

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014658	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/03/2020
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NAME OF PROVIDER OR SUPPLIER CARRIAGE REHAB & HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1660 SOUTH MULFORD ROCKFORD, IL 61108
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S 000	<p>Initial Comments</p> <p>Complaint Investigation Surveys #2019147/IL128874 #2019407/IL129113 #2019465/IL129186</p> <p>A Focused Infection Control Survey/COVID-19 Focused Survey was conducted by Illinois Department of Public Health on December 3, 2020. Survey Census: 60 Total Sample: 19</p>	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610 a) 300.696 a)c)7) 300.1020 a)b)</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>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health

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

TITLE

(X8) DATE

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S9999	<p>Continued From page 1</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). Activities shall be monitored to ensure that these policies and procedures are followed.</p> <p>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):</p> <p>7) Guidelines for Infection Control in Health Care Personnel</p> <p>Section 300.1020 Communicable Disease Policies</p> <p>a) The facility shall comply with the Control of Communicable Diseases Code (77 Ill. Adm. Code 690).</p> <p>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</p>	S9999		

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S9999	<p>Continued From page 2 facility.</p> <p>These Requirments are not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to implement infection control polices and recommendations from the Centers for Disease Control (CDC) regarding isolation of positive COVID-19 residents regarding cohorting of COVID-19 residents. The facility failed to separate Coronavirus19 (COVID-19) positive residents and COVID-19 negative residents, and they failed to keep doors of COVID-19 residents closed to prevent the spread of COVID-19 The facility failed to ensure the staff wore N95 mask's properly. These failures have the potential to infect high risk residents with COVID-19 and spread the disease of COVID-19 to negative residents. This applies to 13 of 17 (R2, R7,-R18) residents reviewed for infection control in the sample of 19.</p> <p>The findings include:</p> <p>1. The facility's Roster dated November 29, 2020 shows that there are 60 residents residing in the facility with 60 empty beds.</p> <p>The facility's COVID-19 line list provided on November 29, 2020 shows 33 residents were in isolation for positive COVID-19 results.</p> <p>On November 30, 2020 at 9:50 AM, R2 and R7 were observed in the same room as each other. R2 was lying in his bed. R7 was sitting in a recliner chair without a mask on near R2's bed. The door was open and there was no isolation sign posted outside of the door.</p> <p>R7's COVID-19 laboratory test report shows the</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 3</p> <p>test was collected on November 27, 2020 and reported to the facility on November 29, 2020 as "detected." A detected test shows that a resident is positive for COVID-19.</p> <p>R2's COVID-19 laboratory test shows the test was collected on November 27, 2020 and reported to the facility on November 29, 2020 as "not detected." A not detected COVID-19 test shows that a resident is negative for having COVID-19.</p> <p>On November 30, 2020 at 10:30 AM, V2 (Director of Nursing) said R2 refused to move out of the same room as R7 (R2's wife).</p> <p>On November 30, 2020 at 11:50 AM, R2 said on November 29, 2020 he was informed he was negative for COVID-19. R2 said the staff told me R7 (R2's wife) was positive for COVID-19. R2 said no one offered him to change rooms. R2 said it would be a good idea if they were in separate rooms.</p> <p>R2's Minimum Data Set assessment dated October 10, 2020 shows his cognition is intact.</p> <p>R2's Progress notes show no documentation he was offered to change rooms.</p> <p>The facility's roster shows R2 and R7 are roommates.</p> <p>The facility's Standard and Guidelines COVID-19 Exposure Control Plan revised November 15, 2020 states, Procedure when COVID-19 suspected: ... "place resident in a private room"</p> <p>2. On November 30, 2020 at 9:15 AM, on the 100</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>unit the doors were closed with a sign posted Droplet/Contact precaution. R8-R12 were all observed on the COVID-19 unit. All the rooms on the 100 unit were left open. A room had an isolation sign posted on the door with the door open. R9 and R10 both were in the same room across the hall from a room with (a positive COVID-19 resident) and the door was open.</p> <p>On November 30, 2020 at 9:20 AM, V5 (RN) said there are 16 residents on this unit who are COVID-19 positive. V5 confirmed R8-R12 are negative for COVID-19, but reside on the COVID-19 unit.