

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 146173	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2020
NAME OF PROVIDER OF SUPPLIER SPRINGS AT MONARCH LANDING, THE		STREET ADDRESS, CITY, STATE, ZIP 2308 NORTH ROUTE 59 NAPERVILLE, IL 60563	
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	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to follow its emergency response pandemic policy and isolation-categories of transmission-based precaution policy by staff not changing disposable gown in between resident visits in COVID floor and has the potential to affect one (R4) of four residents reviewed for infection control practices in a sample of four residents. Findings include: On 10/27/20 at 12:15 PM, observed V7 (Nurse Practitioner) entering R3's room (room [ROOM NUMBER] in COVID unit) wearing personal protective equipment. At 12:21 PM, observed V7 entering R4's room (room [ROOM NUMBER] in COVID unit) without changing gown from room [ROOM NUMBER]. On 10/27/20 at 12:40 PM, V7 stated, I am covering for V6. The last time when I was here, I wore the same gown to see all patients. The facility didn't tell me they changed their policy to change gowns for each patient. That's my mistake; I apologize. On 10/27/20 at 1:10 PM, V2 (Director of Nursing) stated, Our first floor COVID unit has ten residents tested positive for COVID-19. V7 should have changed her gown in between the COVID patient visit. I will in-service her on her mistake. Facility presented policy on emergency response pandemic COVID-19 (updated on 6/10/20) document: All staff members must be familiar with Monarch Landing's Pandemic COVID-19 plan and related policies and procedures. Facility presented isolation-categories of transmission-based precaution policy reviewed on 10/2020 document: 5. Staff and visitors will wear a disposable gown upon entering the room and remove before leaving the room and avoid touching potentially contaminated surfaces.		

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.