

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007413	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/13/2022
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NAME OF PROVIDER OR SUPPLIER APERION CARE DEKALB	STREET ADDRESS, CITY, STATE, ZIP CODE 1212 SOUTH SECOND STREET DEKALB, IL 60115
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S 000	Initial Comments	S 000		
	First Probationary Licensure Survey			
S9999	Final Observations	S9999		
	Statement of Licensure Violations: 1 of 2 300.1020a) 300.1020b) Section 300.1020 Communicable Disease Policies a) The facility shall comply with the Control of Communicable Diseases Code (77 Ill. Adm. Code 690). b) A resident who is suspected of or diagnosed as having any communicable, contagious or infectious disease, as defined in the Control of Communicable Diseases Code, shall be placed in isolation, if required, in accordance with the Control of Communicable Diseases Code. If the facility believes that it cannot provide the necessary infection control measures, it must initiate an involuntary transfer and discharge pursuant to Article III, Part 4 of the Act and Section 300.620 of this Part. In determining whether a transfer or discharge is necessary, the burden of proof rests on the facility. This REQUIREMENT was not met as evidenced by: Based on observation, interview, and record review, the facility failed to follow recommended guidelines from Centers for Disease Control		Attachment A Statement of Licensure Violations	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>(CDC) by not ensuring staff were wearing N95 face masks per recommendations. The facility failed to ensure staff were wearing PPE (personal protective equipment) while testing residents for possible COVID-19, failed to ensure trash disposal was handled in a manner to prevent cross contamination during a COVID-19 outbreak in the facility with 12 positive COVID-19 cases. These failures have the potential to affect all 82 residents in the building.</p> <p>The findings include:</p> <p>The facility data sheet dated January 13, 2022 shows, there are 82 residents residing in the facility.</p> <p>1. On January 13, 2022 at 9:14 AM, V3 Maintenance was wearing a N95 face mask with only 1 strap around his head. The second strap was hanging loosely under his chin. At the same time, V4 Certified Nursing Assistant (CNA) was wearing an N95 with only one strap. The second strap was missing.</p> <p>On January 13, 2022 at 9:21 AM, V11 CNA was wearing an N95 face mask with only one strap. The second strap was missing.</p> <p>On January 13, 2022 at 9:22 AM, V5 housekeeping was wearing a surgical mask underneath an N95 face mask.</p> <p>On January 13, 2022 at 9:24AM, V12 was wearing an N95 mask with the yellow straps cut and tied back together, looped around her ears.</p> <p>On January 13, 2022 at 9:30 AM, V6 Registered Nurse was wearing an N95 face mask. The straps were both strapped around his neck.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>There was a large gap between the mask and his chin. The face mask was not sealed tightly.</p> <p>On January 13, 2022 at 9:34 AM, V7 Housekeeping was wearing a surgical mask underneath an N95 face mask.</p> <p>On January 13, 2022 at 9:35 AM, V8 Activity Director was wearing N95 face mask with only one strap.</p> <p>On January 13, 2022 at 9:36 AM, V9 RN and V10 LPN were testing residents for possible COVID-19. They were not wearing a gown while testing.</p> <p>On January 13, 2022 at 9:37AM, V13 CNA was walking down the south hallway with her goggles placed on top of her head and an N95 mask on with only one strap across the back of her head. V13 stated that she cut off the bottom strap of her N95 mask because it was too tight. V13 stated that the N95 had not been compromised and it fit the same way that it did with 2 straps.</p> <p>On January 13, 2022 at 11:50 AM, V2 Director of Nursing stated, N95's should be tight around the face and both straps on. She also stated, staff should be wearing gowns while testing residents for COVID-19.</p> <p>The CDC's use personal protective equipment when caring for patients with confirmed or suspected COVID-19 provided by the facility on January 13, 2022 shows, "Donning: 4. Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available). If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin or store in scrubs pocket between patients. Respirator: Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator ..."</p> <p>The facility's policy titled, "Interim COVID-19 Testing-Residents and Staff" dated 10/22/21 showed, "Personal Protective Equipment (PPE) for collection of swabs: During specimen collection, staff must maintain proper infection control and use recommended PPE, which includes an N95 or higher-level respirator, eye protection, gloves, and a gown, when collecting specimens.</p> <p>2. On January 13, 2022 at 10:10AM, V15 (CNA) was collecting garbage in the COVID-19 exposed hallway. V15 pushed the trash container from the COVID-19 exposed hallway through the plastic barrier, down the hallway where non-isolation residents reside, and out to the dumpster. V15 then brought the trash container back to the non-isolation hallway and began collecting the garbage from non-isolation resident rooms. V15 stated she did not sanitize the trash container after it was in the isolation unit where COVID-19 exposed residents reside.</p> <p>(A)</p> <p>2 of 2 300.615e) 300.615f)</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information</p> <p>e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)</p> <p>f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender.</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on interview and record review the facility failed to ensure background checks, sex offender, and department checks were initiated within 24 hours. This applies 9 of 10 residents (R2, R12, R8, R9, R11, R13, R5, R14, & R10) reviewed for background checks in the sample of 14.</p> <p>The findings include:</p> <p>1. R2's face sheet shows, he was admitted to the</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>9. R10's face sheet shows, he was admitted on January 6, 2022. His sex offender check was done on January 13, 2022. The DOC check was not done.</p> <p>On January 13, 2022, V14 Admissions stated, R2 and R12's background checks "got missed." She also stated, she only does the sex offender checks on the residents. She is not checking the DOC. She "just hadn't done them."</p> <p>The facility's Admission of Identified Offender policy dated November 28, 2012 shows, "Guidelines: 1. Screened on sex offender web sites, 2. Criminal History record information requested ..."</p> <p>(C)</p>	S9999		