

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003644 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED C 04/16/2018 |
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| NAME OF PROVIDER OR SUPPLIER NILES NSG & REHAB CTR | STREET ADDRESS, CITY, STATE, ZIP CODE 9777 GREENWOOD NILES, IL 60714 |
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| S 000 | Initial Comments | S 000 | | |
| | Complaint Investigation 1891615/ IL100981 | | | |
| S9999 | Final Observations | S9999 | | |
| | <p>Statement of Licensure Findings</p> <p>Section 300.610a) Section 300.690a) Section 300.690b) Section 300.690c) Section 300.696a) Section 300.696b) Section 300.1210d)6)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.690 Incidents and Accidents</p> <p>a) The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease process. A descriptive summary of each incident</p> | | <h2>Attachment A</h2> <h3>Statement of Licensure Violations</h3> | |

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

TITLE

(X6) DATE

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| S9999 | <p>Continued From page 1</p> <p>or accident affecting a resident shall also be recorded in the progress notes or nurse's notes of that resident.</p> <p>b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident.</p> <p>c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence.</p> <p>Section 300.696 Infection Control</p> <p>a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693).</p> | S9999 | | |

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| S9999 | <p>Continued From page 2</p> <p>Activities shall be monitored to ensure that these policies and procedures are followed.</p> <p>b) A group, i.e., an infection control committee, quality assurance committee, or other facility entity, shall periodically review the results of investigations and activities to control infections.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>d) 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:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>These Regularions were not met as evidenced by:</p> <p>Based on observation, record review and interview the facility failed to establish and maintain an infection control and prevention program designed to provide an environment for its residents which was free from potential exposure to the Legionella bacteria. The facility failed to have a water management program based on industry standard of practice.</p> <p>R8 tested positive for Legionella pneumophila and subsequently expired due to bilateral</p> | S9999 | | |
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| S9999 | <p>Continued From page 3</p> <p>pneumonia.</p> <p>Findings include:</p> <p>V2 (Director of Nursing) on 3/13/18 at 10:30 am stated that V32 (Hospital infection control staff) called the facility on 2/9/2018, informing the facility that R8 died at the hospital and had tested positive for Legionella. According to V2, R8 was sent to the hospital due to an abnormal ultrasound report. V2 stated that R8 did not have respiratory symptoms at the time of transfer. During this same interview, V2 stated that V33 County Health Department also called to inform the facility of R8's death and the positive lab result of Legionella on 2/9/2018.</p> <p>R8's physician order sheet documents that R8 had diagnoses including dementia, hypothyroidism, hypertension, atrial fibrillation, gastroenteritis and colitis. Hospital admission record indicates R8 was admitted to the acute care hospital on 1/31/2018.</p> <p>R8's case questionnaire completed by V2 (Director of Nursing) and submitted to the local Health Department documents that R8 took showers in the facility on the 5th floor where R8 resided. Average length of shower was listed as 30-40 minutes.</p> <p>R8's hospital lab report with date of 2/6/2018 for urine collection documents "presumptive positive for the presence of L. pneumophila serogroup 1 antigen in urine, suggesting current or past infection."</p> <p>Revised (lab) Report dated 2/8/18 documents results of 1.87 (high) for Legionella Antibody. This document indicates value > 1.09 is positive.</p> | S9999 | | | |

