Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009302	A. BUILDING: _____ B. WING _____	10/20/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSET HOME	418 WASHINGTON STREET QUINCY, IL 62301

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S 000	Initial Comments A Focused Infection Control Survey/COVID-19 Focused Survey was conducted by Illinois Department of Public Health on October 20, 2020.	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.670 k) 300.696 a)c)7) 300.1020 a)b)c) Section 300.610 Resident Care Policies 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. Section 300.670 Disaster Preparedness k) Coordination with Local Authorities Section 300.696 Infection Control a) Policies and procedures for investigating, controlling, and preventing infections in the facility	S9999	**Attachment A** **Statement of Licensure Violations**	

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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). Activities shall be monitored to ensure that these policies and procedures are followed.

c) Each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services (see Section 300.340):

7) Guidelines for Infection Control in Health Care Personnel

Section 300.1020 Communicable Disease Policies

a) The facility shall comply with the Control of Communicable Diseases Code (77 Ill. Adm. Code 690).

b) A resident who is suspected of or diagnosed as having any communicable, contagious or infectious disease, as defined in the Control of Communicable Diseases Code, shall be placed in isolation, if required, in accordance with the Control of Communicable Diseases Code. If the facility believes that it cannot provide the necessary infection control measures, it must initiate an involuntary transfer and discharge pursuant to Article III, Part 4 of the Act and Section 300.620 of this Part. In determining whether a transfer or discharge is necessary, the burden of proof rests on the facility.

c) All illnesses required to be reported under the Control of Communicable Diseases Code and Control of Sexually Transmissible Diseases Code

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S9999	Continued From page 2 (77 Ill. Adm. Code 693) shall be reported immediately to the local health department and to the Department. The facility shall furnish all pertinent information relating to such occurrences. In addition, the facility shall inform the Department of all incidents of scabies and other skin infestations. These requirements were not met as evidenced by: Based on observation, interview and record review, the facility staff failed to report known symptoms of COVID-19 and continued to care for residents. The facility also failed to follow the Centers for Disease Control and Protection guidance and the Facility's COVID-19 policy to identify and prepare a designated space with dedicated staff to care for and monitor residents with confirmed COVID-19. These failures have the potential to impact all 113 residents residing in the facility. Findings include: The Facility's Interim Policy for Suspected or Confirmed Coronavirus (COVID-19) policy dated 7/23/20, states "All healthcare personnel (HCP) will be correctly trained and capable of implementing infection control procedures and adhere to requirements." This policy also states "Screening Employees: Facility will actively verify absence of fever and respiratory symptoms when employees report to work-beginning of their shift as well as mid shift. Document temperature, absence of shortness of breath, new or change in cough and sore throat and other criteria as identified by State guidance. If employee is ill, employee will put on a facemask, immediately leave the facility and self-isolate at home.	S9999		

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S9999	Continued From page 3 Employees who develop symptoms to COVID-19 (fever, cough, shortness of breath or sore throat and other criteria as identified by State guidance) will be instructed to not report to work and referred to public health authorities for testing, medical evaluation recommendations and return to work instructions. Employees who develop symptoms on the job will be: Instructed to immediately stop work, provided with a facemask and immediately leave the facility, instructed to self-isolation at home. The Infection Preventionist and/or designee will work with the employee to identify individuals, equipment and locations the employee came in contact with." The Centers for Disease Control and Protection (CDC) recommendations dated 5/13/20, states "People with COVID-19 have had a wide range of symptoms reported-ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19: Fever or chills; Cough; Shortness of breath or difficulty breathing; Fatigue; Muscle or body aches; Headache; New loss of taste or smell; Sore throat; Congestion or runny nose; Nausea or vomiting; Diarrhea. This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19." The Centers for Disease Control and Protection recommendations dated 6/25/20, states "Identify space in the facility that could be dedicated to care for residents with confirmed COVID-19. This could be a dedicated floor, unit, or wing in the facility or a group of rooms at the end of the unit that will be used to cohort residents with COVID-19. Identify HCP (Healthcare Personnel) who will be assigned to work only on the COVID-19 care unit when it is in use. Have a plan for how residents in the facility who develop	S9999		

