

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145358	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/20/2025
NAME OF PROVIDER OR SUPPLIER Arista Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1136 North Mill Street Naperville, IL 60563	
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48308</p> <p>Based on observation, interview and record review, the facility staff failed to perform hand hygiene, and did not use PPE (Personal Protective Equipment) while providing care for residents in EBP (Enhanced Barrier Precautions) and failed to educate visitors regarding contact TBP (Transmission Based Precautions).</p> <p>This applies to 7 of 7 residents (R2, R3, R4, R7, R8, R9, R10) reviewed for infection control practices in the sample of 10.</p> <p>The findings include:</p> <p>1. R2's medical record showed R2 was admitted to the facility on [DATE], with multiple diagnosis including hemiplegia and hemiparesis following cerebral infarction affecting the right dominant side, chronic obstructive pulmonary disease, dysphagia, gastrostomy status, diabetes mellitus with chronic kidney disease, paroxysmal atrial fibrillation, and major depressive disorder, recurrent. R2's MDS (Minimum Data Set) dated February 9, 2025, showed R2 was cognitively intact and required assistance with ADLs including moderate assistance with oral hygiene, personal hygiene, upper body dressing and bed mobility, substantial assistance with coming to a sitting position in bed, with chair to bed and tub transfer and lower body dressing, and dependent on staff for eating and toilet hygiene. R2's care plans were reviewed. R2 has a care plan initiated on August 6, 2024, is at a higher risk for infection secondary to feeding tube and indwelling foley catheter and will receive enhanced barrier precautions with interventions that included, wash hands before entering and leaving the room and wearing PPE during high contact activity including changing linen, dressing, and bathing.</p> <p>On February 18, 2025, at 2:54 PM, there was a sign on R2's door for EBP, Enhanced Barrier Precautions. R2 stated she wanted to be repositioned because the sun was in her eyes. V10 (RN) entered the room to assist the resident to reposition without donning a gown and repositioned R2.</p> <p>R2's physician order summary showed R2 had an order for Enhanced Barrier Precautions initiated on July 1, 2024.</p> <p>(continued on next page)</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 145358
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. The medical record showed R3 was admitted to the facility on [DATE], with multiple diagnosis including hemiplegia and hemiparesis following cerebral infarction affecting the right dominant side, aphasia, dysphagia, acute and chronic respiratory failure with hypoxia, tracheostomy status, gastrostomy status, and moderate protein-calorie malnutrition. R3's MDS dated [DATE], showed R3 was severely cognitively impaired, and required assistance with ADLs, including substantial assistance with oral hygiene and upper body dressing and dependent on staff eating, bathing, toileting, lower body dressing, bed mobility and transfer.</p> <p>R3's care plans were reviewed. R3 had a care plan initiated on February 3, 2025 of being at risk for infection secondary to feeding tube, tracheostomy and wound and will receive enhanced barrier precautions with an intervention that showed PPE to be worn during high contact activity including gown and glove and use of face mask when risk of splashing is present .and wear PPE during high contact activities during changing linens, and wash hands before entering a room and after leaving the room. R3's room had an Enhanced Barrier Precaution sign posted on the door.</p> <p>On February 18, 2025, at 3:00 PM, V4 (Speech Language Pathologist) provided treatment that included covering R3's tracheostomy with a speaking valve. V4 stated she was also trying to have R3 follow one step commands. V4 was not wearing a gown while providing direct contact with R3's tracheostomy tube.</p> <p>On February 18, 2025, at 3:54 PM, V10 (RN) entered R3's room, did not wash hands before entering, adjusted R3's linen and covered R3 with bare hands. V10 exited R3's room without washing hands.</p> <p>On February 19, 2025, at 11:45 AM, V9 (CNA) entered R3 and R9's room that had the EBP sign on the door. V9 served R9 his meal tray. V9 then turned to R3 and wearing the same pair of gloves touched R3's left arm, top sheet linens and straightened them to cover R3 without changing gloves or perform hand hygiene.</p> <p>R3's physician order summary showed an order for Enhanced Barrier precautions dated February 3, 2025.