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| S9999 | <p>Continued From page 4</p> <p>R8's death certificate documents: Immediate cause of death (final disease or cause resulting in death) as Bilateral Pneumonia.</p> <p>On 3/13/18 at 12:12 pm and on 3/22/18 at 11:22 am, a general tour of the facility was conducted with V1 (Administrator) and V34 (Former Maintenance Director). The facility is a five story building with floors two through five dedicated to resident rooms. Each floor has a common shower for males and a common shower for females; each shower room has two shower stalls.</p> <p>Each floor also has two common bathrooms with a sink and toilet.</p> <p>Each resident room has its own bathroom with a sink and toilet.</p> <p>R8's room (where R8 resided at time of transfer to acute care hospital) was a three-bed ward with bathroom and sink which was shared by the three residents occupying this room (R8, R9, and R10). On the date of the tour, this room was closed and not occupied by residents. Clinical records for R9 and R10 document that R9 and R10 resided in this room until they were transferred out on 3/6/2018 when the bathroom sink faucet tested positive for Legionella.</p> <p>During interview on 3/21/2018 at 1:24 pm , V1 stated that medical filters were installed in the 5th floor shower stalls and in the faucet on R8's sink on 2/13/18, (five days after facility received notification that R8 tested positive for Legionella.)</p> <p>Floor plans and observation verify that R8's room on the fifth floor is adjacent to the male shower</p> | S9999 | | |
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| S9999 | <p>Continued From page 5</p> <p>room. The male shower is adjacent to the soiled utility room and across the hallway from the pantry. Each of the four residential floors has a similar floor plan.</p> <p>During these tours, drinking stations located in the main dining room were labeled "out of order."</p> <p>There was a medical filter (labeled with a date of 3/7/18) on the faucet in R8's bathroom and medical filters (labeled with a date of 3/7/18) on all four shower heads in 5th floor shower rooms. There were no medical filters installed in shower heads on other shower rooms, tubs or on other faucets. V34 (Former Maintenance Director) stated during the tour on 3/22/18 at 12:00 pm, that the filter for the faucet in R8's room and the filters on the shower heads in the 5th floor shower rooms were initially installed on 2/13/18 but they were changed on 3/7/18 due to the presence of sediments. V34 also confirmed that there were no medical filters installed on the other common shower rooms or on any other faucets in the facility at time of either tour. V34 stated they were ordered on 3/21/18 and should arrive on 3/22/18.</p> <p>On 3/21/18 at 10:42 am, V2 (Director of Nursing) stated that on 2/9/2018 the local Health Department instructed the facility to obtain a three month retroactive surveillance of residents with pneumonia, including those cases that did not recover from antibiotic treatment and those who were transferred to the hospital; monitor residents for respiratory symptoms and provide updates to the local Health Department every week with new cases of upper respiratory infections. According to V2 specific instructions were given on 2/9/2018 by the local Health Department regarding Legionella antigen, monitoring of residents and</p> | S9999 | | |
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| S9999 | <p>Continued From page 6</p> <p>staff with respiratory symptoms.</p> <p>The local Health Department instructions also included inservicing staff and residents regarding Legionella to heighten awareness related to any respiratory illness.</p> <p>V2 indicated that inservices were provided to staff related to Legionnaire's infection based on CDC (Centers for Disease Control and Prevention) guidelines.</p> <p>V2 confirmed during this interview that R8's roommates, R9 and R10, remained in the same room with no restrictions related to use of sink in bathroom from 2/9/2018 to 3/6/2018. V2 (Director of Nursing) stated that R9 has dementia and is ambulatory and R10 needs extensive to total assistance with Activities of Daily Living.</p> <p>On 3/21/18 at 1:24 pm, V1 (Administrator) stated that V3 (Medical Director) was notified on 2/9/2018 and provided instructions to monitor residents for respiratory symptoms and to follow instructions provided by the County Health Department. According to V1, the Medical Director "informed us that nothing had to be done at this time because it was not confirmed that Legionella was from here."</p> <p>V1 indicated during this interview that a meeting was conducted on 2/12/2018 with an outside consulting company for water security solutions and facility management team to discuss the CMS (Centers for Medicare and Medicaid) mandate and compliance and to determine the need for testing and use of medical filters for showers and faucets. V1 confirmed that medical filters were not installed in the 5th floor shower</p> | S9999 | | |

