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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>146058</b>   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                  | (X3) DATE SURVEY COMPLETED<br><b>03/25/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>APERION CARE EVANSTON</b>   |  | STREET ADDRESS, CITY, STATE, ZIP<br><b>1300 OAK AVENUE<br/>EVANSTON, IL 60201</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<br><br><b>Level of harm - Minimal harm or potential for actual harm</b><br><br><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 observation, interview, and record review the facility failed to track and trend infections and failed to perform appropriate hand hygiene during incontinence care for two of two residents (R1, R2). The census included 52 residents. Findings include: 1. Record review of the facility's Infection Control log revealed the monthly logs did not always include resident room numbers or the organisms being treated. The logs lacked evidence the facility tracked infections to determine any possible trends in the infections identified. 2. R1's [DIAGNOSES REDACTED]. The admission 1/16/20 Minimum Data Set (MDS) assessment (a federally mandated assessment tool required to be completed) recorded R1's Brief Interview for Mental Status (BIMS) score was 15 indicating intact cognition and required extensive assistance with personal hygiene and toilet use. During an observation on 3/25/20 at 12:40pm, Nurse Aide (NA1) provided incontinence care to R1 after removing her soiled brief. NA1 removed the soiled incontinence pad underneath the resident. Without changing gloves, NA1 placed a clean incontinence pad under the resident and a new brief on the resident. With the same gloved hands, NA1 assisted R1 with positioning and changed her gown. During an interview on 3/25/20 at 12:59pm, NA1 indicated that she should have changed her gloves after providing perineal care and removing the soiled incontinence pad prior to putting on the clean incontinence pad, brief, and gown. 3. R2's [DIAGNOSES REDACTED]. The 3/20/20 annual MDS recorded R2's BIMS score was 5 indicating severely impaired cognition and required extensive assistance of staff with personal hygiene and toileting. During an observation on 3/25/20 at 1:27pm, R2 was lying in bed and her pants were visibly soiled with bowel movement (BM). After removing the soiled pants and brief, R2's sheet was soiled with BM. NA2 provided incontinence care to the resident. Without changing gloves, NA2 placed a clean incontinence pad over the soiled area on the sheet. NA2 assisted R2 to roll onto her left side while removing the soiled sheet. NA2 removed part of the soiled sheet and assisted R2 to roll onto her right side causing R2 to roll over the soiled area of the sheet onto the clean incontinence pad. Without cleansing R2's buttock area or cleansing the mattress, placed the clean sheet on the bed. The incontinence pad remained in place after NA2 laid on the soiled sheet. R2's pillow case was removed and revealed the pillow's covering with multiple cracks and tears that prevented the pillow from being properly sanitized. On 3/25/20 at 2:15pm the Director of Nursing (DON) indicated the Infection Control log was reviewed monthly at the Quality Assurance (QA) meeting, and facility staff also met each morning to discuss any concerns with residents which included infections. The DON indicated he did not always document room numbers on the log. The DON stated the facility utilized the McGeers (a tool used to determine if a resident required further testing related to their symptoms identified on the tool) criteria to determine if a resident required an antibiotic. The DON indicated he did not track or trend infections in the facility. The DON observed the cares of R1 and R2 and agreed the NAs should have changed gloves when going from dirty to clean, sanitized the mattress, and replaced the pillow. The 1/1/20 Infection Prevention and Control Program Policy and Procedure recorded under the title Guidelines: 6. The program provides for the recording of each suspected infection and surveillance activities as they relate to individual resident infections. A log is maintained of suspected and actual infections on a day-to-day basis. McGeer's Criteria is used to determine if criteria for an infection is met. 7. Antibiotic use will be logged and tracked to ensure prescribing practices and outcomes are monitored for trends. [MEDICATION NAME] long-term use of antibiotics will be discouraged unless clinical rationale is provided for ongoing use. 20. Trends related to infections and/or use of antibiotics, new measures implemented, and outcomes will be communicated to the appropriate facility staff.</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.