STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E361	A. BUILDING _____ B. WING _____	**09/17/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ASPEN REHAB & HEALTH CARE	**1403 9TH AVENUE SILVIS, IL 61282**

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	**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 prevent potential infection and transmission of COVID-19 by failing to: 1) wear full personal protective equipment (PPE); 2) refrain from touching front of the facemask; and 3) properly discard reusable gown after use. This deficient practice had the potential to affect all 26 residents in the facility. Findings include: During the entrance conference on 9/15/20 at approximately 10:45am, the Administrator stated that the facility had a designated COVID-19 unit. The Administrator provided a resident roster which indicated 15 residents resided in the COVID-19 designated unit. When asked what personal protective equipment (PPE) was required of staff, the Administrator stated masks and face shields should be worn when in the resident care area. In addition, the Administrator specified that gowns and N-95 masks were required in the designated COVID unit. When asked if the facility was optimizing PPE, the Administrator stated that the face shields were optimized by disinfecting after use and storing individual face shields in brown paper bags. The Administrator indicated that the facility had enough N-95 masks and gowns for use in the COVID unit. Review of the facility's Infection Control Log revealed a COVID-19 outbreak was identified on 8/6/20 when an employee reported COVID like symptoms (fever and sore throat) and was subsequently tested and confirmed with positive COVID-19 virus. The same document indicated 16 employees were confirmed positive for COVID-19 virus. The facility reported a total of 16 residents confirmed COVID-19 cases and four COVID-19 related deaths. While in the designated COVID unit on 9/15/2020 at 2:45pm, Nursing Assistant (NA1) was observed coming out of a resident room wearing a face mask (not N-95) and a reusable gown. NA1 was not wearing eye protection or face shield. NA1 was observed touching the front part of his mask as he walked toward the nurse's station where the surveyor was standing. NA1 was holding a piece of paper with documented residents' vital signs. When asked why he was not wearing a face shield and N-95 mask, NA1 responded that he forgot. NA1 stated that he was going to report to the nurse who was working outside of the COVID unit about a resident's temperature. NA1 replaced his facemask with an N-95 mask after hand hygiene and proceeded to enter the nurse's station. After doffing off the gown, NA1 placed the used gown on top of a chair inside the nurse's station instead of discarding the reusable gown into the designated soiled linen bin. NA1 did not ensure that the contaminated part of the gown was not touching the chair. NA1 washed his hands and exited the COVID unit. During a follow-up interview on 9/15/2020 at 3:05pm, when asked why he did not discard the reusable gown in the soiled linen bin, NA1 responded by asking the surveyor why he could not reuse the same gown. At this point of interview, the surveyor requested the Administrator's presence in order to respond to NA1's question. The Administrator confirmed that the reusable gown should have been discarded in the linen bin to be washed. Review of the facility's policy titled COVID 19 Control Measures with revision date of 8/26/20 revealed: .Droplet Precautions .4. Wear facemask/N95, gloves, gown, goggles or face shields when entering room or when working within 6 feet of residents on droplet precautions . According to: https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html .To prevent infectious disease transmission, elimination (physically removing the hazard) and substitution (replacing the hazard) are not typically options for healthcare settings. However, exposures to transmissible respiratory pathogens in healthcare facilities can often be reduced or possibly avoided through engineering and administrative controls and PPE. Prompt detection and effective triage and isolation of potentially infectious patients are essential to prevent unnecessary exposures among patients, healthcare personnel (HCP), and visitors at the facility. N95 respirators are the PPE most often used to control exposures to infections transmitted via the airborne route, though their effectiveness is highly dependent upon proper fit and use. The optimal way to prevent airborne transmission is to use a combination of interventions from across the hierarchy of controls, not just PPE alone. Applying a combination of controls can provide an additional degree of protection, even if one intervention fails or is not available . According to: https://www.cdc.gov/niosh/npptl/topics/protectiveclothing, under the heading of Donning and Doffing Features of Protective Clothing it specified, The manner in which the clothing is donned and doffed in sequence with other PPE is an important consideration when selecting gowns and coveralls. This is critical because the ease or difficulty with which PPE is put on and removed may affect its effectiveness and the potential for self-contamination, especially during doffing of contaminated PPE . According to: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html#contingency-capacity .Re-use of cloth isolation gowns. Disposable gowns are not typically amenable to being doffed and re-used because the ties and fasteners typically break during doffing. Cloth isolation gowns could potentially be untied and retied and could be considered for re-use without laundering in between. In a situation where the gown is being used as part of standard precautions to protect HCP from a splash, the risk of re-using a non-visibly soiled cloth isolation gown may be lower. However, for care of patients with suspected or confirmed COVID-19, HCP risk from re-use of cloth isolation gowns without laundering among (1) single HCP caring for multiple patients using one gown or (2) among multiple HCP sharing one gown is unclear. The goal of this strategy is to minimize exposures to HCP and not necessarily prevent transmission between patients. Any gown that becomes visibly soiled during patient care should be disposed of and cleaned . Review of Centers for Disease Control and Prevention (CDC) Guidelines under the title of Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings dated 5/18/20 specified, Mode of transmission: Current data suggest person-to-person transmission most commonly happens during close exposure to a person infected with [MEDICAL CONDITION] that causes COVID-19, primarily via respiratory droplets produced when the infected person speaks, coughs, or sneezes. Droplets can land in the mouths, noses, or eyes of people who are nearby or possibly be inhaled into the lungs of those within close proximity. Transmission also might occur through contact with contaminated surfaces followed by self-delivery to the eyes, nose, or mouth .Recent experience with outbreaks in nursing homes has reinforced that residents with COVID-19 frequently do not report typical symptoms such as fever or respiratory symptoms; some may not report any symptoms. Unrecognized asymptomatic and pre-symptomatic infections likely contribute to transmission in these and other healthcare settings .

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.