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| S9999 | <p>Continued From page 7</p> <p>stalls and in faucet on R8's sink until 2/13/2018 (five days after the positive legionella report).</p> <p>On 2/15/18 at 2:26 pm the County Health Department via electronic mail stated: "We were notified by the Illinois Department of Public Health (IDPH) to forward the following IDPH generated message ... It is recommended that your facility update its water quality management plan(s) required under the CMS directive (see attached) and immediately take the actions described below. The email continues with descriptive information related to the "CMS memorandum" and states: "We assume you are in the process of implementing your contingency response procedures as outlined in your water quality management plan, encourage you to learn about these resources and begin using them to develop water management plans in your facility as appropriate to prevent further cases of Legionellosis ...". Later in this same document, the County Health Department recommended the following interim actions:</p> <p>Immediately begin flushing the water regularly in vacant rooms to eliminate stagnation, which may promote Legionella. Good practice would involve flushing hot and cold water supply lines for two minutes. Use a fine stream to minimize aerosol production.</p> <p>Hire an Illinois-registered plumbing contractor to survey the entire water storage and distribution system to determine extent of dead ends. Dead ends result in stagnant water, which can promote the growth of Legionella bacteria.</p> <p>Characterize the water quality by documenting the water temperature range and determining the</p> | S9999 | | |
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| S9999 | <p>Continued From page 8</p> <p>concentration of the residual disinfectant, e.g. chlorine, assessing the potential for aerosol generation, and identifying the likelihood for occupant exposure to aerosols.</p> <p>Discontinue using faucets in the rooms of the case(s) until sampling results are available since these may potential sources of Legionella exposure.</p> <p>Please ensure the use of sterile water for respiratory therapy equipment.</p> <p>Regularly disinfect respiratory therapy equipment.</p> <p>The email ends with a note stating: "The (local health department) does not consult on, review, or regulate for compliance the water quality management plans or the CMS directive."</p> <p>V1 stated on 3/27/18 at 3:30 pm (when asked about the Survey and Certification Letter 17-30 and what was in place prior to the positive Legionella test result), V1 stated he had received an email containing this Letter on June 15, 2017 from Illinois Health Care Association and on 2/15/2018 from the County Health Department.</p> <p>V1 stated "We were under the impression that the water treatment service we had for the HVAC (Heating, Ventilation and Air Conditioning)" since 3/2016 addressed the provisions for the S&C memo. V1 stated that there was water treatment plan for the HVAC system, including testing HVAC system for sediments, infiltrates, PH levels and bacteria, but there was no water management plan for the domestic water system (water used for drinking and showers) until 2/15/18.</p> | S9999 | | |
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| S9999 | Continued From page 9 The water treatment plan contract documents dated March 28, 2016 provided by V1 (Administrator) state that the service plan includes on-site visits to the facility and planned evaluation of the chemical treatment systems. This contract did not address or include a water management plan to address the prevention of Legionella. On 3/13/18 at 11:00 am, V1 presented a document "Hazard and Vulnerability Assessment tool." V1 stated that this is the facility's facility risk assessment, which was developed on 6/14/17. V1 stated that this tool was developed by the management team and in collaboration with a (health consulting agency). V1 stated that the Legionnaire's infection would be identified under the heading "Mass Casualty Incident (medical/infectious)", which documented, Probability = 0 (zero) and Risk = 0 (zero). There was no other documentation for risk assessment related to Legionella on this document. There was no other documentation provided by the facility at the time of the survey which documented any water management plan or resident risk assessment. During this same interview, V1 (Administrator) confirmed that it was not until February 19, 2018 (ten days after initial notification of positive Legionella) that samples were drawn from ten sites per direction by the outside consulting company for water security solutions. The ten sites tested were R8's room (bathroom sink), Shower A and Shower B on fifth floor, fifth floor tub, third floor pantry sink, a third floor resident room sink, a second floor resident room sink, second floor utility room, ice cream parlor | S9999 | | |

