

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145933</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/04/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>APOSTOLIC CHRISTIAN SKYLINES</b>		STREET ADDRESS, CITY, STATE, ZIP <b>7023 NORTH EAST SKYLINE DRIVE PEORIA, IL 61614</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>Based on the unprecedented coronavirus global pandemic that resulted in the Presidential declaration of a State of National Emergency dated 3/13/20, the Department of Health and Human Services, Centers for Medicare &amp; Medicaid Services (CMS) Memo QSO-20-14-NH revised on 3/13/20, Nursing Home guidance from the Centers for Disease Control (CDC), interview, and record review, the facility failed to: ensure staff completed the facility's Employee Monitoring Tool for signs and symptoms of COVID-19 at the start of their shift and review the Employee Monitoring Tool for potential signs and symptoms of COVID-19 prior to the start of the staff's shift in order to prevent staff with potential signs and symptoms of COVID-19 from entering the facility. This had the potential to affect all 55 residents residing in the facility at the time of the survey. Findings include: An interview on 5/1/20 at 9 am, with the Administrator and the Director of Nursing (DON), revealed that the facility had no confirmed cases of COVID-19 and no persons under investigation for COVID-19 in residents or staff. Review of the facility's Employee Monitoring Tools (COVID-19), dated 5/1/20, revealed Nursing Assistant (NA1) marked Yes in the Do you have column for the following potential signs and symptoms of COVID-19: fever, new or worsening cough, shortness of breath, and sore throat. Review of the facility's nursing schedule, dated 4/25/20 to 5/1/20, revealed NA1 was scheduled to work on 5/1/20 from 6 am to 2:30 pm. During an interview on 5/1/20 at 9 am, with the Administrator, DON, Infection Preventionist, and Executive Director, when asked about the facility's process for monitoring staff for signs and symptoms of COVID-19, the Administrator and DON revealed, that staff were filling out the Employee Monitoring Tool (COVID-19) and taking their temperatures at the beginning of their shift. When asked who reviews the Employee Monitoring Tool (COVID-19) for potential signs and symptoms of COVID-19 prior to staff starting their shift, the Administrator confirmed that the facility's Infection Preventionist reviews the Employee Monitoring Tool (COVID-19). During the same interview on 5/1/20 at 9 am, with the Administrator, DON, Infection Preventionist, and Executive Director, when asked about NA1's Yes responses to potential signs and symptoms of COVID-19 on the Employee Monitoring Tool (COVID-19), dated 5/1/20, the DON stated, It's probably going to be education with her. When asked if NA1 was allowed to start her shift after answering Yes to potential signs and symptoms of COVID-19, the DON confirmed that NA1 was allowed to start her shift. When asked if anyone in the facility was reviewing staff's responses to potential signs and symptoms of COVID-19 prior to the start of their shift, the Executive Director revealed that the Employee Monitoring Tool (COVID-19) had an area for another staff member to witness the form. The Executive Director then confirmed that NA1's Employee Monitoring Tool (COVID-19), dated 5/1/20, had been signed by another unknown staff member on the Witness line. When asked what the witnesses' responsibility is if they see that the staff has answered Yes to potential signs and symptoms of COVID-19, the DON stated, They would notify the charge nurse who would then notify myself or (name of the Infection Preventionist). The DON then confirmed that the DON or Infection Preventionist would not allow the staff to begin their shift. The DON and Infection Preventionist then confirmed that they were not aware of NA1's Yes responses to potential signs and symptoms of COVID-19 on the Employee Monitoring Tool (COVID-19), dated 5/1/20. During an interview on 5/1/20 at 11:35 am, with the Activity Assistant, when asked what is the responsibility of the staff that witnesses another staff member complete the Employee Monitoring Tool (COVID-19) at the beginning of their shift, the Activities Assistant revealed that the witness verifies that the staff member has correctly documented their temperature on the form. When asked if the witness reviewed the other staff member's responses to potential signs and symptoms of COVID-19, the Activities Assistant revealed that the witness was only verifying the other staff member's temperature. Further review of the facility's Employee Monitoring Tools (COVID-19), dated 4/25/20 to 5/1/20 revealed the following: 4/25/20, seven Employee Monitoring Tools (COVID-19) had no witness signature. 4/26/20, three Employee Monitoring Tools (COVID-19) had no witness signature. 4/27/20, 11 Employee Monitoring Tools (COVID-19) had no witness signature and three Employee Monitoring Tools (COVID-19) did not have the potential signs and symptoms of COVID-19 answered. 4/28/20, one Employee Monitoring Tool (COVID-19) had no witness signature, one Employee Monitoring Tool (COVID-19) did not have a documented temperature, and two Employee Monitoring Tools (COVID-19) did not have the potential signs and symptoms of COVID-19 answered. 4/29/20, one Employee Monitoring Tool (COVID-19) did not have the potential signs and symptoms of COVID-19 answered. 4/30/20, one Employee Monitoring Tool (COVID-19) did not have the potential signs and symptoms of COVID-19 answered and one Employee Monitoring Tool (COVID-19) did not have a documented temperature. 5/1/20, two Employee Monitoring Tools (COVID-19) had no witness signature, one Employee Monitoring Tool (COVID-19) did not have a documented temperature, and one Employee Monitoring Tool (COVID-19) did not have the potential signs and symptoms of COVID-19 answered. Review of the facility's COVID-19 Infection Prevention and Control policy, revision date 4/29/20, revealed, . All staff should be educated, regardless of whether they have had a known COVID-19 exposure, to self-monitor by taking their temperature twice daily while at home and assessing for COVID-19 like illness .Staff having a fever of 100.0 or above and/or have a new onset of signs/symptoms of a respiratory infection should not report to work and notify their supervisor .Prior to the start of their shift and mid-shift, staff are required to have their temperature taken and verify they have no new onset of signs or symptoms of a respiratory illness at the location designated by the facility, and document it on the employee monitoring tool provided by IDPH. Staff with a temperature of 100.0 or greater and new onset respiratory symptoms will immediately notify the Director of Nursing for further instructions .A checklist may be used to show documentation of the screening process .</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.