Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6007280 B. WING 03/18/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **50 PLEASANT AVENUE** APERION CARE HIGHWOOD HIGHWOOD, IL 60040 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 Initial Comments S 000 Annual Licensure and Certification Survey S9999 Final Observations S9999 Statement of Licensure Violations: 300.696)a) 300.696)c) 300.1210)b) Section 300.696 Infection Control a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 III. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 III. Adm. Code 693). c)Each facility shall adhere to the following guidelines of the Center for Infectious Diseases. Centers for Disease Control and Prevention. United States Public Health Service, Department of Health and Human Services (see Section 300.340): Section 300.1210 General Requirements for Attachment A Statement of Licensure Violations Nursing and Personal Care b) The facility shall provide the necessary care Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ B. WING _ IL6007280 03/18/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **50 PLEASANT AVENUE APERION CARE HIGHWOOD** HIGHWOOD, IL 60040 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. These requirements were not met evidenceed by: Based on observation, interview, and record review the facility failed to follow recommended guidelines from Centers for Disease Control (CDC) by not wearing Personal Protective Equipment (PPE) for new admissions on transmission based precautions (contact/droplet precautions). These failures have the potential to infect high risk residents with COVID-19 and spread the disease of COVID-19 to negative residents. This applies to all 75 residents residing in the facility. The findings include: The Resident Census and Conditions Report (Form 672) dated March 15, 2021 shows that there are 75 residents residing in the facility. The undated facility provided list shows that R73 and R174 are new admissions on contact/droplet isolation.

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** COMPLETED AND PLAN OF CORRECTION A. BUILDING: __ B. WING IL6007280 03/18/2021 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **50 PLEASANT AVENUE APERION CARE HIGHWOOD** HIGHWOOD, IL 60040 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEF!CIENCIES (X5) (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETE PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 2 S9999 On 3/15/21 at 9:52 AM, V3 (Infection Preventionist) said that they do not have a separate unit for their new admissions. They are located throughout the facility but they are in a private room. V3 said that all staff are required to wear a surgical face mask and a face shield at all times. V3 said that all new admissions are required to be put on contact/droplet isolation on admission for 14 days. The required PPE for a resident who is on contact/droplet isolation is: a N95 mask, face shield, goggles, gown, and gloves any time you enter the room. R174's Face Sheet shows that she was admitted to the facility on 3/9/21. On 3/15/21 at 11:41 AM, R174's room door had a sign on it that read, "Quarantine/Observation Yellow Zone Droplet/Contact Precautions ...Full PPE to be used. N95 mask or KN95 (if N95 not available)-MUST WEAR Googles or face shield ...gloves (always) ...gown when entering room for any reason only when gown supply is adequate At 11:41 AM, V5, Certified Nursing Assistant (CNA) entered R174's room with a surgical mask on that was below her nose and a face shield. V5 did not have any addition PPE on. At 11:45 AM, V5 entered R174's room again with a surgical mask on that was below her nose and a face shield with no additional PPE on. While V5 was in the room, R174 came out of the bathroom and was standing within 3 feet of V5. On 3/15/21 at 11:45 AM, V5 said "oh, no. I am so sorry. I did not even realize that she is on isolation, we are supposed to wear a gown, gloves, face shield and a white mask (N95) when we enter the room. I am so sorry." On 3/15/21 at 12:30 PM, V4 (Nurse Practitioner)

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED IL6007280 B. WING 03/18/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **50 PLEASANT AVENUE** APERION CARE HIGHWOOD HIGHWOOD, IL 60040 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 3 S9999 was in R174's room wearing an isolation gown that was hanging from her shoulders and not tied. V4 was wearing a surgical mask (not an N95). On 03/15/21 at 1:17 PM, V10 (CNA) went into R174's room and removed the room tray. V10 had a surgical mask on and did not have an N95 mask on. V10 then proceed to enter non-isolation rooms in the 200 hallway picking up room trays. R73's Face Sheet shows that she was admitted to the facility on 3/10/21. On 3/15/21 at 1:23 PM, R73's room door had a sign on it that read, "Quarantine/Observation Yellow Zone Droplet/Contact Precautions ...Full PPE to be used. N95 mask or KN95 (if N95 not available)-MUST WEAR Goggles or face shield ...gloves ...gown when entering room for any reason only when gown supply is adequate" V7 (Registered Nurse) exited the room wearing only a surgical mask and face shield. V7 acknowledged that she only wore a surgical mask into the room to give medication. On 3/15/21 at 1:45 PM, V6 (CNA) said that she only has to wear an N95 mask if the resident is COVID positive. On 3/16/21 at 12:00 PM, V1 (Administrator) said that R73 and R174 have not had the COVID vaccine and have not had COVID in the past and this was also verified with the family. On 3/15/21 at 1:56 PM, V1 said that they have plenty of PPE. V1 said that they have a three month supply of emergency PPE that includes gloves, gowns, goggles, face shields, masks, N95s and sanitizer.

Illinois Department of Public Health

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	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
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