

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145995	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/18/2026
NAME OF PROVIDER OR SUPPLIER Archer Heights Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 4437 South Cicero Chicago, IL 60632	

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 - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to follow their infection control policies and procedures for one of three residents (R3) in the sample of five. Findings include: 1. 17.2025 at 3:45 PM, observed V7 (CNA-Certified Nursing Assistant) walking out of R3's room down the hallway with gloves on her hands. V7 returned to R3's room, then came back out, walked down the hallway, with gloves on, to the linen cart and removed a facecloth from the cart. V7 returned to R3's room and performed incontinence care. V7 was not wearing a gown while performing incontinence care. The privacy curtain was not pulled around R3's bed, the door to the room was open. EBP (Enhanced Barrier Precautions) sign posted on R3's door documents, in part: Providers and staff must also: Wear gloves and a gown for the following High-Contact Resident Care Activities. Changing briefs or assisting with toileting. A soiled brief was noted on the floor next to R3's bed. 1. 17.2026 at 4:02 PM, V7 said, I believe R3 is on EBP. Surveyor asked V7 what is EBP? V7 said, pointing to isolation cart outside R3's room, EBP is the protective stuff for the face, the gown. V7 said, I was wearing gloves in the hallway. V7 said, I shouldn't have had gloves on in the hallway. 1. 17.2026 at 4:03 PM, V8 (LPN-Licensed Practical Nurse) said, R3 is on EBP. To prevent the spread of infection, staff should wear a gown and gloves while performing care. Soiled linen/incontinent products should not be thrown on the floor but placed in a bag and disposed of properly. 1. 17.2026 at 4:15 PM, V9 (LPN) said, staff should wear gown and gloves when performing incontinence care to prevent the spread of infection. 1. 17.2026 at 4:44 PM, V2 (DON) said, gown and gloves should be worn during resident care (incontinence care) when a resident is on EBP to prevent the spread of microorganisms. Soiled linen/incontinent products should be bagged and disposed of properly to prevent the spread of microorganisms. R3's facesheet documents R3 is a [AGE] year-old admitted to the facility with diagnoses including but not limited to: Type 2 Diabetes Mellitus with Foot Ulcer, Unspecified Kidney Failure, Dependence on Renal Dialysis and Acquired Absence of Right Leg Above Knee. R3's MDS (Minimum Data Set of 12.5.2025) documents a BIMS (Brief Interview for Mental Status) of 13 (cognitively intact). Enhanced Barrier Precautions policy (Revises 4.28.2025) documents, in part: Purpose: Reduce the transmission of novel or targeted multi-drug-resistant-organisms (MDRO). Procedure 1. Enhanced Barrier Precautions (EBP) require the use of gowns and gloves during high contact resident care activities. High-contact resident care activities include: Changing briefs or assisting with toileting. 7. Adhere to other infection control practices such as: Hand hygiene. Infection Control Policy (Issue Date 1.2024) documents, in part: 15. All facility personnel shall adhere to the Infection Control Program in the performance of their daily assignments.</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
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