

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 07/07/2020
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 observation, interview and record review, the facility failed to adhere to recommended standard infection control practices hand hygiene for preventing the spread of infection such as COVID-19. This failure has the potential to affect R5, R6, R7, R8, and R9 and has the potential to affect all 57 residing on the 2nd floor. Findings include: On 7/6/2020 at approximately 10:20am, V8 LPN (Licensed Practical Nurse) was noted administering medication on the 2nd floor to R5 touching the cart, medication cup and water cup that R5 had used in drinking. V8 took the spoon, medication cup and the water cup dumped them in the garbage attached to the medication cart. V8 without any hand hygiene proceeded to R7 and R8's room touching the over bed side table, then came out without any hand hygiene started touching the medication cart to prepare medication. When this observation was brought to V8's attention and asked what the facility policy and procedure concerning infection prevention and control in spreading of infection such as COVID-19, V8 stated, I should have washed my hands or used the sanitizer in-between. On 7/6/2020 at approximately 10:27am, on the same floor, V9 was passing medication to R6 who was noted with oxygen tank and the oxygen was in use. V9 administered medication orally to R9 and then opened up eye drops with bare hand and administered it to R6 eyes. V9 closed up the eye drop bottle and placed it back in the medication cart touching other medication in the cart drawer and closed the drawer. V9 was noted touching the water pitcher on the cart and the blood pressure machine without performing any hand hygiene. When the surveyor asked V9 about the infection prevention and control in spreading of infection such as COVID-19, V9 replied shrugging her shoulder I guess I'm supposed to wash my hands before applying eye drops and after or use hand sanitizer which is quicker to use. On 7/6/2020 at approximately 11:47am, on the 2nd floor V7 was noted touching the outer part of his mask to adjust the mask. Without any hand hygiene V7 proceeded into V9's room picking up her water pitcher on the over bed side table. V7 then proceeded into the clean pantry, touching the door handle, the ice scoop, lifting the ice cooler cover and scooping ice into R9's pitcher. When the surveyor brought this observation to V7 as V7 was about to go out to take the water pitcher to R9, V7 explained that after touching the outer part of the mask he should have washed his hands or used a hand sanitizer because it is considered infected I'm supposed to. On 7/6/2020 at approximately 11:03am, when all these observations were brought to V2 ADON (Assistant director of Nurses) attention, V2 stated that the staff are to wash their hands or use sanitizer before and after medication pass. V2 explained the nurses are expected to wipe off eye drop bottles after use and before putting it away in the cart where it is supposed to be. At approximately 1:50pm, V2 explained that after touching the mask outer part when adjusting the mask on the staff face, the staff should perform hand hygiene. The facility infection control interim policy addressing health care crisis related to Human [MEDICAL CONDITION] presented dated with effective date 3/5/20 and last revision date 6/11/20 pointed that this is specifically used for COVID-19. The identification and prevention steps that includes but not limited to all staff wearing mask should make sure not to touch their face mask and if they touch or adjust their face mask, they must immediately perform hand hygiene.</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.