PRINTED: 01/04/2024 **FORM APPROVED** 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. WNG IL6006266 11/29/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 117 SOUTH I STREET MONMOUTH NURSING HOME MONMOUTH, IL 61462 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S 000 Initial Comments S 000 Annual Licensure Survey \$9999 Final Observations S9999 Statement of Licensure Violations 300.696b)3) 300.696d)16) 300.696f)1) 300.696f)2)A) 300.696f)3)B) 300.696f)4) 300.1210b) 300.1210d)3) Section 300.696 Infection Prevention and Control b) Written policies and procedures for surveillance, investigation, prevention, and control of infectious agents and healthcare-associated infections in the facility shall be established and followed, including for the appropriate use of personal protective equipment as provided in the Centers for Disease Control and Prevention 's Guideline for Isolation Precautions, Hospital Respiratory Protection Program Toolkit, and the Occupational Safety and Health Administration 's Respiratory Protection Guidance. The policies and procedures must be consistent with and include the requirements of the Control of Communicable Diseases Code, and the Control of Sexually Transmissible Infections Code.

Illinois Department of Public Health

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

control policies and procedures.

ongoing basis by the Infection Preventionist to

ensure adherence to all infection prevention and

Facility activities shall be monitored on an

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMP	SURVEY	
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Continued From page 1 d) Each facility shall adhere to the following guidelines and toolkits of the Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, Agency for Healthcare Research and Quality, and Occupational Safety and Health Administration (see Section 300.340):  16) Respiratory Protection Guidance for the Employers of Those Working in Nursing Homes, Assisted Living, and Otter Long-Term Care Facilities During the COVID-19 Pandemic  1) Infectious Disease Surveillance Testing and Outbreak Response  1) The facility shall have a testing plan and response strategy in Palace to address infectious disease outbreaks. Pursuant to the plan and response strategy in Facility shall test residents and facility staff for infectious diseases listed in Section 690.100 of the Control of Communicable Diseases Code in a manner that is consistent with current guidelines and standards of practice.  2) Each facility shall conduct testing of residents and staff for the control or detection of infectious diseases when:  A) The facility is experiencing an outbreak  3) Documentation  B) For facility staff and volunteers, maintain a testing log documenting any time a test was completed, including the result of the test, or whether testing log shall include all facility staff and volunteers.		d) Each facility signidelines and toolkit Control and Preventic Health Service, Depa Services, Agency for Quality, and Occupat Administration (see Significant Services) (see Significa	Each facility shall adhere to the following les and toolkits of the Centers for Disease and Prevention, United States Public Service, Department of Health and Human s, Agency for Healthcare Research and and Occupational Safety and Health stration (see Section 300.340):  Respiratory Protection Guidance for the less of Those Working in Nursing Homes, and Living, and Other Long-Term Care is During the COVID-19 Pandemic  Infectious Disease Surveillance Testing at the facility shall have a testing plan and less strategy in place to address infectious of each see strategy, the facility shall test residents illity staff for infectious diseases listed in 690.100 of the Control of Communicable less Code in a manner that is consistent arrent guidelines and standards of practice.  Each facility shall conduct testing of the sand staff for the control or detection of us diseases when:  The facility is experiencing an outbreak  Documentation  For facility staff and volunteers, maintain a log documenting any time a test was ted, including the result of the test, or resting was refused or contraindicated. Iting log shall include all facility staff and	S9999			

PRINTED: 01/04/2024 FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WNG IL6006266 11/29/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 117 SOUTH I STREET MONMOUTH NURSING HOME MONMOUTH, IL 61462 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 2 S9999 Upon confirmation that a resident, staff member, volunteer, student, or student intern tests positive with an infectious disease, or displays symptoms consistent with an infectious disease, each facility shall take immediate steps to prevent the transmission by implementing practices that include but are not limited to cohorting, isolation and quarantine, environmental cleaning and disinfecting, hand hygiene, and use of appropriate personal protective equipment. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care 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. Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be

made by nursing staff and recorded in the

These requirements are not met as evidenced by:

resident's medical record.

**IV0811** 

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
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MONMOU	TH NURSING HOME		TH, IL 61462			
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S9999	Continued From page	3	S9999			
	Based on observation	, interview and record	1			
	review, the facility sys					
		e protocols to address				
		as evidenced by: failed to				
		symptoms of facility staff				
		ssible contagious illness				
	· ·	enza); failed to perform the				
		esting on staff and residents g signs and symptoms of a				
		spiratory illness, or after				
		esident or staff member that				
		r COVID-19; failed to test for				
	other infectious respir					
		egative and the resident was				i l
		immediately implement the				
		based precautions for				
		ted respiratory illness; and,				
		PPE (Personal Protective				
		ing for a COVID-19 positive as have the potential to				
		currently residing in the				
	facility.	carronay realang in the				1
	•					
	Findings include:					i
	On 11/20/2023 at 9:05	5 AM, Upon entrance to				
		vere wearing surgical face				
		ctor of Nursing/Infection				
		hat some staff were not				
		tated there were no positive				
	COVID-19 residents in					
		tly in transmission based				
	precautions.					
	The CDC (Centers for	Disease Control and				
	Prevention) Interim Int					
	Control Recommenda					
N		Coronavirus Disease 2019				
	(COVID-19) Pandemic	c, dated 5/8/23, documents,				
		ticulate respirators with N95				

