

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145933	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/10/2020
NAME OF PROVIDER OF SUPPLIER APOSTOLIC CHRISTIAN SKYLINES		STREET ADDRESS, CITY, STATE, ZIP 7023 NORTH EAST SKYLINE DRIVE PEORIA, IL 61614	
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 - Some	<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 change gloves during incontinence care and between resident cares and failed to ensure resident hand washing for four (R2-R5) of five residents reviewed for COVID-19 in a sample of five. Findings include: The facility's Standard Precautions policy, dated 6-5-2020, documents Purpose: Protect against the transmission of infection and includes Change gloves and perform hand hygiene when moving from contaminated to clean site and between resident care. The facility's Gloving policy, dated 6-17-2020, documents Purpose: Gloves will be used to prevent contamination of staff members' hands and to prevent cross-contamination and includes Notes: 1. Change gloves and discard after each resident contact. 2. Change gloves when moving from a contaminated body site to a clean body site on the same resident. 3. Soiled gloves should always be changed before touching any clean surfaces. 1. R4's clinical record documents R4 resides on the COVID unit due to a positive test result on 9-2-2020 and has a [DIAGNOSES REDACTED]. On 9-8-2020, at 11:57 am, V6 and V7 Certified Nursing Assistants/CNAs transferred R4 into bed to check R4's incontinent brief for soiling. With gloved hands, V6 lowered R4's pants and opened R4's incontinent brief and swept a gloved hand over the inside touching the lining to check for soiling. V6 closed R4's brief, pulled up R4's pants then with V7 transferred R4 back into a wheelchair. V7 removed V7's gloves, performed hand hygiene then wheeled R4 up to a dining room table for lunch. No hand hygiene was offered or performed for R4. With the same soiled gloves on V6 walked out of R4's room and into R5's room. R5 lay in bed on the COVID unit. V6 checked R5's respirations. V6 then left R5's room keeping the same soiled gloves on, reported to the nurse, returned and checked R5's temperature and oxygen saturation level. All of these tasks completed for R5 required touching of R5 with V6's same soiled gloves. On 9-8-2020, at 12:45pm, V6 CNA confirmed that V6 should have changed V6's gloves after cares with R4 and before starting R5's cares. 2. R2's clinical record documents R2 resides on the COVID unit due to a positive test result on 8-30-2020 and has a [DIAGNOSES REDACTED]. On 9-8-2020, at 10:56 am, V6 and V7 Certified Nursing Assistants/CNAs transferred R2 into bed for incontinence care then both CNAs performed hand hygiene and donned clean gloves. V6 lowered R2's pants and soiled incontinent brief. V6 then wiped a smear of stool from R2's bottom, then with the same soiled gloves applied a clean incontinent brief and pulled up R2's pants, touching R2's bare skin during this task (R2's left wrist, abdomen, shoulder). V6 tossed the soiled brief into the trash and removed V6's soiled gloves. After V6 and V7 transferred R2 to a wheel chair, V7 wheeled R2 out to a seat at a dining room table for lunch. No handwashing was offered or performed for R2. 3. R3's clinical record documents R3 resides on the COVID unit due to a positive test result on 9-1-2020 and has a [DIAGNOSES REDACTED]. On 9-8-2020, at 11:16 am, R3 sat in a chair on the COVID unit. V6 CNA assisted R3 to stand with R3's walker and walked with R3 to R3's bathroom. With gloved hands, V6 pulled R3's pants and brief down then R3 sat down on the toilet. When R3 was done urinating V6 wiped R3's bottom, pulled R3's brief and pants up, pulled R3's shirt down and flushed the toilet all with the same soiled gloves. V6 did not offer or remind R3 to wash her hands. R3 then ambulated to a seat at a dining room table for lunch. On 9-8-2020, between 12:25pm and 12:40pm R2, R3, and R4 were eating their French fries and Italian beef using their fingers to pick up the food. On 9-8-2020, at 12:45pm, V6 confirmed that V6 did not change V6's gloves after wiping R2's or R3's bottom. V6 stated That's what I do - that was one task. It was okay to touch her since it was the same task. I would change (gloves) before touching them again. V6 also stated at this time that V6 did not offer for R3 to wash R3's hands since R3 didn't wipe R3's own bottom. On 9-8-2020, at 12:46pm V7 CNA confirmed that V7 did not offer for R4 or R2 to wash their hands prior to the meal which V7 agreed consisted of some finger foods. V7 didn't think their hands needed washed since They aren't touching anything. On 9-10-2020, at 3:55pm, V2 Director of Nursing stated that staff should change their gloves when going from resident to resident. Staff should change gloves after wiping a resident during incontinence care and before putting on the clean brief. V2 also stated that staff should make sure residents hands are washed after toileting and before they go to the table to eat.</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.