

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 146001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/06/2020
NAME OF PROVIDER OF SUPPLIER APERION CARE INTERNATIONAL		STREET ADDRESS, CITY, STATE, ZIP 4815 SOUTH WESTERN AVE CHICAGO, IL 60609	
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 - Some	<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 observations, interviews and record reviews, the facility failed to maintain their infection control policy related to not wearing eye protection during patient care encounters; not performing hand hygiene after removing PPE (Personal Protective Equipment); and not wearing appropriate PPE in a resident room with contact/droplet precautions for 7 (R1, R2, R3, R4, R5, R6 and R7) of 7 residents reviewed for infection control. Findings include: On 08/05/2020 at 09:41 am, V7 ([MEDICAL TREATMENT] Nurse), V8 ([MEDICAL TREATMENT] PCT (Patient Care Technician)) and V9 ([MEDICAL TREATMENT] PCT) worked the in-house [MEDICAL TREATMENT] unit. At 09:59 AM, V8 provided direct care to R1 without eye protection. Goggles were sitting on top of V8's head and not over V8's eyes. At 10:01 am, V9 provided direct care to R2 without eye protection. On 08/05/2020 at 10:55 am, V14 (CNA, Certified Nursing Assistant) donned a gown that was hanging in the hallway in the convalescent unit. V14 entered R3's room which had Stop signage. V14 then exited R3's room with gown on and walked down the hall past the nursing station. V14 doffed the gown in the hallway at 10:59 am. Record review of R3's chart read new admission date of [DATE]. On 08/06/2020 at 11:55 am, V2 stated the standard order is to place new admissions and readmissions on 14 day observations under contact isolation. On 08/05/2020 at 12:05 pm, V14 provided care for residents in the COVID unit. V14 exited R4 and R5's room wearing a gown. V14 doffed the gown in the hallway and disposed in a bin in the hallway. V14 then removed face shield and hung it on a hook in the hallway near the double doors separating the COVID unit and the convalescent unit. V14 exited the COVID unit without performing hand hygiene. Record review of R4 and R5's chart read positive for [DIAGNOSES REDACTED]-CoV-2. Results reported 07/26/2020. On 08/05/2020 at 12:11 pm, V3 (Assistant Director of Nursing) stated staff working in the convalescent unit should not be walking in the hallway with a used gown. Gowns should be discarded. On 08/05/2020 at 12:32 pm, V2 (Director of Nursing) stated eye protection must be worn during patient care. After doffing PPE, staff need to perform hand hygiene. On 08/05/2020 at 1:12 pm, V19 (CNA) entered R6 and R7's room without donning gown and gloves. Stop signage posted at the door and PPE bin located at the doorway. Record review of R7's physician orders [REDACTED].e. goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. Policy also reads: HCP (Healthcare Provider) should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to care hands during the removal process. Policy also reads: Wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters. Policy also reads: Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use.</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.