

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145990	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2026
NAME OF PROVIDER OR SUPPLIER Symphony Maple Crest		STREET ADDRESS, CITY, STATE, ZIP CODE 4452 Squaw Prairie Road Belvidere, IL 61008	
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to prevent cross-contamination of soiled linens for 3 of 7 residents (R4, R5, and R7) reviewed for infection control in the sample of 7. The findings include: On 3/26/26 at 12:38 PM, V14 (a friend of R7) exited room [ROOM NUMBER] and informed this surveyor and V12 (Laundry and Housekeeping Manager) that there was stool on R7's bedding. V12 said she would inform staff that the bedding needed to be changed. At 12:51 PM, the soiled bedding from R7's bed was sitting directly on the floor with nothing under the soiled bedding. On 3/26/26 at 12:54 PM, during an interview with R5 (R7's roommate), R5 said staff usually put the dirty linen on the floor (pointing to the soiled bedding on the floor) and when they are done, they put them in a bag. V3 (CNA) entered the room. When asked if she put the bedding there, V3 said she had to go get a bag. She said she took the bedding off and realized there was not a bag to put them in, so she put them there and went to get a bag. At 1:16 PM, the soiled bedding was still on the floor in room [ROOM NUMBER]. When V3 entered the room, she stepped on the soiled bedding as she was walking past it to grab something. V5 (CNA/Ward Clerk) was standing by the room and was asked if it was okay for the staff to place soiled linens on the floor. V5 said soiled linens should either be in a bag or in the linen room. V3 said I told you I took the bedding off and then realized I did not have a bag. On 3/26/26 at 3:00 PM, V1 (Administrator) and V2 (Director of Nursing) were informed about the soiled linens being on the floor. V2 said the CNA should have put the soiled linens in a bag, tied it up and took it to the soiled utility room. V2 said the CNA should not put soiled linens on the floor. On 3/26/26 at 3:00 PM, another surveyor observed soiled washcloths in R4's room, on the floor next to a trash can. No staff were present in the room at the time. The facility's policy and procedure titled Laundry and Linen Handling & Storage, with a revision date of July 2017, showed the purpose of the procedure was to provide a process for the safe and aseptic handling, washing, and storage of linen. The procedure showed. In resident rooms 1. Do not allow linen, clean or soiled, to touch clothing or uniform. 2. Handle all soiled linen as though it is potentially infectious. 3. Deposit soiled briefs or underpads in a plastic bag or waste containers. 4. Place soiled linens in plastic bag to transport to soiled linen hampers.</p>		

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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