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S9999	Continued From page 4 COVID-19 will be handled (e.g., transfer to single room, implement use of Transmission-Based Precautions, prioritize for testing, transfer to COVID-19 unit if positive)." The Facility's Interim Policy for Suspected or Confirmed Coronavirus (Covid-19) policy dated 7/23/20, states "Residents suspected or confirmed with COVID-19 that remain in facility upon advice of local/State public health agency, will be assessed and evaluated for a minimum of 14 days for potential change in condition or additional signs or symptoms; In the event of a facility outbreak, (an outbreak is defined as 1 positive case in either a resident or a staff member and one person, resident or staff member that is symptomatic) institute the outbreak management protocols: Define Authority (Infection Preventionist, Director of Nursing, Administrator, Medical Director, etc.); Immediate reporting/notification and consultation with the Local/State Public Health Department for specific directions to include, for example: Place residents in private rooms on standard, contact, droplet (airborne if available) precautions, Cohort residents identified with same symptoms/COVID-19 confirmation, Implement consistent assignment of employees, Only essential staff to enter rooms/wings; Limit only essential personnel to enter the room with appropriate PPE (Personal Protective Equipment) and respiratory protection. Appropriate PPE includes, gown, gloves, N95 respirator or approved KN95, face shield or goggles; PPE worn in room where resident is suspected, positive, or new/re-admit may not be worn outside of that room." On 10/15/20 at 9:28 a.m., V12 (Certified Nurse Aide) stated "I was the first one (residents and	S9999		

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staff) to get (COVID-19). I had not been feeling good for several days (8/24/20-8/26/20) and was experiencing sinus pressure. I continued to work because I did not have a fever. Then I lost my taste and smell (8/25/20 or 8/26/20) and did not know that was a sign of (COVID-19). I do not recall being educated on that being a symptom. I did not report my symptoms to anyone because I thought I just had a sinus infection. Then I was off for a few days (8/27/20-8/30/20) and my mom told me that the loss of taste and smell were a symptom of (COVID-19) and she told me to go to the doctor. I went to the doctor on my days off and was tested for COVID-19. I returned to work on 8/31/20 (prior to receiving results of COVID-19 test) with the same symptoms and worked approximately half of my shift before the clinic called me and told me I was positive (for COVID-19). I immediately reported to a supervisor and they sent me home. I was being screened for (COVID-19 symptoms) prior to every shift but loss of taste and smell was not one of the questions that they asked me, so I continued to work."

The Facility's Inservice records dated 6/22/20, documents V12 was educated on the symptoms of COVID-19 per CDC guidance dated 5/13/20, which included the symptom of "New loss of taste or smell."

V2 (Director of Nursing) stated The Inservice dated 6/22/20, educated the staff on the symptoms of COVID-19 and the list of symptoms was also posted at the time clock where all staff could frequently see it.

V12's assignments dated 8/16/20 through 8/31/20, provided by V2 (Director of Nursing),

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document V12 worked on the following floors: 8/13/20- 4th floor, 8/17/20- 2nd floor; 8/18/20- 2nd floor; 8/24/20-2nd floor; 8/25/20-4th floor, 8/26/20- 2nd floor; 8/31/20- 2nd floor.

On 10/15/20 at 12:13 p.m., V3 (Infection Preventionist) stated "(V2/Director of Nursing) and I were not aware of (V12) having any symptoms of (COVID-19) or that she was tested for (COVID-19) until she received her positive test results during her shift on 8/31/20. She was re-educated by Human Resources about making sure that any symptoms of (COVID-19) are immediately reported or called in to the facility."

V12's Employee Symptoms Evaluation dated 8/31/20, documents V12 did not report any symptoms of COVID-19, including "new loss of taste or smell."

Facility documentation dated 9/2/20, completed by V20 (Human Resources), documents that V12 was educated on the importance of not coming to work when sick and reporting any illnesses or symptoms to facility management immediately.

On 10/10/20, 10/12/20, and 10/14/20, R5 was observed in her room on the 2nd floor, R6 was observed in his room on the 1st floor, and R7 was observed in her room on the 4th floor.

