FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6008015 12/17/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **578 WEST COMMERCIAL STREET APERION CARE MARSEILLES** MARSEILLES, IL 61341 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S 000 **Initial Comments** S 000 Original Complaint Investigation: #2029436/IL129166 S9999 Final Observations S9999 Statement of Licensure Violation: 300.610 a) 300.696 a) 300.1020 a)b) 300.1210b) 300.3240a) Section 300.610 Resident Care Policies 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

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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 III. Adm. Code

TITLE

(X6) DATE

PRINTED: 03/01/2021

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: __ C IL6008015 B. WING 12/17/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **578 WEST COMMERCIAL STREET APERION CARE MARSEILLES** MARSEILLES, IL 61341 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 1 S9999 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 300.1020 Communicable Disease **Policies** The facility shall comply with the Control of Communicable Diseases Code (77 III. Adm. Code 690). 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. Section 300.1210 General Requirements for Nursing and Personal Care 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.

Illinois Department of Public Health

Section 300.3240 Abuse and Neglect

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Illinois Department of Public Health

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Illinois Department of Public Health

On 12/5/2020 at 7:30 AM V5/Certified Nurses Assistant/CNA allowed surveyor into the facility.

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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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S9999	Continued From page 4		S9999							
	station on North hal V3/Registered Nurs the (state agency) v investigation and st V1/Administrator. N screened the (state V3/RN stated there residents in the faci Southwest hall. The residents on the No Southeast halls. (St conference room loroom and then to th Southwest(COVID-	agency) wait at main nursing I as she went to get te/RN. V3/RN was informed was there on a complaint ated he would notify either V3/RN nor V5/CNA agency staff) for COVID-19. is positive COVID-19 lity and are all located on the re are no COVID-19 positive rtheast, Northwest or the ate agency) went into the cated off of the main dining e Southeast and 19) hall where V6/CNA and e nurses station wearing N95								
	"Southwest hall is on have one resident (I negative but she had (located in a room of roommate (R2) has I am working that had V10/CNA confirmed On 12/5/2020 at 8:1 Nurses/DON stated, for COVID-19 but had she is on the COVID-19 positive for COVID-19	5 AM, V6/CNA stated, ur COVID-19 positive hall. We R1) that keeps testing is all the symptoms so she is in the Southwest hall). (R1's) tested positive for COVID-19. Ill today. At this time what V6/CNA stated above. 5 AM, V2/Director of "(R1) keeps testing negative as all the symptoms that's why only hall (Southwest). (R2) is 19." At this time V2/DON 67 residents in house have								
	room on Southwest(contain a diagnosis of from 11/1/2020 throu	documents R1 resides in a COVID-19) hall and does not of COVID-19. R1's vital signs ugh 12/6/2020 documents etween 96.4 and 98.8								

12/17/2020

Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: ___ С

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

B. WING _

F70 WEST COMMEDCIAL STREET

APERION CARE MARSEILLES 578 WEST COMMERCIAL STREET MARSEILLES, IL 61341							
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PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLETE			
	R5's Lab report dated 12/12/20 documents V2/DON was notified of R5's positive COVID-19 result on 12/10/2020 at 9:16 PM R6's Lab report dated 12/12/20 documents V2/DON was notified of R6's positive COVID-19 result on 12/10/2020 at 9:17 PM						
Illinois Depa	On 12/12/2020 at 1:30 AM V1/Administrator						

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lifnois 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 IL6008015 12/17/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **578 WEST COMMERCIAL STREET APERION CARE MARSEILLES** MARSEILLES, IL 61341 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 6 S9999 stated she was not notified until 12/11/2020 that R4. R5 and R6 were COVID positive. V1 also stated that V2 did not notify any direct care staff working on 12/10/20 of R4, R5 and R6's positive COVID-19 test results. V1 stated V2/DON notified her on 12/11/2020 around 9:00 PM that V16/CNA was positive but not about the residents. At this time V1 stated V2/DON rapid tested R1 on 12/10/2020 and R1 was negative for COVID-19 and was moved to another room on the Southwest (COVID-19 positive) hall. The facility's Daily Census Sheet dated 12/5/2020 documents there are 67 residents residing in the facility. (A)

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