PRINTED: 01/04/2024 FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_ B. WING IL6006266 11/29/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 117 SOUTH | STREET MONMOUTH NURSING HOME MONMOUTH, IL 61462 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL) COMPLETE PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE **DEFICIENCY**) S9999 S9999 Continued From page 4 filters or higher used for: NIOSH Approved particulate respirators with N95 filters or higher can also be used by HCP (Healthcare Professionals) working in other situations where additional risk factors for transmission are present, such as when the patient is unable to use source control and the area is poorly ventilated. They may also be considered if healthcare-associated SARS-CoV-2 transmission is identified and universal respirator use by HCP (Health Care Personnel) working in affected areas is not already in place. Anyone with even

Illinois Department of Public Health

mild symptoms of COVID-19, regardless of vaccination status, should receive a viral test for SARS-CoV-2 as soon as possible. Asymptomatic patients with close contact with someone with SARS-CoV-2 infection should have a series of three viral tests for SARS-CoV-2 infection. Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5. Healthcare facilities should have a plan for how SARS-CoV-2 exposures in a healthcare facility will be investigated and managed and how contact tracing will be performed. The decision to

discontinue empiric Transmission-Based

SARS-CoV-2 infection for a patient with symptoms of COVID-19 can be made based upon having negative results from at least one viral test. If using NAAT (molecular), a single negative test is sufficient in most circumstances.

If a higher level of clinical suspicion for SARS-CoV-2 infection exists, consider

Precautions by excluding the diagnosis of current

maintaining Transmission-Based Precautions and confirming with a second negative NAAT. If using an antigen test, a negative result should be

FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: \_\_\_ B. WNG\_ IL6006266 11/29/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 117 SOUTH I STREET MONMOUTH NURSING HOME MONMOLITH II 64462

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 5	S9999		
	confirmed by either a negative NAAT (molecular)			
	or second negative antigen test taken 48 hours			
	after the first negative test. HCP 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,			1
	gown, gloves, and eye protection (i.e., goggles or			
	a face shield that covers the front and sides of			
	the face). Responding to a newly identified			
	SARS-CoV-2-infected HCP or resident: When			
	performing an outbreak response to a known			
	case, facilities should always defer to the			
	recommendations of the jurisdiction's public			
	health authority. A single new case of			
	SARS-CoV-2 infection in any HCP or resident			
	should be evaluated to determine if others in the			
	facility could have been exposed. The approach			
	to an outbreak investigation could involve either			
	contact tracing or a broad-based approach;			
	however, a broad-based (e.g., unit, floor, or other			
	specific area(s) of the facility) approach is			
	preferred if all potential contacts cannot be			
	identified or managed with contact tracing or if			
	contact tracing fails to halt transmission. Perform			
i	testing for all residents and HCP identified as			
	close contacts or on the affected unit(s) if using a			
	broad-based approach, regardless of vaccination			
	status. Testing is recommended immediately (but			
	not earlier than 24 hours after the exposure) and,			
	if negative, again 48 hours after the first negative			
	test and, if negative, again 48 hours after the second negative test. This will typically be at day			
	1 (where day of exposure is day 0), day 3, and			
	day 5. If additional cases are identified, strong			
	consideration should be given to shifting to the			
	broad-based approach if not already being			
	performed and implementing quarantine for			
	residents in affected areas of the facility. As part			
	of the broad-based approach, testing should			
	nent of Public Health			_!

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6006266	B. WING		11/2	9/2023
NAME OF PROV	/IDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE		
MONMOUTH NURSING HOME			HISTREET TH, IL 61462			
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State of the state	-7 days until there and antigen testing is used and antigent. "Resident is neumonia."  34's Nurses' notes, concument, "Lungs clear on the congested and has so a comment at a comment. "Resident of the comment at a comment. "Resident of the comment at a comment at a comment at a comment at a comment. "Resident of the comment at a comment. "Resident is a comment.	ennit(s) or facility-wide every enonew cases for 14 days. ed, more frequent testing be considered."  dated 9/21/23 at 12:36 a.m., states that he thinks he has dated 9/21/23 at 12:46 a.m., ar states he feels ame discomfort in chest." ic record has no being tested for potentially RSV, COVID-19, Influenza) placed in transmission dated 9/22/23 at 9:22 a.m., complains of cough and ctor notified and orders tussin as directed PRN (as int electronic record has no being tested for potentially RSV, COVID-19, Influenza) asmission based dated 9/26/23 at 8:11 a.m., had a large emesis this dated 9/26/23 at 12:30 p.m., had no further emesis this and it was negative." ic record has no being tested for potentially RSV, Influenza) other than aced in transmission based	S9999			