</p> <p>R8's laboratory test report shows the test was collected on November 27, 2020 and reported to the facility on November 29, 2020 as "not detected." A not detected COVID-19 test shows that a resident is negative for COVID-19.</p> <p>R9's laboratory test report shows the test was collected on November 20, 2020 and reported to the facility on November 22, 2020 as "not detected." R9's nurse's notes dated December 1, 2020 shows she was swabbed with a rapid nasal swab with a positive COVID-19 results. (R9 and R10 resided in the same room).</p> <p>R10's laboratory test report shows the test was collected on November 27, 2020 and reported to the facility on November 30, 2020 as "not detected."</p> <p>R11's laboratory test report shows the test was collected on November 27, 2020 and reported to the facility on November 30, 2020 as "not detected."</p> <p>R12's laboratory test report shows the test was</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>collected on November 27, 2020 and reported to the facility on November 30, 2020 as "not detected."</p> <p>On November 30, 2020 at 10:30 AM, V2 (DON) said they are cohorting COVID-19 positive and COVID-19 negative residents on the same units.</p> <p>On December 1, 2020 at 2:00 PM, V2 (DON) said residents should get tested weekly and she did not know R9 was not tested for COVID-19 last week. V2 said she confirmed the 100 unit was the designated COVID unit starting the week of November 16, 2020.</p> <p>The facility's floor plan shows the 100 wing is one of the designated COVID units.</p> <p>The facility's Standard and Guidelines COVID-19 Exposure Control Plan revised November 15, 2020 states, Procedure when COVID-19 suspected: "place resident in a private room with the door closed."</p> <p>3. On November 30, 2020 at 9:30 AM, on the 200 wing the doors were closed with a sign posted droplet/contact precautions.</p> <p>R7, R13-R18 were all observed on the 200 unit with no isolation signs posted on their doors. Before leaving the unit a sign was posted on the door to remove PPE (Personal Protective Equipment) and hand sanitize. There was no hand sanitizer available for staff to use before exiting this unit. Only one hand sanitizer dispenser was located at the end of the hall.</p> <p>On November 30, 2020 at 9:45 AM, V10 (CNA) said R7, R13-R18 are all positive for COVID-19. V10 said she knows because she worked</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>yesterday on November 29, 2020 when their positive test results came back for COVID-19. V10 said these residents were not moved.</p> <p>On November 30, 2020 at 950 AM, V18 (RN) said there are 7 out of 16 residents who are positive for COVID-19 on the 200 unit. V18 said residents who have COVID-19 should be separated and placed on contact/droplet precautions with a sign posted on their door.</p> <p>On November 30, 2020 at 10:30 AM, V2 (DON) said on November 29, 2020 we did rapid testing on the 200 wing because a resident was having symptoms. V2 said 10 or more residents came back positive for COVID-19. V2 said I told the staff yesterday they should move the positive COVID-19 residents off this unit to the designated COVID-19 units. V2 said they moved some of the residents off the 200 wing but not all of them. V2 said they have room to move these residents on the designated COVID-19 units.</p> <p>R7's COVID-19 laboratory test report shows the test was collected on November 27, 2020 and reported to the facility on November 29, 2020 as "detected." A detected test shows that a resident is positive for COVID-19.</p> <p>The facility's undated Line list for COVID-19 outbreaks shows R13-R18 all had a rapid COVID-19 test performed on November 29, 2020 and all tested positive for COVID-19.</p> <p>The facility's resident room roster shows on the 200 wing there are 7 out of 17 residents who are positive for COVID-19.</p> <p>The Centers for Disease and Control and Prevention (CDC) website entitled Responding to COVID-19 Considerations for the Public Health</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>Response to COVID-19 in Nursing Homes states, "If the resident is confirmed to have COVID-19 regardless of symptoms, they should be transferred to the designated COVID-19 care unit. Roommates of residents with COVID-19 should be considered exposed and potentially infected and, if at all possible should not share rooms with other residents"</p> <p>The facility's Standard and Guidelines COVID-19 Exposure Control Plan revised November 15, 2020 states, Interventions to prevent the spread of respiratory germs within the facility ...support hand hygiene ...by making sure ...alcohol based hands rubs are availableposting signs on the door or wall outside of the resident room that clearly describes the type of precautions needed and required PPE.</p> <p>4. On November 30, 2020 at 9:15 AM, V23 (CNA) entered the COVID unit (100 wing) her N95 mask was loosely fitted on her face with the bottom strap dangling from her chin.</p> <p>On November 30, 2020 at 9:20 AM, V24 (CNA) was on the COVID unit (100 wing). The bottom strap of her N95 mask not secured behind her head. The bottom strap was dangling from her chin.