

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>146001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/27/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>APERION CARE INTERNATIONAL</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4815 SOUTH WESTERN AVE CHICAGO, IL 60609</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 0689  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</b>  Based on observation, interview and record review the facility failed to ensure that one resident (R5) reviewed for falls was safely supported during transfer from a recliner chair into bed. This failure affected one of five residents (R5) reviewed for falls in a sample of 8. Findings include: On 8/25/20 at 11:54am, R5 was noted in a recliner chair, R5 requested to use the bathroom. V14 CNA (Certified Nurse's Aide) took R5 in the recliner chair to his room, V14 then transferred R5 from the recliner chair into bed without any assistance from any staff or use of any assistive device for transfer. V5 grabbed the recliner's hand rest and V14 pushed R5 into bed as R5 was about to sit on the floor. R5's upper body was on the bed and V14 lifted the lower portion of the body into the bed without any person assistance or use of gait belt. When the surveyor asked V14 on facility protocol on transfer and how many persons assistance R5 needs for transfer, V14 replied I'm not R5's (CNA) I'm just helping out in toileting him. V14 then stated R5 needs two person assistance but the other CNA's are busy right now. Review of R5's medical record showed that he had history of falls and was assessed as high risk for falls with care plan addressing the issue. Last fall was recorded on 8/26/20 at 1:57am. R5's medical record MDS (Minimum Data Set) section G dated May 18, 2020 and June 1, 2020 showed that R5 was coded 3/3. Showing that R5 needs extensive two+ person physical assistance for ADL (Activity of Daily Living). On 8/27/20 at 12:11pm, interview was conducted with V22 (Restorative Nurse). V22 stated that R5 has been declining for some-time now needing two person physical assistant for transfer. V22 explained that R5 needs use of total lifting device or use of sit to stand device with use of gait belt to prevent R5 from falls due to weakness. V22 explained that use of gait belt is mandatory from any surface to surface transfer or ambulation in the facility. The facility policy on Transfers Manual Gait Belt and Mechanical Lifts pointed out that in order to protect and well-being of the staff and Resident, and to promote quality care, the facility will use mechanical lifting devices for the lifting and movement of residents. The policy documented guidelines that include but not limited to mandatory use of gait belt for all physical assist transfer.		
F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, interview and record review, the facility failed to adhere to recommended standard infection control practices for hand hygiene in preventing the spread of infection such as COVID-19. This failure affected R3 and has the potential to affect all 58 residents residing on the 3rd floor. Findings include: On 8/27/2020 at 10:37am, R3 was noted in bed. R3 was just transferred from the Red zone unit for residents who are positive for COVID-19 room to present room. V10 and V23 CNA (Certified Nurse's Aide) were noted assisting R3 with ADL'S. V10 was noted with gloved hands touching R3's legs and removing linen from under R3 private part while in bed. V10 then used the same gloved hands to draw the curtain for R3's privacy and then proceeded to touch the over the bed light string to turn the light on without removing the gloves or performing any hand hygiene. When the surveyor brought this observation to V10 and asked what is the facility protocol on infection control hand hygiene, V10 stated remove my gloves and wash them before touching the curtain. V23 who was present at the time added and also when touching the strings on the over bed light for infection control reasons. On 8/27/20 when this observation was brought to V2 DON (Director of Nurses), V2 stated V10 will have to be educated concerning adherence to proper hand hygiene during resident's care. The facility Infection Control Precaution presented pointed out when HCP (Health Care Personnel) should perform hand hygiene that includes but not limited to before and after any patient contact		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.