

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145893	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2026
NAME OF PROVIDER OR SUPPLIER Harmony Palos		STREET ADDRESS, CITY, STATE, ZIP CODE 11860 Southwest Highway Palos Heights, IL 60463	
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 interview and record review, the facility failed to order and initiate contact isolation precautions for a resident (R4) while the resident was being treated for scabies for one out of three reviewed for infection control in a total sample of eight. Findings Include: R4 is a [AGE] year-old with the following diagnosis: dementia, Alzheimer's disease, and lung cancer. R4 was unable to answer questions due to mental status. On 3/7/26 at 1:24PM, V3 (CNA/Certified Nurses Assistant) stated R4 had a rash on the arms, chest, and back about a couple months ago. V3 reported residents that are being treated for scabies are put on isolation immediately, so they don't spread it to other residents or staff. V3 stated V3 was not aware R4 had been treated for scabies. V3 denied ever seeing R4 on isolation. V3 reported it is the nurse's responsibility to put in the orders for isolation and inform other staff. On 3/7/26 at 2:23PM, V4 (Former Wound Care Coordinator) stated the nurses will contact the physician for further orders if they think a resident has scabies. V4 reported residents should be put on contact isolation and moved to a room alone if they are being treated for scabies due to the condition being very contagious. V4 said, We have to put them on isolation or other residents will start to catch it. On 3/7/26 at 3:11PM, V8 (Medical Physician) stated if a resident is being treated with topical ointment for suspected scabies, then contact isolation should be ordered so it is not spreading to others. On 3/7/26 at 3:19PM, V9 (DON/Director of Nurses) stated residents that are being treated for scabies should be put on isolation and moved to a room alone. V9 reported V9 does not remember R4 being on any isolation over the last couple months. V8 stated the infection control nurse will document all types of isolation that has been used in the facility on a list so the facility can keep track of infections. A Physician note dated 1/13/26 documents R4 has a rash which is possibly scabies. Plan to treat with Permethrin cream and appropriate isolation. The Skin Alteration Nursing Evaluation dated 12/25/25 documents R4 had a scattered rash to both arms, chest, and stomach. Some scabbing was noted but R4 showed no sign of itching. The physician was made aware, and orders were carried out. No other skin assessments were provided during this investigation. The Physician Order Sheet was reviewed from 12/21/25 through present and there is no documentation of an order for contact isolation due to rash/scabies. The Medication Administration Record dated 01/2026 documents R4 was treated with permethrin cream for a rash on 1/14/26 and 1/22/26. The Infection Control Isolation Log for the last three months does not document R4 as having been isolation during this timeframe. The policy titled, Infection Prevention and Control, dated 05/29/20 documents, The facility has established a policy to identify, record, investigate, control, test, and prevent infection in the facility. The facility will also maintain a record of incidents and corrective actions implemented for the identified infection. Procedure.6. If the resident with infection needs transmission based precaution, the facility will provide the transmission-based precaution set required. 7. A transmission-based precaution set up will be provided outside the resident's room to provide Personal Protective Equipment (PPE) like gown and gloves to staff and visitors entering the resident's room. precautions to prevent Transmission of Infectious Agents and Transmission Based Precaution:.2. Contact Precaution- intended to prevent transmission of infectious agents spread by direct or indirect contact with patient or the environment.b. Use of gown and gloves is necessary for all interactions.		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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