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| S9999 | <p>Continued From page 10</p> <p>sink, and conference room bathroom sink on ground floor.</p> <p>The Quantitative Legionella Report dated 3/5/2018 for sampling date of 2/19/2018 notes that of the ten sites tested, three results were positive for Legionella pneumophila. These three sites were the bathroom sink in R8's room, third floor pantry sink, and the second floor soiled utility room sink. No explanation was provided regarding the sample selection of ten sites which does not coincide with the outside consulting company's information provided on 2/12/2018 under Sample Collection. This document notes that the consulting firm "recommends 10 samples for every 100 beds." CMS-672 provided at time of the survey indicates that the facility has a current census of 281 residents.</p> <p>March 19, 2018 V1 stated a meeting was held on 3/6/2018 with the administrative team to determine immediate remediation action. Approvals were generated to install a copper/silver ionization system with target installation date of 3/8/2018. Installation was completed according to V1 on 3/9/2018, however the Illinois Environmental Protection Agency advised that the facility to turn off the system and recommended a boil order for water until testing was completed for the presence of Coliform. At the time of the survey, the system remained off.</p> <p>On 3/13/18 at 11:00 am, V1 (Administrator) presented a document titled "Hazard and Vulnerability Assessment Tool." V1 stated that this is our facility risk assessment, which was developed on 6/14/17. V1 stated that this tool was developed by the management team and in collaboration with a health consulting agency. V1 stated that the Legionnaire's infection would be</p> | S9999 | | |
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| S9999 | <p>Continued From page 11</p> <p>identified under the heading "Mass Casualty Incident (medical/infectious)", which documented, Probability = 0 (zero) and Risk = 0 (zero). This was a single line on the document with no other documentation for risk assessment related to Legionella. There was no other documentation provided by the facility.</p> <p>On 3/13/18 at 11:15 am, V2 (Director of Nursing) stated that "There is no specific policy for Legionella but it is included in the water-borne pathogen policy." The policy provided by V2 was undated and titled Water Borne Pathogens. V2 stated this policy is not included in the infection control manual and that according to V1 (Administrator), this policy was initiated at the time when the water treatment contract was initiated in 2016.</p> <p>The Water Borne Pathogens policy includes under Section B: Assess the environmental risk from potential amplification factors. At the time of survey, facility administrative staff did not provide any documentation that this assessment outlined in the policy had been done prior to February 8, 2018 when R8 tested positive for Legionella.</p> <p>On 4/3/18 at 3:00 pm, V1 (Administrator) was asked to explain actions taken related to policy on Water Borne Pathogens as it relates to environmental risks. V1 stated that the facility's domestic hot water systems are being maintained by a contracted company and that this is inspected annually by Illinois State Fire Marshal (yet provided no details related to Legionella prevention). V1 indicated that "shower rooms are being constantly used", and cooling and humidifying systems which produce aerosols have been identified and were part of risk assessment done in 2015. However, despite</p> | S9999 | | |
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003644 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 04/16/2018 |
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| NAME OF PROVIDER OR SUPPLIER NILES NSG & REHAB CTR | | STREET ADDRESS, CITY, STATE, ZIP CODE 9777 GREENWOOD NILES, IL 60714 | | |
| (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 | <p>Continued From page 12</p> <p>multiple interviews, V1 did not provide a water management plan nor did he provide any facility risk assessment specific to Legionella prevention.</p> <p>V1 stated on 3/27/18 at 3:30 pm (when asked about the Survey and Certification Letter 17-30), that he had received an email containing this Letter on June 15, 2017 from Illinois Health Care Association and on 2/15/2018 from the County Health Department.</p> <p>V1 stated "We were under the impression that the water treatment service we had for the HVAC (Heating, Ventilation and Air Conditioning)" since 3/2016 addressed the provisions for the S&C memo. V1 stated that there was water treatment plan for the HVAC system, including testing HVAC system for sediments, infiltrates, PH levels and bacteria, but there was no water management plan for the domestic water system (water used for drinking and showers) until 2/15/18.</p> <p>The water treatment plan contract documents dated March 28, 2016 provided by V1 (Administrator) state that the service plan includes on-site visits to the facility and planned evaluation of the chemical treatment systems. This contract did not address or include a water management plan to address the prevention of Legionella.</p> <p>On 3/22/18 at 12:51 pm V21 (Infection Preventionist) stated that the purpose of infection control program is for prevention of spread of infection and for proper management and treatment whenever there is an infection.</p> <p>The facility's infection policy version 05/01/17 documents:</p> | S9999 | | |

