Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_ B. WING IL6009245 12/07/2020 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 19130 SUNNY ACRES ROAD **SUNNY ACRES NURSING HOME** PETERSBURG, IL 62675 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 000 S 000 Initial Comments A COVID-19 Focused Infection Control Survey was conducted by Illinois Department of Public Health on December 7, 2020. S9999 \$9999 Final Observations Statement of Licensure Violations: 300.610a) 300.696a) 300.1210b) 300.3240a) 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 300.696 Infection Control a) Policies and procedures for investigating. Attachment A controlling, and preventing infections in the facility Statement of Licensure Violations shall be established and followed. The policies and procedures shall be consistent with and

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

TITLE

(X6) DATE

FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ B. WING IL6009245 12/07/2020 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 19130 SUNNY ACRES ROAD SUNNY ACRES NURSING HOME PETERSBURG, IL 62675 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 1 include the requirements of the Control of Communicable Diseases Code (77 III. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 III. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed. 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. Section 300.3240 Abuse and Neglect a An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These requirements were not met evidenceed by:

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Based on observation, interview, and record review, the facility failed to follow the Centers for Disease Control and Prevention (CDC) guidance for using dedicated staff in a COVID-19 unit and

Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: \_ B. WING IL6009245 12/07/2020 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 19130 SUNNY ACRES ROAD SUNNY ACRES NURSING HOME PETERSBURG, IL 62675 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 2 S9999 the CDC's return to work guidance for employees following the development of symptoms after testing positive for COVID-19. These failures resulted in nurses providing direct care to highly infectious Covid-19 positive residents, non-infected residents at the same time, and a Certified Nurse Aide who tested positive for COVID-19 being allowed to return to work caring for non-COVID-19 residents only six days after the onset of symptoms. These failures have the potential to affect all 83 residents in the facility. Findings include: A CDC Recommendation for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic dated 11/4/20 states, "As a measure to limit HCP (Healthcare Personnel) exposure and conserve PPE (personal protective equipment), facilities could consider designating entire units within the facility, with dedicated HCP, to care for patients with suspected, or confirmed SARS-CoV-2 infection (COVID-19). Dedicated means that HCP are assigned to care only for these patients during their shifts." A CDC Preparing for COVID-19 in Nursing Homes guidance updated 11/20/20 states, "Given their congregate nature and resident population served (e.g., older adults often with underlying chronic medical conditions), nursing home populations are at risk of being affected by respiratory pathogens like COVID-19 and other pathogens." This guidance also states, "As demonstrated by the COVID-19 pandemic, a strong Infection Prevention and Control (IPC) program is critical to protect both residents, and

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Healthcare Personnel (HCP)." This policy further states. " Identify space in the facility that could be

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_ B. WING 12/07/2020 IL6009245 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 19130 SUNNY ACRES ROAD SUNNY ACRES NURSING HOME PETERSBURG, IL 62675 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 3 dedicated to care for residents with confirmed COVID-19," and "Identify HCP who will be assigned to work only on the COVID-19 care unit when it is in use." A CDC SARS-CoV-2 Infection (Interim Guidance) Return-To-Work Criteria updated 8/10/20 states, "Symptom-based strategy for determining when (HCP) can return to work. (HCP) with mild to moderate illness who are not severely immunocompromised: At least 10 days have passed since symptoms first appeared and At least 24 hours have passed since last fever without the use of fever reducing medications and Symptoms (e.g., cough, shortness of breath) have improved." This guidance further defines, "Mild illness: Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache. muscle pain) without shortness of breath. dyspnea, or abnormal chest imaging." A Facility Disaster Preparedness Plan dated 11/1/16 and updated 11/12/20 states, " Every attempt will be made to utilize the same staff to manage the care of the COVID-19 residents. A dedicated COVID-19 care team will be created." A Facility COVID-19 Testing and Response Plan revised 10/27/20 states that when a symptom-based strategy is used to determine when an employee can return to work following a mild, to moderate illness with COVID-19, " a. At least 10 days have passed since symptoms first appeared and b. At least 24 hours have passed since last fever without the use of fever-reducing medications and c. Symptoms (e.g., cough, shortness of breath) have improved." This policy further instructs, "iv. Consider that staff caring for positive or symptomatic residents do not care for

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Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ B. WING 12/07/2020 IL6009245 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 19130 SUNNY ACRES ROAD SUNNY ACRES NURSING HOME PETERSBURG, IL 62675 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 4 S9999 negative or asymptomatic patients." On 11/30/20 at 8:50a.m., 12/1/20 at 10:42a.m., 12/4/20 at 4:23p.m., and 12/7/20 at 8:40a.m., V1 stated that the facility has had an outbreak of COVID-19 among residents and staff since 11/8/20. V1 stated there are currently approximately 10 residents who are positive for COVID-19 and are being isolated on the facility's COVID-19 unit or red zone on the South end of the building. V1 stated that the facility tries to use dedicated staff to work only in the Covid-19 unit during their shift, but it is not always possible. V1 stated that usually during the night shift (11:00p.m.-7:30a.m.) there are only two nurses in the facility which means one nurse is assigned to care for the North end where residents are COVID negative and one nurse is assigned to the South end where that nurse cares for COVID positive residents (red zone), COVID negative residents (green zone), and residents in quarantine because their COVID status is unknown (yellow zone), all during the same shift. V1 stated that the daily assignment sheet indicates which end of the building each nurse is assigned. V1 stated that on the daily assignment sheet when the nurse is providing care for the red, yellow, and green zones on the South end, the assignment sheet either indicates the word South above the nurse's name or it indicates the red and/or yellow units which means that nurse also cares for the residents in the green zone located on the South end of the building. V1 stated that the only way to access the South green, yellow, and red zone hallways is by exiting the building and going into those halls from side entrances. V1 stated the facility closed off the South side from the North side of the building so South side nursing staff do not potentially infect