Illinois Department of Public Health

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
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	COVID-19 testing unt	il 10/24/23.				
		dated 10/4/23 at 10:26 a.m.,				
1	· · · · · · · · · · · · · · · · · · ·	voicing concerns related to esident states that Mucinex				
		ot providing enough relief.				
		nd assessed resident and			i	
	gave orders for Keflex					
		ay for seven days." As				
		optoms continued, R28's ord has no documentation of				
	R28 being tested for					
	illnesses (RSV, COVI					
		ced in transmission based				
	precautions.					
	R38's Nurses' notes,	dated 10/5/23 at 2:18 p.m.,				
	•	e has noted increased				
		ing yellow sputum. Resident				
		n the nasal area." R38's ord has no documentation of				
	R38 being tested for					
		D-19, Influenza) or being				
	placed in transmission	n based precautions.				
	R34's Nurses' notes	dated 10/10/23 at 3:49 p.m.,				
		noted to have a cough this				
	_	onal and non-productive."				
		symptoms continue, R34's				
		ord has no documentation of				
	R34 being tested for particular illnesses (RSV, COVI					
	•	ced in transmission based				
	precautions.					
	R38's Nurses' notes	dated 10/11/23 at 1:55 p.m.,				
		ntibiotic for URI. Resident				
	has a productive coug	gh with yellow phlegm. Lung				
		d." As R38's respiratory				
	symptoms continue, f	R38's current electronic				

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	(X3) DATE SURVEY	
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	THE TOTAL PROPERTY.	MONMOUT	TH, IL 61462				
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33333	record has no documentation of R34 being tested for potentially contagious illnesses (RSV, COVID-19, Influenza) or being placed in transmission based precautions.		3333				
	document, "Resident productive cough with sounds crackles in bil notified. New orders for mg (milligrams) by more guaifenesin 400 mg be days." R7's current electronic illnesses (until 10/24/23 or being based precautions.  R26's Nurses' notes, or document, "New orde tablet by mouth twice cough/congestion per electronic record has being tested for poten (RSV, COVID-19, Influ	ated 10/16/23 at 1:20 p.m., noted to have increased purulent sputum. Lung ateral lower lobes. Doctor or Levaquin (antibiotic) 500 buth daily for 10 days and y mouth twice a day for 10 ectronic record has no being tested for potentially RSV, COVID-19, Influenza) g placed in transmission  dated 10/19/23 at 8:24 a.m., r for Mucinex 400 mg one a day for seven days for doctor." R26's current no documentation of R26 tially contagious illnesses uenza) until 10/24/23 or nission based precautions.					
	a.m., document, "Fax resident having an occongestion, waiting for respiratory symptoms electronic record has a being tested for poten (RSV, COVID-19, Influbeing placed in transmers).	dated 10/19/23 at 10:33 sent to doctor in regards to casional cough and some r reply." As R34's continued, R34's current no documentation of R34 tially contagious illnesses uenza) until 10/24/23 or nission based precautions.  ninistration note, dated and 1:13 p.m., document					

Illinois Department of Public Health

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONST AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONST A. BUILDING:		ONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		IL6006266	B. WING		11/29/2023	
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	record has no docume for potentially contagic COVID-19, Influenza) transmission based put R16's Nurses' notes, of a.m., document, "Res non-productive cough Doctor notified and gamg by mouth every siz 400 mg every twelve levery eight hours PRI record has no docume for potentially contagic COVID-19, Influenza) placed in transmission On 11/21/2023 at 1:35 required facility COVII documents on 10/22/2 (Housekeeping Super COVID-19 and at 12:1 for COVID-19 and at 12:1 for COVID-19. This sa V15 (Dietary Aide) tes on 11/1/23. At that tim Nurses/Infection Previous 48 hours in contact tracing was defacility residents or stadirectly exposed to V1 previous 48 hours in contact tracing was defacility residents or stadirectly exposed to V1 previous 48 hours in contact tracing was defacility residents or stadirectly exposed to V1 previous 48 hours in contact tracing was defacility residents or stadirectly exposed to V1 previous 48 hours in contact tracing was defacility residents or stadirectly exposed to V1 previous 48 hours in contact tracing was defacility residents or stadirectly exposed to V1 previous 48 hours in contact tracing was defacility residents or stadirectly exposed to V1 previous 48 hours in contact tracing was defacility residents or stadirectly exposed to V1 previous 48 hours in contact tracing was defacility residents or stadirectly exposed to V1 previous 48 hours in contact tracing was defacility residents or stadirectly exposed to V1 previous 48 hours in contact tracing was defacility residents or stadirectly exposed to V1 previous 48 hours in contact tracing was defacility residents or stadirectly exposed to V1 previous 48 hours in contact tracing was defacility residents or stadirectly exposed to V1 previous 48 hours in contact tracing was defacility residents or stadirectly exposed to V1 previous 48 hours in contact tracing was defacility exposed to V1 previous 48 hours in contact tracing was defacility exposed to V1 previous 48 hours in contact tracing was defacility exposed to V1 previous 48 hours in c	R21's current electronic entation of R21 being tested ous illnesses (RSV, or being placed in recautions.  dated 10/22/23 at 10:51 ident noted to have a and nasal congestion. Inverse orders for Tylenol 650 or hours PRN, guaifenesin mours PRN, and Geri-tussin N. R16's current electronic entation of R16 being tested ous illnesses (RSV, until 10/24/23 or being in based precautions.  6 P.M., a review of the D-19 positive report 23 at 12:09 P.M., V14 visor) tested positive for 10 P.M., R3 tested positive for that would have been 4, V15, or R3 in the order to begin the day 1, day 90 testing.  10 P.M., V2 stated, "I have VID-19 testing) when ms, that's it. I don't keep a sts, only the positive ones. I lew guidance." V2 verified by policies specific to	S9999			

