

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 14E264	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2020
NAME OF PROVIDER OF SUPPLIER APERION CARE LITCHFIELD		STREET ADDRESS, CITY, STATE, ZIP 1024 EAST TYLER LITCHFIELD, IL 62056	
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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to don appropriate personal protective equipment (PPE) to prevent the spread of infection such as COVID-19. This has the potential to affect all 62 residents in the facility. Findings include: 1. R3's Care Plan, dated 5/14/2020, (R3) is at risk for signs and symptoms of COVID-19. Follow Facility Protocol for COVID-19 Screening / Precautions. R3's Progress Notes, dated 6/10/2020, documents admitted to a local hospital in-patient with [DIAGNOSES REDACTED], R3's Progress Notes, dated 6/12/2020, documents (R3) readmitted (to facility) with continuous O2 (oxygen). [DIAGNOSES REDACTED]. On 6/22/2020 at 9:15 AM, R3 was lying in bed with oxygen in place per nasal cannula. No isolation or precaution sign was posted outside of R3's room. V10, Certified Nurse Assistant (CNA), entered R3's room wearing a mask. V10 did not apply gown, gloves or eye protection before entering R3's room. At 10:40 AM, V6, Dietary Aide, entered R3's room wearing a mask. V6 did not apply gown, gloves or eye protection before entering R3's room. On 6/22/2020 at 9:10 AM, V3, CNA, stated, We have had residents on isolation, but none at this time. On 6/22/2020 at 9:20 AM, V4, CNA, stated, (R3) is on precautions, she just returned from the hospital. On 6/22/2020 at 9:24 AM, V9, Minimum Data Set Coordinator, stated, (R3) is no longer on isolation. She has been back long enough. On 6/23/2020 at 4:55 PM, V8, Licensed Practical Nurse (LPN), stated (R3) is on isolation until 6/25/2020. (R3) returned from hospital on [DATE]. All residents that go out and come back in (to facility) are placed on 14 day isolation. The residents are not able to come out of their room. All staff are to wear gown, gloves and masks before entering the room. 2. R2's Care Plan, dated 5/8/2020, documents, (R2) is at risk for signs and symptoms of COVID-19. Follow Facility Protocol for COVID-19 Screening / Precautions. R2's Progress Notes, dated 6/18/2020, documents emergency room local hospital. R2's Local Hospital Records, dated 6/18/2020, documents discharge 6/18/2020 at 5:18 PM. On 6/22/2020 at 10:43 AM, R2 was lying in the bed with oxygen in place per nasal cannula. R2 was coughing, complaining of shortness of breath, and not feeling well. No isolation or precaution sign was posted outside of R2's room. On 6/22/2020 at 10:40 AM, V7, Housekeeper, stated, (R2) is on isolation. She went to the hospital, and returned. Anyone that goes out and comes back goes on isolation. To go in her room we need mask, gloves and gown. On 6/23/2020 at 4:55 PM, when asked if (R2) was on isolation or precautions, V8, LPN, stated, All residents that go out and come back in (to facility) are placed on 14 day isolation. 3. R1's Care Plan, dated 5/26/20, documented, R1 is at risk for signs and symptoms of COVID-19, follow Facility Protocol for COVID-19 Screening Precautions. Also, documented, R1 requires assistance with incontinence and assistance with bed mobility at times. R1's June 2020 Physician order [REDACTED]. R1's Progress Notes, dated 5/28/20 through 6/24/20, do not reflect COVID Isolation Infection Prevention monitoring. On 6/22/20 at 9:00 AM, V12, Registered Nurse (RN), stated that R1 and R5, R1's roommate, are on 14-day isolation quarantine precautions. V12 continued on to state that all staff should wear mask, gown and gloves before entering the room. On 6/22/20 at 10:00 AM, V13, CNA, stated that she puts on a clean face mask at the beginning of her work schedule and continues to wear the same face mask throughout the shift. V13, continued on to state, she does not wear a gown or gloves upon entering R1 and R5's room and stated she was unsure what the isolation posted sign on R1 and R5 door required for appropriate PPE. On 6/22/20 at 8:20 AM, R5 stated staff wear a face mask, not a gown or gloves. R5 continued on to state that his roommate, R1, requires help from staff with toileting, assisted to the community bathroom located in the outside hallway and assisted during designated smoking times. On 6/22/20 at 8:30 AM, A-Hall location, has a bathroom used for residents located on A-Hall and two adjoining rooms with a toilet and shower unit. These areas did not have isolation linen/waste receptacles. On 6/22/20, V2, Director of Nursing (DON), stated she would expect staff to wear the appropriate PPE prior to entering R1 and R5's room. The Facility's Infection Control Policy-Interim Policy Addressing Healthcare Crisis related to Human [MEDICAL CONDITION]- Illinois, revision date 6/11/2020, documents, Residents who leave the facility will be placed in contact and droplet precautions using full PPE during care for a 14 day monitoring period following return to the facility. New Admission/Readmission per CDC (Center for Disease Control) responding to Coronavirus in Nursing Homes. All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of N-95 or higher (face mask if respirator is not available) eye protection, gloves, and gown. On 6/22/20 at 8:00 AM, V2 stated the census was 62.</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.