

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145936</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/22/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>APERION CARE HIGHWOOD</b>		STREET ADDRESS, CITY, STATE, ZIP <b>50 PLEASANT AVENUE HIGHWOOD, IL 60040</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <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 the unprecedented coronavirus global pandemic that resulted in the Presidential declaration of a State of National Emergency dated 3/13/20, The Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) Memo QSO-20-14-NH revised on 3/13/20, Nursing Home guidance from the Centers for Disease Control and Prevention (CDC), observation, interview and record review, the facility failed to ensure adherence to infection control practices to prevent the transmission of the Coronavirus (COVID-19) as evidenced by failure on: proper use of gloves and proper doffing of personal protective equipment (PPE); proper storage of face shields; and proper handling and storage of clean linens. This had the potential to affect the 44 residents who had not tested positive for COVID-19 in the facility. Findings include:</p> <p>1.A. On 5/14/20 at 12:58pm, Restorative aide (E3) was observed going into a contact/droplet precautions room wearing eye protection, mask, gown and gloves. E3 brought a lunch tray in the room. E3 hung the reusable gown before coming out of the resident's room. E3 disposed her gloves in the treatment cart trash bin that was parked along the hallway. E3 then performed hand hygiene. During a phone interview with the DON on 5/22/20 at 11:06am, when asked where staff should dispose their gloves after use or after providing resident care, the DON stated, Inside the room. Absolutely. When asked if staff can wear gloves while in the hallway, the DON further stated, No. Review of facility's policy on Infection Control - Interim policy addressing healthcare crisis related to Human [MEDICAL CONDITION] dated 4/28/20, revealed under, Department: Nursing, Environmental Services, Dietary, Other .PPE recommended when caring for a patient with known or suspected COVID-19 .Gloves. Put on clean, non-sterile gloves upon entry into the patient room or care area .Change gloves if they become torn or heavily contaminated .Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene . In a CDC article Healthcare Infection Prevention and Control FAQs for COVID-19 dated May 20, 2020 under, What personal protective equipment (PPE) should be worn by environmental services (EVS) personnel who clean and disinfect rooms of hospitalized patients with COVID- 19? revealed, In general, only essential personnel should enter the room of patients with COVID-19. Healthcare facilities should consider assigning daily cleaning and disinfection of high-touch surfaces to nursing personnel who will already be in the room providing care to the patient. If this responsibility is assigned to EVS personnel, they should wear all recommended PPE when in the room. PPE should be removed upon leaving the room, immediately followed by performance of hand hygiene. <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-faq.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-faq.html</a> In a CDC article titled Example of Safe Donning and Removal of Personal Protective Equipment (PPE) dated 11/5/2015 revealed, Remove PPE at doorway before leaving patient room or in anteroom. Under How to safely remove personal protective equipment (PPE) Example 1 revealed, .Removal of PPE before exiting the patient room except a respirator, if worn .Perform Hand Hygiene between steps if hands become contaminated and immediately after removing all PPE. <a href="https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/ppe.html#removing">https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/ppe.html#removing</a> 2. A. On 5/14/20 at 12:38pm, laundry staff (E2) was observed inside the clean linen room. A face towel and a bath towel were observed on the floor inside the clean linen room. E2 picked up both towels and disposed of them in the laundry chute which was a few feet away from the clean linen room. E2 returned to the clean linen room and proceeded to touch the clean cloth underpads. E2 did not perform hand hygiene after picking the towels off the floor before handling the clean underpads. The Director of Nursing (DON) was present during this observation. B. On 5/14/20 at 12:47pm, two disposable undergarments, one loose glove, a half-filled perineal wash bottle and a roll of green-colored soiled linen bags were observed laying on top of the clean linen cart. The linen cart was outside of room [ROOM NUMBER]. This was confirmed by the DON. Inside the same clean linen cart were two alcohol spray bottles and a foil of cough drops. During a phone interview with the DON on 5/22/20 at 11:06am, when asked what she expected from staff before touching clean linens, after their hands had touched the knob to the chute and towels on the floor, the DON stated, They need to sanitize or wash their hands. When asked if other supplies could be on the top or inside of the linen cart, the DON stated, No. Review of facility policy titled Linen Handling Principles-Nursing dated 1-11-18, under Guidelines revealed, .1. Clean linen shall be stored in such a manner to prevent contamination .11. Nursing personnel shall adhere to proper hand hygiene practices .13. Laundry Personnel shall be responsible for assuring adequate amounts of clean linen and personal clothing are available on each nursing unit. Review of the facility's policy titled Hand Hygiene/Handwashing dated 1/10/18, under Examples of when to perform hand hygiene (either alcohol based hand sanitizer or handwashing) revealed, .after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient . In a CDC article titled Guidelines for Environmental Infection Control in Health-Care Facilities dated July 2019, under Recommendations - Laundry and Bedding revealed, .D. 2. Do not place loose items in the chute. E. Package, transport and store clean textiles and fabrics by methods that will ensure their cleanliness and protect them from dust and soil during interfacility loading, transport and unloading. <a href="https://www.cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines-P.pdf">https://www.cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines-P.pdf</a> In a CDC article titled Background G. Laundry and Bedding dated Nov. 5, 2015, under Parameters of Laundry Process revealed, After washing, cleaned and dried textiles, fabrics, and clothing are pressed, folded, and packaged for transport, distribution, and storage by methods that ensure their cleanliness until use. Such textiles can be stored in convenient places for use during the provision of care, provided that the textiles can be maintained dry and free from soil and body-substance contamination. <a href="https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/laundry.html">https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/laundry.html</a> 3. On 5/14/20 at 12:40pm, a face shield was observed laying on top of a clean linen cart, without a barrier or covering. The face shield was observed with some marks on it. Certified Nursing Assistant1 (CNA1) stated the face shield belonged to her. CNA1 further stated she placed it on top of the linen cart after cleaning it. The DON stated it should not be on top of the cart. During interview with the DON on 5/22/20 at 11:06am, when asked how staff should store their face shield when not in use, the DON stated, They should be able to sanitize it and keep it in a neat place. They are supposed to use alcohol wipes, bleach wipes. Review of facility's policy on Infection Control - Interim policy addressing healthcare crisis related to Human [MEDICAL CONDITION] dated 4/28/20, Department: Nursing, Environmental Services, Dietary, Other, under Personal Protective Equipment (PPE) revealed, Employees should select appropriate PPE and demonstrate knowledge of: - when to use PPE - what PPE is necessary - how to properly don, use and doff PPE in a manner to prevent self-contamination - how to properly dispose of or disinfect and maintain PPE . Any reusable PPE must be properly cleaned, decontaminated and maintained after and between uses. Facilities should have policies and procedures describing a recommended sequence for safely donning and doffing PPE .eye protection .Remove eye protection before leaving the patient room or care area .Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use. Disposable eye protection should be discarded after use . The policy did not include the step by step procedure on how to reprocess and store reusable eye protection. In a CDC article titled Strategies for Optimizing the Supply of Eye Protection dated 3/17/20, under Implement extend use of eye protection revealed, Selected Options for Reprocessing Eye Protection .while wearing gloves, carefully wipe the inside, followed by the outside of the face shield or goggles using a clean cloth saturated with neutral detergent solution or cleaner wipe. Carefully wipe the outside of the face shield or goggles using a</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><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Many</p>	<p>(continued... from page 1)</p> <p>wipe or clean cloth saturated with EPA-registered hospital disinfectant solution. Wipe the outside of face shield or goggles with clean water or alcohol to remove residue. Fully dry (air dry or use clean absorbent towels) .</p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html</a></p>		