Illinois Department of Public Health

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA  IDENTIFICATION NUMBER:		(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED		
		IL6006266	B. WING		11/2	9/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	ZIP CODE	<u> </u>	
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S9999	Continued From page	10	S9999	***		
	10/20-10/22/23, docu would have had direct (Registered Nurse-Rin Assistant-CNA), V6 (CHydration Aide), V18 (LPN-Licensed Practic (CNA), V21 (CNA), V2 (CNA), V25 (LPN), V2 R26's Nurses' notes, and new order receives mouth three times a discurrent electronic record R26 being tested for pillnesses (RSV, COVI	, ,			12	
	document, "Resident symptoms of commor As R14's respiratory sourcent electronic recording the second	dated 10/24/23 at 9:15 a.m., presents with signs and a cold COVID test negative." symptoms continue, R14's ord has no documentation of other potentially contagious nza) or being placed in recautions; nor was there 19 testing.  dated 10/24/23 at 9:16 a.m., presents with signs and a cold COVID test negative." symptoms continue, R10's ord has no documentation of other potentially contagious nza) or being placed in recautions; nor was there				

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		IL6006266	B. WING		11/2	9/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
MONMOU	TH NURSING HOME		H I STREET TH, IL 61462			
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	document, "Resident signs/symptoms of conegatives." As R10's continue, R10's curred documentation of R10 potentially contagious or being placed in train precautions; nor was COVID-19 testing.  R34's Nurses' notes, document, "Resident signs/symptoms of conegative. "As R34's recontinue, R34's curred documentation of R34	mmon cold and is COVID respiratory symptoms of electronic record has no being tested for other illnesses (RSV, Influenza) osmission based there any follow-up dated 10/24/23 at 9:56 a.m., presents with mmon cold and is COVID espiratory symptoms of electronic record has no being tested for other illnesses (RSV, Influenza) osmission based		Ī.		
	document, "Resident signs/symptoms of co negative." As R7's rescontinue, R7's current documentation of R7 potentially contagious or being placed in transprecautions; nor was COVID-19 testing.  R28's Nurses' notes, document, "Resident signs/symptoms of conegative." As R28's recontinue, R28's current signs/s current si	mmon cold and is COVID spiratory symptoms is electronic record has no being tested for other illnesses (RSV, Influenza) assission based there any follow-up dated 10/24/23 at 9:57 a.m., presents with mmon cold and is COVID				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	6	IL6006266	B. WING		11/2	29/2023
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	or being placed in trar precautions; nor was COVID-19 testing.	there any follow-up				
	R16's Nurses' notes, dated 10/24/23 at 9:58 p.m., document, "Resident presents with signs and symptoms of common cold and is COVID-negative." As R16's respiratory symptoms					
	documentation of R16 potentially contagious or being placed in tran					į
	precautions; nor was to COVID-19 testing.	there any follow-up				
	document, "Resident's due to signs and symp respiratory symptoms electronic record has having follow-up testir	dated 10/25/23 at 1:54 p.m., s lung sounds assessed otoms of a cold." As R14's continue, R14's current no documentation of R14 ng for potentially contagious D-19, Influenza) or being n based precautions.				
	documents, "Resident related to signs and sy R34's respiratory sym current electronic reco R34 having follow-up	RSV, COVID-19, Influenza)				
	document, "Resident in Resident stated he was just did not want to." A	dated 11/1/23 at 2:21 p.m., refused shower times two. as too tired and cold and as R14's respiratory R14's current electronic				

