

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145180</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/10/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>APERION CARE CHICAGO HEIGHTS</b>		STREET ADDRESS, CITY, STATE, ZIP <b>490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411</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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to follow the Infection Control (Interim) Policy and don eye protection/face shield and gown for transmission based droplet precautions while delivering a lunch tray to 2 of 3 residents (R9/R10) reviewed for droplet infection control practices, and failed to ensure social distances guidelines were observed for 4 of 4 residents (R5-R8) reviewed for social distance practices. Findings include: On 7-9-2020 at 12:15 PM, surveyor observed V10 (Certified Nurse Aide) deliver lunch meal inside a PUM (person under monitoring) room (R9 and R10's room). There was a PPE cart in front of the room. The Personal Protective Equipment (PPE) cart was stocked with N95 masks, procedure masks, gowns, gloves, and biohazard bags. Surveyor did not see goggles or face shield in the PPE cart. V10 was wearing a mask, sanitized her hands, and brought resident tray inside the PUM room. V10 did not don any gown or face shield/goggles prior to entering R9 and R10's room. V10 was noted sanitizing her hands after leaving the room. Door signage on PUM room reads: Stop. Droplet precautions. Everyone must clean their hands before entering and when leaving the room. Make sure their eyes, nose, and mouth are fully covered before room entry. Remove face protection before room exit. There is no mention of gowns on this door signage. On 7-9-2020 at 12:25 PM, V10 (Certified Nurse Aide/CNA) said she does not have to gown up if she does not she does not have direct patient contact. V10 said she put the food on the table and left the room. R9 and R10 are not Covid positive and that's why she did not wear full PPE. On 7-9-2020 at 12:40 PM, V2 (Director of Nursing) said the facility observes droplet precaution for PUM residents. For droplet precautions the facility wears N95 mask, gloves, and gowns. V2 said that if she were to pass tray to PUM room she would don N95 mask, gown, and gloves due to droplet precautions. V2 said the facility is not in crisis capacity for PPE. The facility has palettes and palettes of PPE including gowns. On 7-9-2020 at 12:52 PM, V3 (ADON/ Infection Control Nurse) said the facility treats PUI/PUM rooms like droplet precautions. She said the CDC recommends N95 masks, gown, face shield, and gloves. V3 also said she would only wear a mask (no other PPE) if she is not coming into direct contact. R9 and R10 are under monitoring but not Covid positive. Facility PPE count reads: Gowns = 3750, Goggles/Face Shields = 566, KN95 = 2100, Surgical Mask = , Gloves = . Infection Control- Interim policy addressing healthcare crisis related to Human [MEDICAL CONDITION] Illinois (revision date 6-11-20) documents Yellow Zone- Observation Area: All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or high-level respirator(or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face) gloves, and gown. For a resident on Droplet Precautions: In addition to gloves and gown, staff don a mask (N95 if available or surgical mask) within six feet of a resident. R9 and R10's Covid Care Plan reads follow facility protocol for Covid 19 screening/ precautions.</p> <p>Based on observations, interviews and record review the facility failed to follow the Centers for Disease Control and Prevention (CDC) guideline for social distancing. This failure effected 4 of 4 (R5, R6, R7 and R8) who were observed sitting in the behavior monitoring area not social distancing. Findings include: On 7/9/2020 at 11:36am, R5, R6, R7 and R8 was observed sitting in the behavior aide monitoring station not social distancing. V6 (Behavior Aide) said, I make sure residents are social distancing/six feet apart by counting the floor tiles. I counted eight floor tiles from R5's chair to R6's chair. V6 was observed, counting the space from chair to chair instead of space in between R5 and R6. V6 was observed using the heel to toe method for counting from the left arm of R5's chair to the left arm of R6's chair. I know the space between R5 and R6 is six feet. V6 counted out five feet between R5 and R6. V6 said, R7's chair should not be next to R8. On 7/9/2020 at 11:39am, V4 (Maintenance Director) measured the space between R5 and R6, R7 and R8. The space measured between R5 and R6 was observed to be five feet. V4 said, its five feet. The space measured between R7 and R8 was four and a half feet. V4 said, it's four and a half feet. No marking was observed on the floor to section off six feet for social distancing per CDC guidelines. On 7/9/2020 at 12:07pm, V1 (Administrator) said, we remind the residents about social distancing, with the signage on the wall, verbal redirecting and explaining what social distancing means. Each tile on the floor is twelve inches. Six floor tiles equals six feet. We had social distancing Xs on the behavior aide monitoring area/floor but it came up when the floor was mopped. On 7/9/2020 at 12:10pm, V6 (Behavior Aide) said, we had social distancing marking on the floor in the behavior aide section until the floor was cleaned. The floor tech removed the marking. On 7/9/2020 at 2:05pm, R5 said, they just say social distance but they don't say how far I need to be away from the next resident. R6 said, we need to be six feet apart. R7 and R8 did not respond appropriately when asked what social distancing means or how far apart they needed to be from another resident. On 7/10/2020 at 10:30am, V1 said, my expectation is for my staff to follow the CDC guidelines and maintaining a social distance of six feet. Centers for Disease Control (CDC) Guideline: Social distancing, also called physical distancing, means keeping space between yourself and other people: Stay at least 6 feet (about 2 arms' length) from other people.</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.