

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145785	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/10/2020
NAME OF PROVIDER OF SUPPLIER APERION CARE MASCOUTAH		STREET ADDRESS, CITY, STATE, ZIP 901 NORTH TENTH STREET MASCOUTAH, IL 62258	
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 - Many	<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 staff performed hand hygiene before and after direct patient contact. This has the potential to affect all 40 residents living in the facility. Findings include: At 9:30 am on 06/09/20, V11 (Speech Therapist) was observed walking down the 100 hall carrying a clipboard with attached paper and entering R4's room. V11 did not use ABHR (Alcohol Based Hand Rub) or wash her hands prior to entering R4's room. V11 used her bare left hand and rubbed R4's right shoulder while talking to R4. V11 then used a pen and made several notes on her clip board and left R4's room. V11 walked passed an ABHR dispenser and a bathroom located just across the hall from R4's room and continued down the 100 hall and entered the dining room. V11 proceeded to the kitchen service window, touched the service window counter with both bare hands and spoke to the kitchen staff. V11 left the kitchen window and proceeded down the hall toward the therapy room. During this observation period, V11 did not utilize ABHR or wash her hands with soap and water. V11 said she had not realized she had not performed hand hygiene after leaving R4's room. On 06/09/20 at 9:15am, V1 (Administrator) said R4 was a newly admitted resident who was currently on quarantine and droplet precautions. V1 said it was her expectations for staff to use ABHR or wash their hands with soap and water before and after entering any residents room. V1 said an ABHR dispenser is mounted on the wall midway down each hallway for staff to easily utilize and each hallway had a large bathroom with a sink for handwashing. At that time V1 also stated there are 40 residents living in the facility. A facility policy titled Infection Control interim policy addressing health care crisis related to human [MEDICAL CONDITION] with a revision date of 5-5-2020 says the following: New Admissions are quarantine monitored for 14 days under droplet precautions and Facility HCP (Health Care Providers) will follow droplet precautions utilizing the following PPE (Personal Protective Equipment) and Infection Control Precautions-Hand Hygiene should be performed before and after all patient contact and should be performed by using ABHR or washing hands with soap and water.</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.