</p> <p>On November 30, 2020 at 9:30 AM, V25 (Housekeeper) was on the 200 wing cleaning rooms. The bottom strap of her N95 mask not secured behind her head. The bottom strap was dangling from her chin.</p> <p>On November 30, 2020 at 9:45 AM, V10 (CNA) was on the 200 wing with the bottom strap of her N95 mask not secured behind her head. The bottom strap dangling from her chin.</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>On November 30, 2020 at 10:30 AM, V2 (DON) was wearing her N95 mask with the bottom strap not secured behind her head. The bottom strap was dangling from her chin. V2 said she does not know why staff are not wearing their N95 mask appropriately. V2 said staff should secure both straps behind their head while wearing the N95 mask.</p> <p>On November 30, 2020 at 11:00 AM, V24 (CNA) was on the COVID unit (100 wing) with the bottom of her N95 mask not secured behind her head. The bottom strap dangling from her chin. V24 said it's hard for her to breathe with the bottom strap secured.</p> <p>On November 30, 2020 at 11:15 AM, V26 (CNA) was on the COVID unit (100 wing) with the bottom strap of her N95 mask not secured behind her head. The bottom strap was dangling from her chin.</p> <p>The Centers for Disease and Prevention (CDC) website entitled Proper N95 Respirator Use for Respiratory Protection Preparedness states, "Most HCP caring for confirmed or suspected COVID-19 patients should not need to use surgical N95 respirators and can use standard N95 respirators Achieving an adequate seal to the face is essential. United States regulations require that workers undergo an annual fit test and conduct a user seal check each time the respirator is used. Workers must pass a fit test to confirm a proper seal before using a respirator in the workplace... If the respirator has two straps, place one strap below the ears and one strap above.</p> <p>5. On 11/24/20 at 4:30 PM, V27 Certified Nursing</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>Assistant (CNA) said V22 Licensed Practical Nurse (LPN) does not remove her PPE (Personal Protective Equipment) after leaving the COVID-19 unit and touches everything at the nurse's station, the nurse's cart and even went down the non-COVID-19 hallway. V27 said V22 does this often when she works.</p> <p>On 11/30/20 at 1:02 PM, V19 CNA said V22 doesn't change her PPE when she leaves the COVID-19 unit and then goes down the non-COVID-19 hall and touches things at the nurse's station. V19 said V22 doesn't take PPE seriously and she puts everyone in danger.</p> <p>On 11/30/20 at 1:14 PM, V20 LPN said V22 does not wear PPE sometimes and will even come out of the COVID-19 unit with all of the contaminated PPE on. V20 said she has worked with V22 for many years and knows V22 is aware of PPE procedures. V20 said she will mention it to V22 and V22 says she is too busy.</p> <p>On 11/25/20 at 1:00 PM, V2 Director of Nursing (DON) said staff should doff their PPE, disinfect their face shield and wash their hands when leaving the COVID-19 unit to decrease possible exposure.</p> <p>On 11/30/20 at 1:47 PM, V2 DON said she has had staff complain about V22 and improper PPE use. V2 said V22 received a verbal warning and education last week.</p> <p>The facility's In Service Attendance Sheet for V22 LPN dated 11/19/20 shows a one on one meeting was held with V2 DON and V22 LPN regarding infection control, wearing PPE in designated areas. This same sheet was signed by both V2 and V22 and includes education sheets from the</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>CDC on PPE when caring for Patients with Confirmed or Suspected COVID-19 and Donning and Doffing PPE.</p> <p>On 12/1/20 at 1:20 PM, V2 said V22 tested positive for COVID-19 yesterday (11/30/20).</p> <p>The facility's Standard and Guidelines COVID-19 Exposure Control Plan revised November 15, 2020, states, ... "educate staff on proper use of personal protective equipment and application of standard, contact and droplet precautions ..."</p> <p>(A)</p> <p>300.610 a) 300.696 a)c)7) 300.1020 a)</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 300.696 Infection Control</p> <p>a) Policies and procedures for investigating,</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>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). Activities shall be monitored to ensure that these policies and procedures are followed.</p> <p>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):</p> <p>7) Guidelines for Infection Control in Health Care Personnel</p> <p>Section 300.1020 Communicable Disease Policies</p> <p>a) The facility shall comply with the Control of Communicable Diseases Code (77 Ill. Adm. Code 690).</p> <p>These Requirments are not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to conduct COVID-19 testing on all residents immediately after an outbreak was identified and failed to test staff members twice weekly as required by the county's positivity rate. These failures had the potential to affect all 60 residents in the facility.</p> <p>The findings include:</p> <p>The facility's Census dated 11/29/20 shows 33 out of 60 residents are positive for COVID-19.</p>	S9999		
