

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145704	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/10/2020
NAME OF PROVIDER OF SUPPLIER APOSTOLIC CHRISTIAN HOME		STREET ADDRESS, CITY, STATE, ZIP 1102 WEST RANDOLPH ROANOKE, IL 61561	
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	<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 observation, interview, and record review, the facility failed to ensure that protective eye wear was worn and face masks were changed before entering a Covid-19 isolation room, and failed to properly remove PPE (Personal Protective Equipment) before leaving the isolation room for one resident (R1) of four residents reviewed for infection control in a sample of four. Findings include: The CDC (Centers for Disease Control) and Prevention, updated 5/19/20, titled Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown, documents Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. HCP (Health Care Provider) should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. The facility's Infection Control Policy Beyond Standard Precautions, revised 5-1-18, documents Before entering room for care: a. Put on the necessary PPE equipment b. Perform necessary cares. When leaving room after cares: a. Enter the bathroom and with your gloved left hand, remove the right glove by pulling on the cuff, turning the glove inside out as your pull. Don't touch any skin with the outside of either glove. Then move the left glove by wedging one or two fingers of your right hand inside the glove and pulling it off, turning it inside out as you remove it. Discard the gloves in the red container marked PPE equipment. b. Discard the mask in the red container marked PPE equipment. If the patient has a disease spread by airborne pathogens, you may prefer to remove the mask last. c. Untie the neck and waist strings of your gown. Grasp the outside of the gown at the back of the shoulders and pull the gown down over your arms, turning it inside out as you remove it. d. Holding the gown well away from your uniform, fold it inside out. Discard it in the red container marked PPE equipment. e. Wash your hands and forearms with soap and water before leaving the room. Turn off the faucet using a paper towel and discard the paper towel in the regular garbage can in the bathroom. You may use the hand sanitizer dispenser located in the resident's room, if the resident does not have [MEDICAL CONDITION]. On 6-9-2020, at 8:28am R1 was sitting in R1's isolation room. A Precaution Room sign was hanging just outside of R1's door with guidance to wear PPE (Personal Protective Equipment) of gloves, gown and mask. Two isolation bins were in R1's room - one with a yellow liner, one with a clear liner. A red isolation cart was sitting just outside of R1's room stocked with the following PPE: gloves, surgical masks, hand sanitizer, Germicidal Bleach wipes, fabric gowns, shoe covers, and trash liners. This isolation cart did not include any protective eyewear. On 6-9-2020, at 8:32am R1 stated that R1 is in isolation because of the [MEDICAL CONDITION] since he came from the hospital about a week ago. R1 stated that the staff do wear a mask on their face, but no eye shield or goggles. On 6-9-2020, at 9:07am, R1 was seated in a wheel chair in R1's room. V5 Activity Aide was seated in R1's room by the window interviewing R1. V5 was wearing a surgical face mask, gloves, and a reusable cloth gown. V5 was not wearing any eye protection. On 6-9-2020, at 9:20am, V5 stepped out of R1's room and into the hallway with V5's PPE still on. V5 removed V5's gloves and placed them into a clear trash liner hanging off the side of the isolation cart. V5 removed V5's cloth gown and placed it in the same trash liner. V4 Housekeeping Director came over to V5 and told V5 that that was not where the PPE goes. V4 showed V5 the isolation bins in R1's room. V4 asked V5 at this time if V5 had changed V5's mask and V5 said no. V4 told V5 to discard it, put a new mask on and to use hand sanitizer. On 6-9-2020, at 9:25am, V5 Activity Aide stated that V5 should have put a new mask on before entering R1's isolation room. States she does not wear protective eye wear as V5 follows the instructions on R1's precaution sign. V5 stated that V5 should have stayed in (R1's) room to remove my gloves, mask, gown and wash hands and not stand out in the hall. On 6-9-2020, between 10:15am and 10:25am, V2 Director of Nursing/DON stated the reason R1 is on isolation is because R1 is a new admission from the hospital. V2 stated that R1 is on preventative isolation in which staff are to wear gown, gloves, mask; staff will wear a face shield for aerosolizing procedures. V2 stated that staff should change their mask before going into an isolation room. They should not wear the same mask they've had on. V2 also stated that PPE should be removed before staff leave the isolation room. They should not remove it out in the hallway. On 6-9-2020, at 11:20am, V1 Administrator confirmed at this time that the CDC (Centers for Disease Control) gives the recommendation to wear eye protection (for new admits/readmits.) V1 stated that if it was a requirement V1 would follow it. V1 stated that they have chosen to preserve PPE since it is only a recommendation.</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.