On 10/10/20 at 12:18 p.m., V2 (Director of Nursing) stated the facility has had a Covid-19 outbreak that first started with a staff member on 8/31/20. V2 stated the facility currently has three residents that have tested positive for COVID-19. V2 stated R5 tested positive for COVID-19 on 9/30/20 and resides on the second floor; R6 tested positive for COVID-19 on 10/7/20 and resides on the first floor; and R7 tested positive

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for COVID-19 on 10/7/20 and resides on the fourth floor. V2 stated the facility does not have a dedicated wing/area set up for the resident with confirmed COVID-19 or dedicated staff to care for and the residents with confirmed COVID-19.

On 10/12/20 at 1:43 p.m., V2 (Director of Nursing) stated the facility has not implemented a dedicated area or wing for the residents with COVID-19 because it would be against resident rights to move residents out of their rooms if they didn't want to. V2 stated "We could technically force them (to move) if we get to an emergency situation."

On 10/12/20 at 10:25 a.m., V3 (Infection Preventionist) stated V3 is the facility Infection Preventionist. V3 stated the facility has an outbreak of COVID-19 which includes three residents with confirmed COVID-19 (R5, R6, R6). V3 stated "The only way to make a dedicated (COVID) wing is by closing a wing down because we have residents on every wing right now." V3 verified that the facility's census is down, and they have empty rooms to move residents into in order to free up a wing for residents with confirmed COVID-19. V3 stated the facility does not have it set up where dedicated staff are caring for the residents with confirmed COVID-19. V3 stated the staff that are caring for the COVID residents are also taking care of the other residents that reside on their assigned unit that do not have confirmed COVID-19.

On 10/14/20 at 11:10 a.m., V3 stated the facility is following the CDC guidance for development of policies and procedures regarding COVID-19. V3 stated the facility has no plans at this time to make a designated area for the residents with confirmed COVID-19. V3 stated she would have

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S9999	Continued From page 8 to look back through emails received from the Local Health Department to see what the guidance was regarding the facility identifying a dedicated space for residents with COVID-19 and also regarding dedicated staff. V3 stated "We have received so much guidance that it's hard to keep straight. It's really a catch 22 to move the resident's out of their own rooms. It could be more detrimental mentally on them. I have not spoken to (R5, R6, or R7) about potentially moving to another room. We have not reached out to the local health department for guidance on cohorting (R5, R6, and R7)." On 10/13/20 at 1:54 p.m., V11 Local Health Department (LHD) Infectious Disease Nurse stated V11 has not received any phone calls or correspondence from the facility asking for guidance on room placement of the residents with confirmed COVID-19 or about how to set up a COVID unit. V11 stated the local health department has sent out guidance on what the facility is to do as far as housing residents and dedicated staff in the event of a COVID outbreak and they should be following that guidance. V11 stated the LHD expects them to make every effort to cohort residents with confirmed COVID-19 and also to have dedicated staff that will care for them. V11 stated they should not have staff that are taking care of a resident with COVID also taking care of a non-COVID resident. V11 stated COVID-19 is highly contagious and the facility should be making every effort to keep it from spreading in such a vulnerable environment. V11 stated it was sometime in April 2020 that the facility received guidance from the LHD regarding the need to have a plan and identifying a designated space for a potential COVID-19 outbreak.	S9999		

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S9999	Continued From page 9 On 10/15/20 at 8:30 a.m., V11 stated the facility emailed the LHD late yesterday afternoon and reported the current location, in the facility, of the three residents (R5, R6, R7) with confirmed COVID-19 and "basically asked permission to break the rules of the CDC guidance and I told them absolutely not." V11 stated she re-sent the CDC guidance to the facility regarding having a designated space and designated staffing for a COVID-19 outbreak. V11 stated that should have been set up before the facility ever had a confirmed COVID-19 case. On 10/15/20 at 12:20 p.m., V3 (Infection Preventionist) stated "I emailed (the LHD) yesterday asking if we needed to have a dedicated space and dedicated staff for our residents with (COVID-19). We were directed by (the LHD) that we did need to have a dedicated space and dedicated staff. We are going to be working on moving residents today." On 10/15/20 at 10:30 a.m., the facility's computerized room listing noted R5 continued to reside on the 2nd floor, R6 continued to reside on the 1st floor and R7 continued to reside on the 4th floor. The Centers for Medicare and Medicaid Services, Resident Matrix dated 10/12/20, documents 113 residents reside in the facility. (A)	S9999		