

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145974	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/28/2026
NAME OF PROVIDER OR SUPPLIER Norwood Crossing		STREET ADDRESS, CITY, STATE, ZIP CODE 6016 North Nina Avenue Chicago, IL 60631	
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 - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to implement and maintain an effective infection prevention and control program to prevent the transmission of communicable disease. The facility failed to ensure staff used appropriate personal protective equipment (PPE) when entering residents' contact isolation room, failed to properly handle and store contaminated linen and clothing, failed to follow facility protocol for laundering linens belonging to a resident diagnosed with crusted scabies, and failed to maintain required contact isolation by allowing the resident to leave the isolation room. These deficient practices affected two (R1, R3) out of five residents reviewed for infection prevention and had the potential to affect all 101 residents residing in the facility. Findings Include: R1's clinical records show an initial admission date of 4/25/25 with included diagnoses but not limited to Parkinson's Disease and Anxiety Disorder. R1's Minimum Data Set (MDS) assessment dated [DATE] shows R1 has cognitive impairment and is total dependent on staff's assistance with her Activities of Daily Living (ADL).R1's progress notes dated 7/14/26 at 6:23 PM documented by V20 (Licensed Practical Nurse/LPN) reads in part: [R1] returned from Dermatologist appointment with Dx [diagnosis] of scabies. [R1] to start Ivermectin 3mg tab, 3 tabs for two days then 1 week later 3 tabs x 2 day, and 1week after those, 3 tabs x 1 day for a total of 15 3mg tabs. Triamcinolone 0.1% bid [twice a day] x 2 weeks, then every other day. [(V40 (R1's Physician))] informed and said to treat [R1]. [V6 (R1's Family Member/Power of Attorney)] aware. [R1] on contact isolation.R1's progress notes dated 7/21/26 at 10:52 PM documented by V40 reads in part: [R1] seen and examined full note to follow diagnosis of scabies in hand. Seen by dermatology on 7/14/2026. Contact isolation due to rash/scabies.R1's physician orders read in part: Contact isolation due to rash/scabies ordered on 7/14/26. Triamcinolone Acetonide External Cream 0.1 % (Triamcinolone Acetonide (Topical)) Apply to rash on body topically every day and evening shift for rashes for 14 Days (Ordered on 7/14/26).R1's comprehensive care plan reads in part: R1 is on Isolation related to scabies. Wear gowns and masks when changing contaminated linens. Place soiled linens in bags marked biohazard. Bag linens and close bag tightly before taking to laundry. (Date Initiated 7/21/26)R1's Dermatology visit note dated 7/14/26 reads in part: R1 is a new patient who is being seen for a chief complaint of rash, located on the arms and trunk. The rash is itchy and red and moderate on severity. An examination was performed including the head (including face), face, inspection of conjunctivae and lids, lips (but not teeth and gums), nose, right ear, left ear, neck, chest, abdomen, back, right forearm, left forearm, right hand, and left hand. Impression/Plan: Crusted Scabies. Erythematous eczematous patches distributed on the third web space left hand, inferior thoracic spine, left proximal dorsal forearm, right proximal; radial dorsal forearm, and left medial superior chest. Skin care: Permethrin cream applied neck down to feet x 8 hours and repeated in 1 week. Scabies is an infestation of mites that is very contagious. Household contacts should be (continued on next page)		

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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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	treated. Contaminated clothing should be isolated x 72 hours and washed and dried on high heat. On 7/21/26 at 9:44 AM, V7 (Registered Nurse/RN) stated that R1 has scabies, is currently receiving treatment, and is on contact isolation. V7 reported that R1 stays out of her room and is placed by the nurses' station every day because V6 prefers her to be there. V7 stated that R3 (R1's roommate) has no scabies and was treated prophylactically and is also on contact isolation with R1. V7 stated R3 also goes out of her room. On 7/21/26 at 9:46 AM, R1 was observed sitting in her wheelchair near the nurses' station and was not interviewable. On 7/21/26 at 9:47 AM, R3 was observed sitting in her wheelchair in the dining room. On 7/21/26 at 10:00 AM, a contact precaution signage was noted posted on R1's door that reads in part: Everyone must clean their hands, including before entering and when leaving the room. Providers and staff must also put on gloves before room entry. Discard gloves before room exit. Put on gown before room entry. Discard gown before room exit. Do not wear the same gown and gloves for the care of more than one person. Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person. At approximately the same time, during R1's full body skin check conducted by V7 (RN) and V8 (Certified Nursing Assistant/CNA), R1 was observed with scattered red spots on her abdomen, back, hands, and legs. During the assessment, V9 (Housekeeping/Laundry) entered R1's contact isolation room without wearing an isolation gown or gloves and hung clean clothing in R1 and R3's closets. When the surveyor asked V9 if she was aware that she had entered a contact isolation room, V9 apologized and exited the room. On 7/22/26 at 9:02 AM, V13 (CNA) was observed dressing R1 in bed. Dirty nightgown and linens were observed on the floor, not bagged. On 7/22/26 at 9:19 AM and 2:30 PM, R1 was observed sitting in her wheelchair in the hallway in front of the nurses' station. On 7/23/26 at 12:15 PM and on 7/24/26 at 9:17 AM, R1 was again observed seated in the hallway in front of the nurses' station. On 7/21/26 at 2:57 PM, V20 (Licensed Practical Nurse/LPN) stated that R1 was seen by dermatology last week, returning to the facility the evening of 7/14/26. V20 stated that V6 exited the elevator and handed her the dermatology paperwork, stating that R1 had been diagnosed with scabies. V20 reviewed the paperwork and noted that testing of R1's hand confirmed scabies. Dermatology prescribed triamcinolone cream and ivermectin. V20 notified the physician (V40), who agreed with the dermatologist's recommendations. R1 and R3 (R1's roommate) were then placed on contact isolation. V20 reported that R1 will remain on contact isolation until treatment is complete. R3 was treated prophylactically. V20 stated that although residents with scabies should remain in their rooms, V6 instructed staff not to isolate R1 in her room. As a result, staff seat R1 in her wheelchair near the nurses' station. On 7/21/26 at 11:26 AM, V10 (Infection Preventionist/Wound Care Nurse) stated that residents diagnosed with scabies are required to be placed on contact precautions, and staff must wear proper PPE that includes gowns and gloves before entering the room. V10 stated that the goal of isolation is to prevent the spread of infection, stating that staff and other residents could become infected if precautions are not followed. V10 explained that once a resident is identified with scabies, they must be placed on contact precautions and treated as ordered. V10 stated that residents with scabies on current treatment should remain secluded in their rooms and should not go out. V10 stated that she was informed that R1 had been seen by dermatology last week and that dermatology confirmed a scabies diagnosis. V10 stated she has not seen any reports of this appointment. V10 stated that because scabies is highly contagious, she emphasized that it is important for the condition to be properly contained. V10 stated they have not had any outbreak of scabies since R1 and no resident has been diagnosed with scabies since then. On 7/23/26 8:52 AM, a phone interview was conducted with V2 (Interim Director of Nursing). V2 explained that when a resident is on contact isolation, signage is posted on the resident's door indicating that individuals must check with the (continued on next page)		

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F 0573 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Let each resident or the resident's legal representative access or purchase copies of all the resident's records. Based on interview and record review, the facility failed to follow its policy to provide medical records within 30 days of the request for one resident (R2) out of four residents reviewed for resident rights. Findings Include: R2's health record shows admission date on 1/26/26 and discharge date on 2/5/26 with diagnoses not limited to Pneumonia, Respiratory syncytial virus as the cause of diseases classified elsewhere, Non-ST elevation (NSTMI) myocardial infarction, Atherosclerotic heart disease of native coronary artery, Chronic kidney disease stage 3A, Hyperlipidemia, Sepsis, Heart failure, Hypertensive heart and chronic kidney disease, Unspecified atrial fibrillation, Presence of coronary angioplasty implant and graft, Anemia, Personal history of other venous thrombosis and embolism, Disorder of adrenal gland, Benign neoplasm of right adrenal gland, Cognitive communication deficit, Unspecified fall, Laceration with foreign body of scalp. On 7/21/26 at 2:04 PM, V4 (Medical Record Retrieval Specialist for a law firm) stated she requested R2's medical records on 4/6/26 but did not receive a response from the facility. She reported that on 04/13/26, she contacted the facility again and was transferred to the voicemail of V5 (former Administrator). She stated she left a voicemail requesting a status update but did not receive a return call. V4 stated that on 4/18/26 she called the facility again and was advised to submit the medical record request via email to V5, which she did; however, she did not receive a response. She reported that additional follow-up calls were made on 4/21/26 and 4/27/26, but she did not receive any updates. V4 stated that on 5/4/26 she attempted to contact V5 again, but there was no answer. She left another voicemail but did not receive a return call. She