

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145781	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/17/2020
NAME OF PROVIDER OF SUPPLIER GENERATIONS AT APPLEWOOD		STREET ADDRESS, CITY, STATE, ZIP 21020 KOSTNER AVENUE MATTESON, IL 60443	
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 observations, interviews and record reviews, the facility failed to contain the spread of COVID-19 as evidenced by the failure to ensure that: hand hygiene was performed between residents; face masks were appropriately worn; and gloves covered the cuffs of isolation gowns during care. This had the potential to affect all 98 residents who resided in the facility at the time of the survey. Findings include: Interview of the Administrator on [DATE] at approximately 10:30am, revealed there were 14 COVID-19 positive residents, four residents who had expired, and 13 residents in contact/droplet isolation for COVID-19. Observation of the E1, Housekeeper, on [DATE] at approximately 11am, revealed that E1 moved his face mask below his chin area while communicating with two different staff members on Unit One. E1 continued to walk down the hall without properly re-positioning his face mask to cover his mouth and nose. Observation on [DATE] at 11:16am, revealed that E3, (Activity Aide) was seated at the Unit Two Nurses Station without wearing a face mask. During an interview with E2, (Housekeeper) in the presence of the DON on [DATE] at approximately 11:30am, E2 was questioned about the frequency and cleaning of high touch surfaces. E2 stated that those areas are cleaned once a day. During observation of the luncheon meal on [DATE] at 12:20pm, Nursing Assistant 1 (NA1) carried two drinks into two different resident rooms, left the resident rooms and returned back to the dining cart located in the hallway. NA1 failed to perform hand hygiene when entering and exiting the resident rooms. During an observation on [DATE] at approximately 12:30pm, NA1 entered R2 and R3's room. NA1 placed sugar packets on each resident's tray. NA1 failed to perform hand hygiene upon entrance and exit of the resident's room. During an observation on [DATE] during the luncheon meal on Unit One, NA2 failed to perform hand hygiene while passing trays between rooms. Observation revealed that NA2 failed to perform hand hygiene when entering and exiting various resident rooms on Unit One. . Observation on [DATE] at 1pm, of Registered Nurse 1 (RN1) at the Unit Two Nurses Station revealed that RN1's face mask was hanging from her left ear leaving her nose and mouth uncovered. When asked about the position of RN1's face mask, RN1 stated, I know. During an observation on [DATE] at 1:36pm, NA3 entered R1's room and noted that R1 was on the floor. NA3 summoned the Director of Nurses (DON) for assistance and both donned gowns and gloves. Observation revealed that the wrist areas of both NA3 and the DON were exposed between the cuff of the gown and the gloves while NA3 and the DON were assisting R1 who was in isolation. During an observation on [DATE] at approximately 2pm, Licensed Practical Nurse 1 (LPN1), who was training LPN2, donned gowns and gloves prior to entering R1's room to take R1's vital signs. Observation revealed that upon completion of the task, LPN1 began removing her gown in the middle of R1's room rather than waiting to remove the gown next to the disposal bin located just prior to exiting the room. During an observation on [DATE] at approximately 4:45pm in the presence of the Administrator, E4, (identified by the Administrator as the Receptionist/Screenner), was observed at the Reception Desk communicating with the Fed Ex delivery man. Observation revealed that E4's mask was positioned below her chin. The Administrator stated she needs to be retrained. Review of the Emergency Operations Plan titled COVID -19 dated [DATE], indicated, Ensure employees clean their hands according to CDC guidelines. Review of the COVID-19 Facility Plan dated [DATE], indicated in section 2f. Ensure staff are educated on and correctly performing hand hygiene, donning and doffing of PPE . Review of the Covid-19 Cleaning Procedures dated [DATE], indicated High touch areas are to be cleaned as frequently as possible recommended every two hours when possible . This procedure was validated as current by the Senior VP of Operations on [DATE] at 12pm. Review of the facility's undated instructions for Guidance on Masking, revealed that, Masks are to be worn in all areas and staff are to follow guidance to reuse, donning and doffing . Interview with the Senior VP of Operations on [DATE] at 12pm indicated that face masks are to be worn at all times while at work.</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.