

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145918</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/16/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>APERION CARE BRIDGEPORT</b>		STREET ADDRESS, CITY, STATE, ZIP <b>900 EAST CORPORATION BRIDGEPORT, IL 62417</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observations, interviews, and record review, the facility failed to operationalize their COVID-19 Infection Prevention and Control Program (IPCP), policies and procedures regarding standard transmission-based precautions, and resident care monitoring. These failures have the potential to affect all 64 residents that currently reside in the facility. Findings Include: The Facility Daily Census shows a census of 64 residents. On 9/04/20 at 8:55 am, V3, Human Resources, completed the visitor screening, and did not instruct either surveyor to do hand hygiene before entering. Again, on 9/9/2020 at 10:10 AM, V7, Licensed Practical Nurse (LPN), completed the visitor screening process and did not instruct either surveyor to do hand hygiene before entering. On 9/04/20 at 9:40 am, surveyor observed the facility's designated COVID-19 units (300-400), signage posted outside COVID-19 positive unit for droplet precautions only, no signage posted for contact and droplet precautions. Clean linen carts in the halls were not covered, and a towel was on the floor by the 300 halls exit door, where the COVID designated staff enter and exit the area. No cleaning of high touch areas was observed during this observation. Staff assigned to the area were: 1 Certified Nursing Assistant (V6, CNA), 1 Licensed Practical Nurse (V7, LPN), and 1 Registered Nurse (V8, RN) for both halls. There was no designated housekeeper for the unit. 9/9/2020 12:18 am, surveyor observed V12, Housekeeper, go into a room (COVID-19 recovery unit) wearing N95 mask, gown, and gloves. No eye protection. There was no signage for isolation precautions on the door. On 9/4/2020 at 9:15 am, V2, Director of Nursing (DON), stated, The Infection Control Nurse quit yesterday. The Housekeeping Supervisor quit too. I am now overseeing infection control. I am working the floor today. There are currently about 29 residents in the COVID unit, and staff are doing vital signs and pulse ox every shift, there is no vital signs log sheet, they document in electronic medical record. On 9/4/2020 at 9:45 am, V7, LPN, stated, We're all pretty much ready to quit. We need at least two nurses, and 3 CNAs for 31 res, and there is no way we can be expected to perform housekeeping duties also. On 9/4/2020 at 10:00 am, V6, CNA, stated she hasn't had a chance to clean anything yet today. Not sure how often they are to clean and stated she hasn't been educated about that. On 9/4/2020 at 10:15 am, R1 stated his only complaint is housekeeping. It was never very good before all this (COVID) and its worse now. I bet this room hasn't been swept and mopped in a month. Asked if they ever clean high touch surfaces- Never. On 9/4/2020 at 2:53 pm, V1, Administrator, stated, We do not have housekeeping on the COVID unit. Only the COVID team is allowed in there. The nurses keep up with the cleaning. On 9/8/2020 9:07 at am, V2, DON, stated, When the staff are entering, they are to be 6 feet apart, use hand sanitizer, get temperatures taken, and do screening questions. We monitor all residents every 8 hours for symptoms, and every 4 hours if they are COVID positive. I have not been able to monitor compliance for this because I am working the floor so much. I don't think 1 CNA and 2 nurses are sufficient staffing to get the cleaning and disinfection on the unit done properly. On 9/9/2020 at 11:37 am, V7, LPN, was on hall 400 with medication cart, wearing N95 mask only. V7 stated, I think all the residents on the 400 hall are recovered, and we don't need to wear full PPE. We get a report from night shift, but no list of what residents are actively positive or negative to refer to. On 9/9/2020 at 12:18 pm, V12, Housekeeper, stated, I am not sure what precautions are, I just know if there is a set up outside of the door (pointed to the PPE bin), that means its isolation. I don't know if they are on precautions or not, so I am just going to do it to be safe. We were not