contacted the facility's main line, spoke with the front desk, and was told her message would be forwarded to V5. V4 stated that on 5/11/26 she called the facility again and was informed that V26 (former DON) could assist with medical record requests. The call was forwarded to voicemail, and she left a message. V4 stated that on 5/12/26 she spoke with V25 (Receptionist), who advised her that only V5 handled medical record requests. She then sent another follow-up email, including V26. V4 reported multiple follow-up calls and emails regarding R2's medical record request on 5/19/26, 6/1/26, 6/4/26, 6/16/26, 6/18/26, and 6/25/26, but she never received any response or call back from the facility regarding the status of the request. She stated she has still not received R2's medical records and has not received any communication from the facility. V4 reported that the medical record request is for litigation purposes and that litigation is ongoing. On 7/22/26 at 9:22 AM, V25 (Receptionist) stated she recalled receiving a medical record request for R2 a couple of months ago, but she could not remember who made the request. V25 stated she forwarded the call and believed she verbally informed V5 (former Administrator). She stated she notified V5 because he was responsible for handling medical record requests. V25 stated that when a medical record request is received, she typically reports it to the Administrator. On 7/22/26 At 2:42 PM V26 (Former DON / Director of Nursing) stated she had worked in the facility for approximately 4.5 months and left employment in June 2026. She reported receiving a phone call requesting medical records for R2 a couple of months ago and stated she forwarded the call to the front desk because she was not responsible for handling medical record requests. V26 stated she transferred the call so it could be addressed or directed to the appropriate person, as she did not know how to obtain the requested information. She stated that if she receives a medical record request, she always transfers it to the front desk. On 7/23/26 at 1:44 PM, V37 (Former Medical Records Staff) stated she was laid off in December 2025 and had worked in the facility for eight years. She reported that when a medical record request was received, she would gather the requested information and provide it to the CEO (continued on next page)		

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F 0573 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	(Chief Executive Officer) of the company, who would complete the required forms and release the records. V37 stated the timeline for releasing records depending on the number of documents requested, but records were typically released within 30 days from the date the request was received. On 7/24/26 at 9:56AM V1 (Administrator) stated he started working in the facility in June 2026. He reported the facility does not currently have a designated staff person specifically assigned to handle medical record requests. He stated he is not aware of past processes used for medical record requests. V1 stated that if a request is received from a law firm or other legal entity, he would reach out to corporate to handle the release of records. He stated he does not know the turnaround time for record requests but believes records are released as soon as possible, typically within 30 days from the date the request is received. He acknowledged that obtaining / accessing medical records is a resident right. V1 stated he reached out to corporate regarding R2's medical record request to follow up, but he has not received an update yet. He stated that no medical records for R2 have been released or sent to the requestor at this time. He confirmed that the request was received via email. He stated the processing time can range from 24 hours to 30 days depending on the nature of the request. Reviewed multiple email correspondences between the facility and the law firm dated 4/21/26, 4/27/26, 5/4/26, 5/12/26, 5/27/26, and 6/1/26 indicate, in part, discussions regarding R2's medical record request, which was initially submitted on 4/6/26. Facility's access to personal and medical records policy (undated) shows in part: each resident has the right to access and / or obtain copies of his or her personal and medical records upon request. Access to the resident's personal and medical records will be provided to the resident within 30 days (excluding weekends and holidays) of his request. The resident may obtain a copy of his or her personal or medical record within two business days of an oral or written request. The resident, or his / her legal representative, may grant others the right to access the resident's records if such request is made in writing and identifies the information that is to be released and to whom the information is to be released. Facility's resident rights policy dated 2/2021 shows in part: federal and state laws guarantee certain basic rights to all the residents of this facility. These rights include the resident's right to access personal and medical records pertaining to him or herself.		