Illinois Department of Public Health STATE FORM

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	record has no documentation of R14 being tested for potentially contagious illnesses (COVID-19, RSV, Influenza) or being placed in transmission based precautions.				
	R5's Nurses' notes, dated 11/15/23 at 7:50 p.m., documents, "Resident lying in bed with 2-3 blankets on her up to her chin also wearing flannel pajamas. Warm to touch. Temperature 101.5 face flushed. Blankets removed and given Tylenol." R5's current electronic record has no documentation of R5 being tested for potentially contagious illnesses (RSV, COVID-19, Influenza) or being placed in transmission based precautions.  R5's Nurses' notes, dated 11/16/23 at 10:52 a.m., document, "Temperature 101. Appears Lethargic." As R5's respiratory symptoms continue, R5's current electronic record has no documentation of R5 being tested for potentially contagious illnesses (RSV, COVID-19, Influenza) or being placed in transmission based precautions.				
				8	
	11/16/23 at 1:06 p.m. document that R26 w mg by mouth as need headache. As R26's i continued, R26's curr documentation of R26	ent electronic record has no 6 being tested for potentially (COVID-19, RSV, Influenza)			
	document, "Resident	enol other medications held."			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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S9999	documentation of R8 contagious illnesses (or being placed in traiprecautions.  R8's Nurses' notes, d document, "Resident well. Stomach upset. degrees."  R8's Nurses' notes, d document, "Doctor se No new orders." As R continue, R8's current documentation of R8 contagious illnesses (or being placed in traiprecautions.  R18's Nurses' notes, d document, "Refused s attempts. Stated he d both meals." R18's cuno documentation of I potentially contagious Influenza) or being plaprecautions.  R1's Nurses' notes, d document, "Resident e it up." R1's current ele documentation of R1 contagious illnesses (or being placed in traiprecautions.  R18's Nurses' notes of R1 contagious illnesses (or being placed in traiprecautions.	being tested for potentially RSV, COVID-19, Influenza) insmission based ated 11/17/23 at 7:00 a.m., complains of not feeling Temperature 100.9  ated 11/17/23 at 8:15 a.m., ten resident. States it's viral. 8's respiratory symptoms to electronic record has no being tested for potentially RSV, COVID-19, Influenza) insmission based dated 11/17/23 at 1:51 p.m., shower times three idn't feel well. Came out for irrent electronic record has R18 being tested for sillnesses (RSV, COVID-19, aced in transmission based ated 11/18/23 at 10:24 a.m., has mucous in the base of incouraged to try and cough ectronic record has no being tested for potentially RSV, COVID-19, Influenza)	S9999			
		esn't feel well." As R18				

PRINTED: 01/04/2024 **FORM APPROVED** 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. WNG IL6006266 11/29/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 117 SOUTH I STREET MONMOUTH NURSING HOME MONMOUTH, IL 61462 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY S9999 Continued From page 15 S9999 continues to feel ill, R18's current electronic record has no documentation of R18 being tested for potentially contagious illnesses (RSV. COVID-19, Influenza) or being placed in transmission based precautions. R1's Nurses' notes, dated 11/19/23 at 11:30 a.m., document, "Resident sleeping most of this morning. Lung sounds congested." As R1's respiratory symptoms continued, R1's current electronic record has no documentation of R1 being tested for potentially contagious illnesses (RSV, COVID-19, Influenza) or being placed in transmission based precautions. R36's Nurses' notes, dated 11/19/23 at 2:09 p.m., document, "Resident has no voice. Resident states other than being "generally blah." R36's current electronic record has no documentation of R36 being tested for potentially contagious illnesses (RSV, COVID-19, Influenza) or being placed in transmission based precautions. R26's Nurses' note, dated 11/20/23 at 7:46 a.m. document, "Doctor here to see resident. New order for Cephalexin (antibiotic) 500 mg by mouth three times a day for URI (upper respiratory infection.)" As R26's respiratory symptoms continue, R26's current electronic record has no documentation of R26 being tested for potentially contagious illnesses (COVID-19, RSV, Influenza) or being placed in transmission based precautions. R1's Nurses' notes, dated 11/20/23 at 8:05 a.m.,

Illinois Department of Public Health

document, "COVID tested as resident not feeling well with negative results. Doctor saw this am with new orders to start antibiotic for Bronchitis." As R1's respiratory symptoms continued, R1's current electronic record has no documentation of

PRINTED: 01/04/2024 FORM APPROVED 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 1L6006266 11/29/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 117 SOUTH | STREET MONMOUTH NURSING HOME MONMOUTH, IL 61462 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 16 R1 being tested for other potentially contagious illnesses (RSV, Influenza) or being placed in transmission based precautions; nor was there any follow-up COVID-19 testing. R5's Nurses' notes, dated 11/20/23 at 8:09 a.m.. document, "Resident COVID tested due to reports of resident not feeling well and results are Negative." As R5's respiratory symptoms continued, R5's current electronic record has no documentation of R5 being tested for other potentially contagious illnesses (R\$V, Influenza) or being placed in transmission based precautions; nor was there any follow-up COVID-19 testing. R25's Nurses' notes, dated 11/20/23 at 8:15 a.m., document, "Resident not feeling well COVID test negative." R25's current electronic record has no documentation of R25 being tested for other potentially contagious illnesses (RSV, Influenza) or being placed in transmission based precautions; nor was there any follow-up COVID-19 testing. R28's Nurses' notes, dated 11/20/23 at 8:24 a.m., document, "Doctor seen resident who is complaining of a cough. New order for Robitussin 10 ml (milliliters) by mouth twice a day for five days." R28's current electronic record has no documentation of R28 being tested for potentially contagious illnesses (COVID-19, RSV, Influenza)

Illinois Department of Public Health

based precautions.

