STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E812	A. Building B. Wing	03/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Axiom Gardens of Mount Vernon	#5 Doctors Park Mount Vernon, IL 62864

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 - Many	Provide and implement an infection prevention and control program. 40666 Based on interview, observation and record review, the facility failed to follow current CDC (Center for Disease Control) guidelines for proper PPE (Personal Protective Equipment) use and failed to effectively sanitize floors during COVID outbreak. This has the potential to affect all 53 residents living in the facility. The Findings Include: 1. On 3/27/25 at 11:00 am, V14 (Housekeeping Supervisor) said they use (Brand Cleaner) Lavender all purpose neutral cleaner when they mopped the floor currently and during the COVID outbreak. V14 said she is unsure if it kills COVID or not. On 3/26/25 at 2:30pm, V12 (Housekeeping) said there was cleaner in her mop water as she was moping. V12 said it is (Brand Cleaner) Lavender All Purpose Neutral Cleaner. V12 said she doesn't know if it kills COVID or not. On 3/27/25 at 10:37 am, V16 (floor cleaner manufacturer representative) said that (Brand Cleaner) Lavender All Purpose Neutral Floor Cleaner has zero kill time for COVID. V16 said it is just a multi purpose floor cleaner and does not kill COVID. On 3/27/25 at 1:00pm, V1 (Administrator) said she was not aware the cleaner they were using to mop the floors did not kill COVID. 2. On 3/26/25 at 2:00pm, V6 (Activity Assistant Aide) said she wore just a surgical mask when going in the COVID positive resident rooms during the outbreak. On 3/27/25 at 10:00am, V8 (Social Services Director) said that staff wore surgical masks when caring for COVID positive residents. V8 said she doubled her surgical mask. V8 said she asked the nurse for N95 and goggles and was told there was none. V8 said PPE supplies were kept where the time clock is and there was none. On 3/26/25 at 12:50pm, V9 (CNA/Certified Nurse Assistant) said she did not wear a N95 mask and face shield/goggles during the Covid outbreak. V9 said there was only surgical masks and that another CNA called and asked and was told there was none. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(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 - Many	On 3/26/25 at 1:20 pm, V10 (CNA) said they all wore surgical masks during the COVID outbreak. V10 said they did not have anything but gowns, gloves and surgical masks. On 3/26/25 at 2:30pm, V11 (CNA) said she and everybody wore surgical masks when their residents had COVID. V11 said there was not any N95 masks or eye/face shields. V11 said they did have gowns and gloves. On 3/27/25 at 2:40pm, R3 who was alert to person, place and time, said that he did have COVID back when everyone had it. R3 said that staff did not wear anything but a regular mask. R3 said they did not wear anything over their eyes or wear a gown. On 3/27/25 at 12:30pm, R7 who was alert to person, place and time, said she did have COVID when everyone had it. R7 said staff just wore regular masks. On 3/27/25 at 2:00pm, V2 (DON/Director of Nurses) said she does not know why staff were not wearing the proper PPE when it was available. V2 said all of the staff have been trained on wearing the proper PPE. A facility matrix printed 3/28/25 documents there are 53 residents living the facility. Facility Document labeled Infection Prevention and Control Program (revised 12/5/24) documents .All facility personnel shall adhere to the Infection Control Program in the performance of their daily assignments. Employees disregarding the facility's policies and procedures shall be retrained as necessary, disciplined, and may be discharged for repeated non-compliance The facility shall assure that necessary training, equipment and supplies are maintained to carry out an effective Infection Control Program. According to the CDC website at https://www.cdc.gov/covid/hcp/infection-control/index.html#:~:text=HCP%20who%20enter%20the%20room,and%20sides%20of%20the%20face), Healthcare Provider who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and use a NIOSH Approved particulate respirator with N95 filters or higher, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face).