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the North side of the building with COVID-19. V1

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/S		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
	IL6009245 B.		B. WING		12/07/2020			
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, ST	TATE, ZIP CODE				
19130 SUNNY ACRES ROAD								
SUNNYA	CKES NORSING HO	PETERSB	URG, IL 6267	75				
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NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE		
SUNNY ACRES NURSING HOME 19130 SUNNY ACRES ROAD PETERSBURG, IL 62675						
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	facility has three grend and a red zone green zone hall on  Facility nursing sta 11/08/20, the first of to 12/01/20 docum 11:30p.m. the facility to the red, green, a staff assignment staff assignment staff assigned to two nurse assigned to two nurses split as the first half of the he last half of the nurse is caring for Negative), Yellow 2	(undated) documents the een zone halls on the North hall, a yellow zone hall, and a the South end of the building.  If assignment sheets dated day of the COVID-19 outbreak, ents that from 7:00a.m. to ity has dedicated nursing staff and yellow zones. These same heets also document that from .m. there is either only one the South end of the building or shift meaning one nurse works shift and a second nurse works shift. This indicates that one the Green Zone (COVID 19 Zone (PUI) and Red Zone e) residents simultaneously hift.				
	positive for Covid- 12/01/20 document tested positive for Of those residents of the building in the provided care to Congative residents.  On 11/30/20 at 9:5 stated that she would the South end of the confidence on her shift caring for resident zone, and red zone building. V6 also services for considering the confidence of the confidence on the confidence of the confide	of residents who tested 19 dated from 11/08/20 to ats a total of 27 residents have COVID-19 in that time period. The resided on the South end are yellow, or green COVID are the night shift nurse covid positive and Covid aduring the same shift.  The county of the county of the building starting at 3:00a.m. The tated that she was the only from 3:00a.m. until 7:30a.m. The sin the green zone, yellow the stated that she had to enter all the gher shift to care for residents.				

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Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PRO

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
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	positive for COVID- negative for COVID- residents are in qua COVID-19 status is A Facility Line List of COVID-19 dated 11 that V15 (Certified I positive for COVID-	zone residents have tested -19, green zone residents are 0-19, and yellow zone arantine because their s unknown.  of staff who tested positive for 1/04/20 to 12/01/20 documents Nurse Aide/CNA) tested -19 on 11/18/20 but developed cough, and headache on					
	11/27/20.  Facility nursing staff 12/01/20 document the day shift from 6	ff assignment sheets dated ts V15 was scheduled to work i:00a.m. to 2:00p.m. on the uilding or green zone where					
	first day back to we care following testin 12/18/20. V15 state symptoms at the tir developed the symrunny/stuffy nose, a Fahrenheit on 11/2 to work today, 12/0 symptoms of COVI her she could returnet their criteria of On 12/01/20 at 9:5 of Nurses) stated to Infection Prevention thought an employe COVID-19 is suppopus 36-72 hours we stated that V1 is minimum.	Da.m., V15 stated this was her ork providing direct resident and positive for COVID-19 on the detail that she did not have any me she tested positive but then ptoms of sore throat, cough, and a fever over 100 degrees 5/20. V15 stated she returned 1/20, six days after developing D-19, because the facility told in to work because she had being fever-free for 24 hours.  Da.m., V3 (Assistant Director that she is also the facility's nist. V3 stated that she ee who tests positive for osed to be off work for 11 days without a fever, however, V3 aking the decision when staff or COVID-19 can return to					

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PRINTED: 02/10/2021 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED. AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ B. WING IL6009245 12/07/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 19130 SUNNY ACRES ROAD SUNNY ACRES NURSING HOME PETERSBURG, IL 62675 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE ın (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Continued From page 8 S9999 S9999 work. On 12/01/20 at 10:42a.m., V1 verified that V15 tested positive for COVID-19 on 11/18/20 and developed symptoms on or around 11/27/20 based on V1's COVID-19 outbreak employee tracking sheet. V1 also verified that today, 12/01/20, upon returning to work, V15 was working on a green zone hallway on the North side of the building where residents are COVID-19 negative. V1 stated that it is the facility policy that employees may return to work 10 days after testing positive for COVID-19. V1 stated she was not aware of the CDC return-to-work criteria instructing for employees who test positive for COVID-19 to be off work for 10 days following the onset of symptoms. A Resident Census and Condition of Residents report dated 11/30/20 and signed by V20 (Minimum Data Set Coordinator) documents that at the time of the survey 83 residents resided in the facility. The facility scheduled only one nurse to work on nights on the South end of the facility where that nurse cared for COVID positive residents (red zone), COVID negative residents (green zone), and residents in quarantine because their COVID status is unknown (vellow zone), all during the same shift. This Immediate Jeopardy also

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100 degrees Fahrenheit.

includes the facility allowing a COVID-19 positive employee (V15) to return-to-work caring for COVID-19 negative residents only 5-7 days after V15 developed her initial symptoms of a sore throat, cough, runny/stuffy nose, and a fever over Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_\_ B. WING 12/07/2020 IL6009245 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 19130 SUNNY ACRES ROAD **SUNNY ACRES NURSING HOME** PETERSBURG, IL 62675 (X5) COMPLETE DATE (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 9 S9999 " A"

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