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S9999	<p>Continued From page 12</p> <p>On 12/1/20 at 1:20PM V2 Director of Nursing said as of yesterday's rapid testing (11/30/20) we have 19 positive staff members. V2 said the first staff member (V28) that tested positive was tested on 10/29/20 and results were received 10/31/20. V2 said V17 (Reception) was rapid tested on 10/30/20 and tested positive. V2 said residents were not tested until 11/6/20 (6 days later). V2 said she had just started at the facility (11/2/20) and was unaware of the positive employees until the corporate nurse told her they should start testing the residents. V2 said she was told biweekly employee testing started the beginning of October due to the county's positivity rate. V2 was not able to provide results for 2 weeks in October (10/20/20 to 11/2/20). V2 said the Infection Control Nurse at that time (V3) is no longer working at the facility. V2 said since she started (11/2/20) employees have been tested on Mondays and Thursdays of each week.</p> <p>The Winnebago County Health Department website (wchd.org) shows on 10/19/20 (Monday) the COVID-19 positivity rate was 12.3%, on 10/26/20 (Monday) the rate was 13.5%. According to this site the Winnebago County positivity rate has been over 10% the month of November 2020.</p> <p>The facility could not provide COVID-19 test results for V14 Wound Registered Nurse, V15 Certified Nursing Assistant, and V22 Licensed Practical Nurse from 10/20/20 to 11/2/20 (according to biweekly schedule should have been tested on 10/22/20, 10/26/20, and 10/29/20). Testing results were not provided for V14 for testing dates of 11/2/20, 11/16/20 and 11/27/20 and for V15 for testing date of 11/9/20.</p> <p>The facility's Standard and Guidelines COVID-19</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014658	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/03/2020
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NAME OF PROVIDER OR SUPPLIER CARRIAGE REHAB & HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1660 SOUTH MULFORD ROCKFORD, IL 61108
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S9999	<p>Continued From page 13</p> <p>Resident and Staff Testing Policy dated 9/10/20 shows "test all staff and residents in response to an outbreak (defined as only single new infection in staff and test all staff based on the county positivity rate (high >10% = twice weekly testing."</p> <p>The facility's Line List for COVID-19 Outbreaks in Long Term Care shows 5 staff tested positive before resident testing was conducted on 11/6/20. V28 was tested on 10/29/20 with positive results received on 10/31/20, V17 Receptionist tested positive on 10/30/20, and V29 Activities, V30 Human Resources, and V31 Medical Records tested positive on 11/5/20.</p> <p>The Centers for Disease Control (CDC) Testing Guidelines for Nursing Homes updated on 10/16/20 shows, "Perform expanded viral testing of all residents in the nursing home if there is an outbreak in the facility (i.e., a new SARS-CoV-2 infection in any HCP or any nursing home-onset SARS-CoV-2 infection in a resident). A single new case of SARS-CoV-2 infection in any HCP or a nursing home-onset SARS-CoV-2 infection in a resident should be considered an outbreak. When one case is detected in a nursing home, there are often other residents and HCP who are infected with SARS-CoV-2 who can continue to spread the infection, even if they are asymptomatic. Performing viral testing of all residents as soon as there is a new confirmed case in the facility will identify infected residents quickly, in order to assist in their clinical management and allow rapid implementation of IPC interventions (e.g., isolation, cohorting, use of personal protective equipment) to prevent SARS-CoV-2 transmission."</p> <p>The CDC's Interim Guidance on Testing</p>	S9999		

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S9999	<p>Continued From page 14</p> <p>Healthcare Personnel for SARS-CoV-2 updated on 7/17/20 shows, " Testing asymptomatic HCP without known or suspected exposure to SARS-CoV-2 for early identification in special settingsCurrently, testing asymptomatic HCP without known or suspected exposure to SARS-CoV-2 is recommended for HCP working in nursing homes is part of the recommended reopening processIn this situation, initial viral testing of all HCP in nursing homes, along with weekly viral testing thereafter is recommended. State and local officials may adjust the recommendation for weekly viral testing of HCP based on the prevalence of the virus in their community; for example, performing weekly testing in areas with moderate-to-substantial community transmission and less frequent testing in areas with minimal-to-no community transmissionHealthcare personnel (HCP): HCP refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel)."</p>	S9999		

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S9999	Continued From page 15 (B)	S9999		