until 11/22/23 or being placed in transmission

R36's Nurses' notes, dated 11/20/23 at 11:43 a.m., document, "Resident complains of sore throat and afebrile raspy voice COVID tested for symptoms and due to roommate not feeling well with negative results." As R36's continued to feel

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE S		
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\$9999	ill, R36's current elect documentation of R36 potentially contagious or being placed in trar precautions; nor was COVID-19 testing.  R1's Nurses' notes, dadocument, "Continues (Upper Respiratory Incough. Has difficulty of R1's respiratory sympourrent electronic record to being placed in traprecautions.  On 11/21/2023 at 11:3 was heard across the Room coming from R8 Preventionist) verified stated that R9 was no spiked a temperature persistent cough. V2 obased precautions we R9 tested for COVID-symptoms of an upper On 11/21/23 at 12:50 pisolation precaution sig (CNA) applied a surgic gown, and gloves. V6 meal tray. At 12:58 p.r stated, "(R9's) hospice need to wear isolation COVID, but I'm not tot into the room, I was we face shield, a gown, at COVID for over two yes	ronic record has no being tested for other illnesses (RSV, Influenza) hismission based there any follow-up ated 11/21/23 at 10:33 a.m., and antibiotic for URI fection). Has productive coughing it up and out." As toms continued, R1's productive for the sound of the	S9999			

PRINTED: 01/04/2024 FORM APPROVED 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 IL6006266 11/29/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 117 SOUTH I STREET MONMOUTH NURSING HOME MONMOUTH, IL 61462 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY S9999 S9999 Continued From page 18 On 11/21/2023 at 1:15 P.M., a review of the facility Staff Call-In log from March 2023 through November 2023 documents most recent COVID-19 positive staff member as V13 (Certified Nursing Assistant) on 11/18/2023. At that time, V2 stated, "(V13) came into work on 11/18/23 at 6:00 A.M. stating she didn't feel well. She was assigned the residents in rooms 24-36 (R3, R7, R10, R14, R20-R22, R27, R29). About halfway through her shift she began complaining of cough, fatigue, shortness of breath and a fever. (V5 Registered Nurse/ Assistant Director of Nursing) called me and told me what was going on. I told her to test her (COVID-19). Her test came back positive, and we sent her home. I only test people (residents or staff) if they are not feeling well." At that time, V2 confirmed that V13 was not tested prior to working with the residents. despite V13 stating she didn't feel well. V2 also stated that no contact tracing was done to determine which facility residents or staff that would have been directly exposed to V13 in the previous 48 hours in order to begin the day 1, day 3 and day 5 testing for COVID-19. During the survey on 11/20/23 and 11/21/23, V7 (Care Plan Coordinator/Infection Preventionist) was observed wearing a surgical mask while in the facility. On 11/21/23 at 2:30 p.m., V7 (Care Plan Coordinator) had a raspy voice. V7 stated, "These symptoms started a week ago with a sore throat and a headache. I tested and it was

negative. I'm still having symptoms, but it's laryngitis. I haven't tested for COVID again since the first one was negative." V7 confirmed that she has not been required to stay home while

The facility's COVID-19 testing (Residents) log, dated 11/22/23, documents that R9 tested

exhibiting these symptoms.

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positive on 11/22/23 with symptoms starting on 11/21/23.  On 11/22/23 at 08:27 AM, a tour of the facility determined only one resident (R9) was currently in transmission based precautions.  On 11/22/23 at 08:29 AM, V14 stated, "I can't remember if I tested on (October) 20th or 22nd. But it was that weekend (October 21-22, 2023). I had been to the doctor on Friday because I wasn't feeling well. I came into work late on Friday. I tested myself at home and I was off work the following week (October 23-27, 2023). I am a working supervisor. I am all over the building, helping my staff."  On 11/22/23 at 09:11 AM, V7 stated, "I submit the (COVID-19) Testing Log. The dates recorded are the dates I was informed that the COVID Test was done on that date and was positive. I don't keep any testing logs of tests done, that are not positive. Since the pandemic ended, we quit kepping any logs except for positive staff or residents."  On 11/22/2023 at 9:15 AM, the facility was unable to provide documentation of COVID-19 testing of staff or residents. V2 stated, "I don't keep a (COVID-19) testing log of negative tests. I tell (V7) when someone tests positive. I tell her the date and time the test was done, and she submits the information. I didn't know I was supposed to keep logs."  On 11/22/23 at 09:32 AM, V5 (RN/Assistant Director of Nursing) stated, "Right now I have (R1 & R26) who are symptomatic of an upper respiratory infection. COVID-19 symptoms are cought, congestion, headache, fever, nausea and	position 11/2  On 1 determine the firm of	ermined only one ransmission based ansmission based ansmission based at tweether if I tested a tweether if I tested and the doctor it was that weeker been to the doctor it feeling well. I cay. I tested myself following week (Orking supervisor. I along my staff."  11/22/23 at 09:11. I vID-19) Testing Lidates I was informed any testing logs any testing logs any testing logs itive. Since the paining any logs exceedents."  11/22/2023 at 9:15 for residents. V2 so when someone to and time the test information. I didn'to logs."	AM, a tour of the facility resident (R9) was currently precautions.  AM, V14 stated, "I can't on (October) 20th or 22nd. Ind (October 21-22, 2023). I or on Friday because I hame into work late on f at home and I was off work ctober 23-27, 2023). I am a am all over the building,  AM, V7 stated, "I submit the og. The dates recorded are need that the COVID Test of tests done, that are not not not ended, we quit ept for positive staff or  AM, the facility was unable tion of COVID-19 testing of stated, "I don't keep a g of negative tests. I tell ests positive. I tell her the was done, and she submits "t know I was supposed to  AM, V5 (RN/Assistant teated, "Right now I have (R1 tomatic of an upper COVID-19 symptoms are	S9999			