</p> <p>R9's physician order summary showed an order for Enhanced Barrier Precautions dated January 22, 2025.</p> <p>3. The medical record showed R8 was admitted to the facility on [DATE], with multiple diagnosis including other toxic encephalopathy, enterocolitis due to clostridium difficile not specified as recurrent, frostbite with tissue necrosis of abdominal wall, lower back, pelvis and left foot, local infection of the skin and subcutaneous tissue unspecified, paroxysmal atrial fibrillation, rhabdomyolysis, neuromuscular dysfunction of the bladder, and unspecified fall subsequent encounter.</p> <p>On February 19, 2025, at 11:35 AM, R8 had a sign on the door for EBP. V7 (Nurse Aide in training) entered the room without performing hand hygiene to deliver a meal tray to R8. Upon leaving the room V7 did not perform hand hygiene. V7 was asked about the sign on R8's door and what precautions staff should take according to the sign for EBP. V7 stated she should have performed hand hygiene prior to entering the room and leaving the room but she forgot.</p> <p>R8's physician order summary showed an order for Enhanced Barrier Precautions dated February 18, 2025.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The EBP sign used by the facility showed Everyone must clean their hands before entering and when leaving the room and providers and staff must also: wear gloves and a gown for the following high contact resident care activities, dressing, bathing/showering, transferring, changing linens, providing hygiene, changing briefs or assisting with toileting, device care or use central line, urinary catheter, feeding tube, tracheostomy, and wound care, any skin opening requiring a dressing.</p> <p>The Contact precaution sign used by the facility showed Everyone must clean their hands before entering and when leaving the room and providers and staff must also put on gloves before room entry and discard gloves before room exit, put on a gown before room entry and discard gown before room exit, do not wear the same gown and gloves for the care of more than one person.</p> <p>The facility provided a list of residents and criteria who are on Enhanced Barrier Precautions dated February 18, 2025. The list included: R2 for indwelling medical device, R3 for indwelling medical device, R7 for indwelling medical device, R8 for indwelling medical device, R9 for indwelling medical device, and R10 for indwelling medical device.</p> <p>On February 19, 2025, at 2:27 PM V3 (ADON, IP Nurse) and V12 (LPN IP in training) were interviewed together. Neither V3 or V12 were able to identify what resource or policy should be referenced to determine when TBP should be implemented or discontinued. V3 and V12 stated they would refer to a resident's laboratory culture results or hospital recommendation regarding when TBP were needed. V3 and V12 both stated hand hygiene should be performed when entering or exiting a room identified with EBP sign on the door. V12 and V3 stated when placing a speaking valve on a tracheostomy tube would be considered handling a medical device and would warrant the use of both gloves and gown during that provision of care. V12 and V3 agreed that before entering a room to give oral medications to a resident in EBP precautions hand hygiene would need to be performed. V12 and V3 also agreed that glove and gown should be worn when repositioning a resident on EBP precautions and hand hygiene performed and gloves changed between providing care to two residents.</p> <p>The facility's policy titled Enhanced Barrier Precautions dated, August 15, 2024, showed Purpose .Reduce the transmission of novel or targeted multi drug resistant organisms (MDRO) .Procedure .1. Enhanced barrier Precautions require the use of gown and glove during high contact resident care activities .changing linens .device care or use .feeding tube .tracheostomy .6. Adhere to other infection control practices such as Hand Hygiene .</p> <p>The facility's policy titled Infection Control dated January 2024, showed Procedure .14. All facility personnel are required to routinely wash hands and use appropriate barrier precautions to prevent transmission of infections .15. All facility personnel shall adhere to the Infection Control Program in the performance of their daily assigned tasks .16. The facility shall assure the necessary training, equipment and supplies are maintained to carry out an effective Infection Control Program .17. Hand washing is essential .18. Contact precautions in addition to standard precautions will be initiated as specified in the specific isolation policy.</p>		