

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145358	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/01/2020
NAME OF PROVIDER OF SUPPLIER ARISTA HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 1136 NORTH MILL STREET NAPERVILLE, IL 60563	
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 - Few	<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 follow their Covid-19 infection prevention protocol during provisions of care and housekeeping. This applies to 1 of 2 residents (R1) reviewed for Covid-19 infection prevention procedure in the sample of 4. The findings include: R1 is a [AGE] year-old resident who has multiple medical [DIAGNOSES REDACTED]. air. Staff also observed R1 having difficulty breathing, while resting ,with respiratory rate of 26 per minute and low-grade fever of 99.6 Fahrenheit. R1 was sent to the hospital where she tested positive for COVID-19 . On 5/11/2020, R1 returned to facility and remained on isolation for COVID-19. On 6/1/2020 at 12:50 PM, V1 (Administrator) said that R1 was re-admitted to the facility on [DATE] but remained on COVID-19 isolation precaution due to R1's ongoing respiratory symptoms. R1 is still having shortness of breath, coughing at times and still completely relying on oxygen to maintain oxygenation level in her body. On 05/28/2020, V10 (Certified Nursing Assistant/CNA) entered R1's bedroom multiple times (at 11:28 AM, 11:52 AM, and 12:04 PM) to assist R1. V10 donned personal protective equipment (PPE) such as gown, gloves and N95 mask prior to entering R1's bedroom. However, V10 did not wear face shield or goggles at all. As V10 exited R1's bedroom; V10 removed her gloves, sanitize hands then removed her N95 mask with bare hands without follow up hand sanitation. In addition, V10 stored her used N95 mask (which was also uncovered) in the isolation cart/bin where clean gowns were stored. On 5/28/2020 at 12:14 PM, V8 (Nurse) entered R1's bedroom to administer medication. V8 wore gown, gloves, face shield, and wore the N95 mask upside down with the metal nose wing shaper by V8's chin. V8 hooked only one garter strap of the N95 on her head while the other strap was left dangling loosely by her chin. The N95 mask was not secured properly noted not secure to V8's chin. On 5/28/20 at 1:30 PM, V12 (Housekeeper) entered R1's bedroom to clean. V12 donned gown, regular mask and hair net but did not wear any face shield or goggles. While cleaning R1's bedroom, the door was wide open and V12 only closed it halfway through the task. On 5/28/20 at 2:12 PM, V2 (Director of Nursing/DON) gave the following statement; staff must wear complete PPE such as mask, face shield, gown and gloves when entering a Covid19 room. When staff is doffing the N95 mask, the staff must first remove soiled gloves, sanitize hands, put on a new set of gloves and remove the mask. The N95 must be stored in a bin which facility provided and placed in the bin located at the nurses' station. This is to avoid cross contamination with clean PPE. When the housekeeper cleans the Covid-19 room ,the housekeeping staff must always close the bedroom door. Facility's Policy and Procedure for Caring for Resident with a Suspected or Confirmed Case of Covid-19 showed: Residents with confirmed or suspected case of Covid-19 will be care for in accordance with guidelines as stipulated by the CDC and local Department of Public Health. All efforts will be made to prevent transmission, treat symptoms, and necessary psychosocial support for infected resident. Procedure: - Resident with suspected or confirmed case of Covid-19 will have the door in their room kept closed at all times when possible. - Caregivers will don appropriate personal protective equipment (PPE)- gown, mask, face/eye shield, gloves.</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.