

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145832	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/17/2020
NAME OF PROVIDER OF SUPPLIER APERION CARE WEST RIDGE		STREET ADDRESS, CITY, STATE, ZIP 6450 NORTH RIDGE BLVD CHICAGO, IL 60626	
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 develop and implement measures to contain the possible spread of COVID-19, as evidenced by failures to: establish a facility-wide surveillance plan that used evidenced-based surveillance criteria to define infections and appropriately track and analyze resident infections to recognize possible trends or outbreaks; implement appropriate corrective actions to prevent the spread of infections; and, ensure linens were stored in a sanitary manner to prevent the spread of infection. These failures had the potential to affect all 104 residents in the facility. Findings include: During interview with the Administrator on 4/14/20 at 11:30am, the Administrator stated that the facility had three residents who were hospitalized with COVID-19. 1. Review of the facility's monthly Infection Control Log dated January to April 2020 revealed that from January to April 2020, there were 11 cases of respiratory illnesses ranging from Lung Infiltrate, Cough, [MEDICAL CONDITION], and [MEDICAL CONDITION]. Further review of the surveillance log did not reveal documented signs and/or symptoms of infection, nor any radiology results to confirm the [DIAGNOSES REDACTED]. The surveillance neither indicated whether infections were facility or hospital acquired and antibiotics were listed as utilized for [MEDICATION NAME] for coughing conditions without confirmation of radiology. The Infection Control Log did not reveal evidence of identification, trending, and analysis of the facility's infection data to recognize possible outbreaks. On 4/14/20 at approximately 12:50pm, the Infection Control Nurse (ICN)/Assistant Director of Nursing (ADON) interviewed via telephone about the facility's infection control program. The ICN/ADON clarified, I am not the infection control nurse, I am only in charge of the antibiotic stewardship program. The ADON was then asked what her duties as the one in charge of the antibiotic program. The ADON verbalized, All I do is put in the sheet whether an antibiotic was started [MEDICATION NAME] or if there's a positive culture or x-ray. When asked if she track and trend the infections in the facility. The ADON responded, No, I do not do that which meant that infections were not tracked nor trended. The ADON was asked what infection control criteria or guidelines the facility used for their antibiotic stewardship program and the IC program in general. The ADON did not provide an answer. The ADON was asked what the facility's monthly infection control rate was. The ADON responded, You wanted me to do that it is easy. When again queried for the monthly infection control rate the ADON verified, I can do that. I will have to get back to you. When asked for the infection control monthly summary. The ADON responded, I do not do that either. On 4/14/20 at 2:50pm, the Director of Nursing (DON) was asked about the facility's infection control program and the role of the ICN/ADON. The DON verbalized, I talked to (name of ICN/ADON) and that's when I had seen that the tracking, trending and other infection control practices were not done. The DON added, I informed her that's why it's in there (referring to the black IC binder) there should be a line listing at least. The DON further stressed, I understand all of these being incomplete. I used to be an ICN. The DON verbalized, It looks like I have to put this back in place again. In a joint interview with the DON and MDS (Minimum Data Set) Coordinator (currently in charge with the facility's immunization program) on 4/15/20 at approximately 2:03pm, the DON indicated the MDS Coordinator tracks the facility's infection. The DON confirmed that since July 2019 to present, the tracking, trending, and analysis was not being done. Review of the facility's undated policy Ridgeview Rehab & Nursing Center LLC Infection Prevention and Control Program revealed under Purpose: To comply with a system for preventing, identifying, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement. To comply with the core of Antibiotic Stewardship to reduce the unnecessary use of antibiotics. Guidelines .6. The program provides for the recording of each suspected infection and surveillance activities as they related to individual resident infections. A log is maintained of suspected and actual infections on a day-to-day basis. McGeers' criteria is used to determine if criteria for an infection is met .17. Surveillance observation of various care area will be performed periodically and increased as indicated when trends are identified to determine compliance with infection control practices. This report will be reviewed at QA/Infection Control Meetings .20. Trends related to infections and/or use of antibiotics, new measures implemented, and outcomes will be communicated to the appropriate facility staff . According to the QSO Memo 20-20 NH dated March 2, 2020 revealed .Furthermore, we remind facilities that they are required to have a system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility, and when and to whom possible incidents of communicable disease or infections should be reported (42 CFR 483.80(a)(2)(i) and (ii)) . Review of the article titled The SHEA (Society for Healthcare Epidemiology of America)/APIC (Association for Professionals in Infection Control and Epidemiology) Guideline: Infection Prevention and Control in the Long-Term Care Facility, published in the July 2008 issue of AJIC (American Journal of Infection Control), stated: SURVEILLANCE AND EPIDEMIOLOGY . Surveillance is a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment .following accepted national standards.1 Surveillance is a necessary component of effective infection prevention and control (IPC) in any healthcare setting.2 and comprises systematic observation that healthcare personnel-particularly infection preventionists (IPs) and epidemiologists-use to identify patterns of infections or communicable diseases. It helps caregivers make informed decisions about treatments and IPC measures that are based on these patterns. By looking at individual resident information in a larger context, surveillance data enable the IP and other healthcare personnel to identify and analyze how the individual ' s conditions affect the group. It is important to examine every infection incident for possible infection prevention strategies to identify infections before they are transmitted to other people. Surveillance involves far more than just collecting and recording infections and antibiotics. Surveillance includes both IPC processes (e.g., monitoring hand hygiene, the use of personal protective equipment, or blood glucose testing practices) and outcomes (e.g., infections). Surveillance information may be used to adjust how care is provided or how procedures are implemented with the goal of reducing infections. It is important to use consistent surveillance processes: defining the same steps of a process (e.g., checklists) and terms for consistency, to improve daily practice, and to allow for potential internal and external benchmarking .To establish baseline infection rates, track progress, determine trends and detect outbreaks, site-specific rates should be calculated .Analysis and reporting of surveillance data: Analysis of absolute numbers is misleading; calculation of rates provides the most accurate information .Infection control data, including rates, then need to be displayed and distributed to appropriate committees and personnel (including administration) and used in planning infection control efforts. The data should lead to specific interventions such as education and control programs . 2. On 4/14/20 at 12noon during observation of the second floor with the DON, the following were observed: A. Unit linen cart near the nurses' station was not fully closed with linens and washcloths exposed. The DON verbalized, This should be closed for infection control purposes. B. Unit linen cart outside room [ROOM NUMBER] was not totally covered with bed linens exposed. C. Unit linen cart outside room [ROOM NUMBER] only the topmost part was covered with linens exposed on the lower shelves. D. Dirty linen cart (with soiled linens) outside room [ROOM NUMBER] was placed in between two clean linen carts that were not fully covered with linen</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.

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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>(continued... from page 1)</p> <p>exposed. The DON asked staff to move the dirty linen cart away from the linen carts and instructed staff to fully cover the two clean linen carts. Review of the facility's Linen Handling revised on 1/11/18 under Guidelines indicated, .19. Clean linen and personal laundry items are transported to the resident's room or appropriate locations on covered carts .</p>		