allowed to clean the COVID positive units when they were tarped off, now we can clean anywhere. We don't get a list of who is or who is not on precautions. On 9/9/2020 at 10:21 am, V1 stated, Practically the whole building is in recovery now for COVID-19, only 6 residents in facility are negative. Hall's 3 and 4 most have recovered, Hall 1 and 2 are now with current positive residents since Friday (9/4). Currently 29 positive, 15 staff positive, and 23 residents have recovered. On 9/9/2020 at 1:15 pm, V2 stated, Some residents on the 400 hall are on their 10th day of isolation. Yes, we have COVID negative residents on the 100 hall, now with COVID positive residents. The reason is we had nowhere else to go with them, the residents on the COVID unit (300-400 halls) had not finished their 10 days quarantine, when the next group of residents on the 100 and 200 units were newly positive. We had to place the new positives in quarantine, so we put the few negative resident together. Staff must go in with full PPE, new gowns, N95 mask, eye protection, and gloves. (V14) CNA should be the CNA taking care of the negative residents, on the 100 hall because she is negative, (V6) CNA has tested positive now. On 9/9/2020 at 2:15 pm, Survey team discussed with V1, Administrator, there is confusion as to who is on transmission-based precautions, and what type of precautions the residents are on. Example of R14. PPE is set up outside of his door, a note stating to see the nurse before entering. V1 stated, (R14) is on precautions for ESBL in his urine, not COVID-19. Team discussed the housekeeping staff did not know who is or is not on precautions. R1's Minimum Data Set (MDS), dated [DATE], documents, Brief Interview for Mental Status (BIMS) score of 15- indicates is cognitively intact. R1's COVID lab test result collected on 8/24/2020, reported positive on 8/28/2020. Vital Signs and pulse oximeter readings are not documented consistently every 4 hours or every 8 hours between 8/28/2020 to 9/5/2020. R3's MDS, dated [DATE], documents BIMS score of 13, which indicates R3 is cognitively intact. R3's COVID test was collected on 8/24/2020, and reported positive on 8/28/2020. R3's progress notes and vital signs dates of 8/27/2020 to 9/6/2020 were reviewed, and vital signs and pulse oximeter readings are not documented consistently every 4 hours or every 8 hours. R3 is missing entries of vital signs and pulse oximeter on 9/1/2020, 9/4/2020, and 9/5/2020. R4's MDS, dated [DATE], documents a BIMS score of 14, which indicates R4 is cognitively intact. R4's Care Plan, dated 8/30/2020, documents, I am on droplet precautions isolation r/t testing positive for COVID 19 test results from 8/17/2020 received by facility on 8/19/2020. R4's progress notes, vital signs and pulse oximeter readings were reviewed on the dates of 8/23/2020 to 9/2/2020 and are not documented consistently every 4 hours. Facility Daily Census printed out by V1, highlighted 27 active COVID-19 residents on isolation. 3 were still on the 400 hall. Facility Policy entitled, Addressing healthcare crisis related to Human [MEDICAL CONDITION] dated revised 8/31/2020 documents in part. The facility will complete the CMS COVID-19 Focused Survey Self-Assessment Tool to ensure the facility has implemented proper infection prevention and control practices to prevent the development and transmission of COVID-19 and other communicable diseases and infections. Frequent disinfection of common areas and high touch areas- (Illinois requires every 2 hours). visitors will be screened using the questionnaire for symptoms, temperature will be taken and if there are no concerns they will be allowed to visit and provided a mask and alcohol gel to perform hand hygiene before entering resident area. Note: HCP who are not severely immunocompromised and were asymptomatic throughout their infection may return to work when at least 10 days have passed since the date of their first positive [MEDICAL CONDITION] diagnostic test. Maintain Standard, Contact and Droplet Precautions (including eye protection and N95 or KN95 mask) Employees should select appropriate PPE and demonstrate knowledge of: *when to use PPE *what PPE is necessary.</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.