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O(4) ID O(4) ID O(4) ID O(4) ID SUMMARY STATEMENT OF DEFICIENCIES ID (RECULATORY OR LSC IDENTIFYING INFORMATION)  S9999  Continued From page 20  vomiting. If a resident has symptoms, I notify the doctor and then COVID-19 test them. If they are negative, I just treat them as having an upper respiratory infection. The residents are not put in isolation unless they are actually COVID-19 positive. We don't retest them if they continue to be sick. If a staff member is symptomatic, we immediately test them. If they are negative, I have only tested once, but it was because I tested myself. The facility has not tested me in the last two months.  On 11/22/23 at 09-46 AM, V14 stated, "That Friday (10/20/23) at work, I started having symptoms of a head codd. I had a headache and congestion. I didn't think it was COVID. Worked that day, but I didn't test. Over the weekend, my daughter told me that I should really consider testing. I didn't test until after the weekend."  R26's Nurses' notes, dated 11/22/23 at 10-43 a. m., documents, "Continues on antibiotic for URI coughing noted." As R26's respiratory symptoms continue, R26's current electronic record has no documentation of R26 being tested for potentially contagious illnesses (COVID-19, R5V, Influenza) or beingplaced in transmission based precautions.  R28's Nurses' notes, dated 11/22/23 at 11-38 a. m., document, "Resident tested for COVID at 11:20 am due to fever of 100.0 resident states that he just feels like he has cold. Results Negative." R28's current electronic record has no	NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE	•
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potentially contagious illnesses (RSV, Influenza) or being placed in transmission based precautions.	3999	vomiting. If a resident doctor and then COVI negative, I just treat the respiratory infection. It is later that the sick. If a staff meminmediately test them can continue to work, have only tested once myself. The facility hat two months."  On 11/22/23 at 09:46 Friday (10/20/23) at waymptoms of a head of congestion. I didn't that day, but I didn't test daughter told me that testing. I didn't test untesting. I didn't t	has symptoms, I notify the D-19 test them. If they are nem as having an upper The residents are not put in are actually COVID-19 est them if they continue to other is symptomatic, we it. If they are negative, they They are not retested. It is, but it was because I tested is not tested me in the last.  AM, V14 stated, "That cork, I started having cold. I had a headache and rich it was COVID. I worked est. Over the weekend, my I should really consider till after the weekend."  dated 11/22/23 at 10:43 intinues on antibiotic for URI R26's respiratory symptoms in electronic record has not being tested for potentially COVID-19, RSV, Influenza) smission based  dated 11/22/23 at 11:38 ident tested for COVID at of 100.0 resident states he has cold. Results ent electronic record has not being tested for other illnesses (RSV, Influenza)	29999		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		IL6006266	B. WING		11/29/2023
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STAT	TE, ZIP CODE	
MONMOU	TH NURSING HOME		TH   STREET  TH, IL 61462		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
\$9999	Nurse/LPN) stated, "It fever and negative, the are wearing a mask. It 11/19/23, I was hot the aching all over. I tested 11/19/23 and I was (Control of the facility's Staff Call 11/18-11/29/23, documents of the facility's COVID-19 was symptomatic stare. The facility's COVID-19 dated 11/22/23, documents (R1, R4, R1, R31, R33, R36, and RCOVID-19 on 11/24/2. The facility's COVID-19 dated 11/24/23, documents (R1, R4, R1, R31, R33, R36, and RCOVID-19 on 11/24/2. The facility's COVID-19 dated 11/24/23, documents from members (V16 (CNA), V20 (CNA), V3 (CNA)) tested positive. The facility's Daily Ass 11/22/23, documents on 11/28/23 at 2:40 p on 11/28/23 with cold cough, sore throat, an in-service that day, but really saying what synthought I had a cold. I	p.m., V9 (Licensed Practical f a staff member is sick no ey can work as long as they My symptoms started on en cold with the chills and ad after my shift was over on cOVID-19) positive."  I Ins Report, dated ments that V9 (LPN) tested on 11/20/23 and that she ting 11/19/23.  In Testing log (employees), ments that V32 r) tested positive for 3.  If (resident) Testing log, ments that on 11/24/23, 13 1, R13, R19, R24, R29, R38-R40) tested positive for 3.  In Testing log (employees), ments that on 11/24/23, six CNA), V29 (CNA), V23 R33 (Dietary Aide), and V26 R5 for COVID-19.	S9999		