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| S9999 | <p>Continued From page 13</p> <p>Purpose: To develop and maintain a comprehensive Infection Prevention Program Policy: A comprehensive infection Prevention Program is required in order to prevent infections, prevent transmission of infections, and appropriately manage infections within the facility. It is the policy of this facility to follow infection prevention practices as outlined in this manual. The facility's Infection Prevention Plan version 05/01/17 documents: Purpose: To develop and maintain a written plan for infection prevention including an assessment of risk, services provided, and the population served and strategies to decrease risk and a surveillance plan. Policy: It is the policy of this facility to implement and follow the written infection prevention plan. Infection/Condition -Legionella: Precautions type-standard precaution, comments: Not transmitted from person to person. There were no other entries documented on Infection control Manual related to Legionnaires' disease.</p> <p>V21 was asked about who the facility considers at risk for Legionella infection and what care and treatment were provided for them. V21 stated that residents at risk for Legionnaire's infections would be those with Chronic Obstructive Pulmonary Disease, Diabetes Mellitus, chronic kidney failure and those with liver failure. V21 stated that "there is no specific system in place for care of those at risk but just monitoring for respiratory symptoms and documenting identified infections in the logs." V21 added that there has been no history of other water borne pathogens within a year (for example listeria, salmonella, staphylococcus, pseudomonas, e. coli). V21 stated that for those with identified infections, treatment for care would include appropriate isolation and treatment with</p> | S9999 | | |
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| S9999 | <p>Continued From page 14</p> <p>antibiotics.</p> <p>Resident information related to those at risk for Legionnaires' infection Per CMS 672 on 4/4/18:</p> <ul style="list-style-type: none"> " 281 residents in facility " 8 residents with pressure sores " 6 residents on hospice " 1 resident receiving radiation therapy " 4 receiving dialysis (outside facility) " 5 residents with respiratory treatments " 2 residents with ostomy care " 6 receiving antibiotics " 16 receiving tube feedings <p>On 4/3/18 at 4:00 pm, V1 (Administrator) confirmed statements made regarding facility risk assessment and S&C 17-30 Letter and added the following information:</p> <p>On 3/22/18: V32 installed medical shower heads in all shower stalls throughout the building.</p> <p>On 3/26/18: Re-test Quantitative Legionella Report:</p> <p>R8's room sink cold: ND (Not detected) R8's room sink hot: ND Third floor pantry cold: ND Third floor pantry hot: ND Second floor soiled utility cold: 0.1 cfu/unit Second floor soiled utility hot: 1.5 cfu/unit</p> <p>V1 stated that at this time the Copper/Silver Ionizing system is still shut down due to permits. V1 added that there is a decrease in the areas that tested positive, only soiled utility room sink tested positive and that all soiled utility rooms are not being used at this time.</p> <p>Interviews were conducted with staff regarding preventive measures and restrictions related to</p> | S9999 | | |

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| S9999 | <p>Continued From page 15</p> <p>Legionnaires' Infection. V22 (Assistant Administrator), V39, V49 and V51 (Registered Nurse), V40, V44, V45, V46 and V49 (Certified Nursing Assistant), V12, V42, V43 and V47 (Licensed Practical Nurse) were interviewed on 4/3/18, between 11:00 am - 1:06 pm. Staff stated that residents have been provided with bottled water for drinking and for tooth brushing since the beginning of March 2018. Staff stated that there were no restrictions on use of showers at any time and that they have been providing residents with showers according to their shower schedules.</p> <p>Shower sheets for residents on 3rd and 5th floors were reviewed. V2 (Director of Nursing) and V21 (Infection Preventionist) stated that showers are done twice a week per shower schedule. Shower sheets documented that showers were provided to residents or residents took showers:</p> <p>2/9/18 - R11, R16 thru R35, R76, R78, R104 thru 108 2/10/18 - R1, R6, R9, R10, R36 thru R64 2/11/18 - R65 thru R75 2/12/18 - R7, R76 thru R103</p> | S9999 | | |
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