE] Additional Considerations and Recommendations: While contact tracing and risk assessment, with appropriate implementation of HCP work restrictions, of potentially exposed HCP remains the recommended strategy for identifying and reducing the risk of transmission of COVID-19 to HCP, patients, and others, it is not practical or achievable in all situations. Community transmission of COVID-19 in the United States has been reported in multiple areas. This development means some recommended actions (e.g., contact tracing and risk assessment of all potentially exposed HCP) are impractical for implementation by healthcare facilities. In the setting of community transmission, all HCP are at some risk for exposure to COVID-19, whether in the workplace or in the community. Devoting resources to contact tracing and retrospective risk assessment could divert resources from other important infection prevention and control activities. Facilities should shift emphasis to more routine practices, which include asking HCP to report recognized exposures, regularly monitor themselves for fever and symptoms of COVID-19, use facemasks or cloth face coverings for source control, and not report to work when ill. Facilities should develop a plan for how they will screen for symptoms and evaluate ill HCP. This could include having HCP report absence of fever and symptoms prior to starting work each day . The Administrator was notified that the immediacy was removed on [DATE] at 11:27am after the removal plan was accepted. Removal of the immediacy was verified on [DATE] by the following: 1. Observation and interview of the receptionist/screener on [DATE] at 11am revealed a revised screening process in which the screener asked the surveyor questions and entered the answer in the screening form and at the same time recorded the temperature that was taken. The screener then provided the surveyor with a screening ticket that was dated and timed and initialed by the screener. According to the screener, this was the same process for anyone who would enter the facility. The screener stated that the employee is required to provide the screening ticket to the shift supervisor prior to work. The screener explained that any yes answer to the screening questions would require a notification to the clinical staff for assessment. When asked if the receptionist had received any yes answers since the change in the screening had been initiated, the receptionist responded, Yes. 2. Random review of staff screening forms based on staff schedule from [DATE] until [DATE] revealed forms were properly completed with only one staff who responded yes to the question Do you have a headache?. The facility provided a clinical assessment form that was completed for this particular employee with an appropriate explanation why the employee was still eligible to work. 3. Review of the in-service dated [DATE] provided to the designated screeners related to the revised screening process and screening tool and the notifications to the clinical staff for any needed assessments or follow-up. 4. Review of in-service dated [DATE] provided to the shift supervisors and all staff related to the screening process, the revised screening tool and the assessment/evaluation process for symptomatic staff. 5. Interviews were conducted to assess staff knowledge of the revised screening process and screening tool, signs and symptoms of respiratory infection that would require notification of the facility before reporting to work. After removal of the Immediacy, the non-compliance remained at the level of no actual harm with the potential for more than minimal harm that is not Immediate Jeopardy until sustained compliance is verified.</p>		