	) DATE SURVEY COMPLETED
IL6006266 B. WING	11/29/2023
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  117 SOUTH I STREET  MONMOUTH, IL 61462	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999 Continued From page 22 and I still had the symptoms going on. I tested and it was positive."  V26's Employee Screening Tool, dated 11/23/23 at 5:30 p.m., documents that V26 chose yes for the question of, "Do you have symptoms of a new or worsening cough, fever, shortness of breath, or sore throat?"  The facility's Daily Assignment Sheet, dated 11/23/23, documents that V23 worked 2nd shift, and V26 worked from 6:00 p.m. to 6:00 a.m. the following morning.  On 11/28/23 at 1:54 p.m., V23 stated, "My symptoms started of having a headache and worn down a day or two before I tested positive. I didn't say anything to anyone because I didn't think it was COVID."  On 11/28/23 at 1:58 p.m., V26 stated, "On 11/28/23, I worked from 6:00 p.m. to 6:00 a.m. I was stuffy with a runny nose and a cough. I was like that the whole shift. I marked on my screening tool that I had symptoms. Those were the symptoms I had but I didn't think they were COVID. I didn't test until I got off work."  On 11/28/23 at 2:25 p.m., V2 (DON/Infection Preventionist) stated, "I was not aware that (V26) had filled out her Employee screening fool that she had symptoms. Any staff who start work after 5:00 p.m. are supposed to give their screening tool to (V1). With her saying she had symptoms she should have been tested then, not at the end of her shift."  The facility's COVID-19 Testing (staff) log, dated 11/26/23, documents that on 11/26/23, V7, V34	

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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: \_ IL6006266 B. WNG 11/29/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 117 SOUTH I STREET MONMOUTH NURSING HOME MONMOUTH, IL 61462 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S9999 Continued From page 23 S9999 positive for COVID-19. V7's Employee Screening Tool, dated 11/26/23 at 5:52 a.m., documents that V7 chose yes for the question of, "Do you have symptoms of a new or worsening cough, fever, shortness of breath, or sore throat?" On 11/27/23 at 3:05 p.m., V1(Administrator in Training) stated, "(V7) worked on 11/24/23." On 11/28/23 at 2:25 p.m., V2 stated, "(V7) was symptomatic starting the week before, but she told me she was testing at home. So, I thought she was ok to test at home. I don't think our policy says anything about doing PCR testing. Since (V7's) test was negative I figured she was ok to work." On 11/27/23 at 10:30 a.m., V30 (CNA) entered R6's room with vitals equipment wearing only a surgical mask. R6's door did not have any isolation signage posted. At 10:35 a.m., V30 exited R6's room wearing only a surgical mask. On 11/27/23 at 10:40 a.m., V1 stated, "She's (R6) symptomatic, but she's COVID-19 negative. She isn't on isolation because she's COVID-19 negative, and it's just sinusitis. She hasn't been tested for Influenza or RSV." On 11/28/23 at 12:23 p.m., V22 (RN) stated, "(R6) has COVID symptoms. So, we did triple (COVID-19, RSV, Influenza) testing yesterday. (R6) came back positive for COVID." On 11/28/23 at 3:00 p.m., R6 was lying in bed with a fatigued look. R6 stated, "I feel awful, and I've felt like this for a few weeks now. I'm so tired

Illinois Department of Public Health

and weak all the time. They told me I had an

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PRINTED: 01/04/2024 FORM APPROVED 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. WNG IL6006266 11/29/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 117 SOUTH I STREET MONMOUTH NURSING HOME MONMOUTH, IL 61462 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 24 S9999 upper respiratory infection, and now they tell me I have COVID. Whatever it is that I have, I want it gone. I'm so sick." On 11/28/23 at 4:00 p.m., V24 (Hydration Aide) was wearing gloves pushing a cart, with a cooler filled with ice on top of it, down the hallway. V24 stopped at R9's room and applied an isolation gown and N95 mask. V24 entered R9's room. Then, V24 exited R9's room, still wearing the PPE garb, carrying R9's plastic water jug. V24 proceeded to scoop ice from the cooler to fill the jug. Then, V24 returned the jug to R9's room. When finished, V24 exited R9's room still wearing the PPE garb. While in the hallway, V24 removed the gown and the N95 mask and disposed of them back in R9's. Without removing her gloves, V24 began pushing the cart down the hallway again. V1 (Administrator in Training) was present during the observation and stated, "(V24) should not have done that. She should know better she received the in-service training. She obviously needs more training on infection control." On 11/28/23 at 4:30 p.m., V24 stated that she was aware of R9's diagnosis of COVID-19. V24 stated, "I know what to do when I go into a COVID room, but I don't know what the process was when I come out of the room. I didn't know that I couldn't wear my isolation when I was filling his water jug in the hallway." V24 confirmed that at no point did she remove the pair of gloves that she was wearing.

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