PRINTED: 03/18/2021 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: __ B. WING IL6007272 01/06/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3520 NORTH ROCHELLE **SHARON HEALTH CARE WILLOWS PEORIA, IL 61604** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 A Focused Infection Control Survey/COVID-19 Focused Survey was conducted by Illinois Department of Public Health on January 6, 2021. Complaint Investigation #2029787/IL129527 S9999 Final Observations S9999 Statement of Licensure Violations: 300.696a)c) 300.1210b) 300.3240a) Section 300.696 Infection Control 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 III. Adm. Code 690) and Control of Sexually Transmissible

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

Centers for Disease Control and Prevention.

Diseases Code (77 III. Adm. Code 693).

policies and procedures are followed. c) Each facility shall adhere to the following guidelines of the Center for Infectious Diseases.

Activities shall be monitored to ensure that these

United States Public Health Service, Department of Health and Human Services (see Section

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

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healthcare personnel from work until a

confirmation molecular test (PCR) is performed. The facility also failed to follow the CDC, Federal. and Local Health Department guidance for frequency of testing based on county level positivity rates. These failures have the potential

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 B. WING IL6007272 01/06/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3520 NORTH ROCHELLE** SHARON HEALTH CARE WILLOWS **PEORIA, IL 61604** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 2 S9999 to affect all 154 residents in the facility. These failures resulted in staff being tested only one time per week instead of two and symptomatic staff who tested negative on a Point of Care (POC) test during a high county level positivity rate greater than 10% (percent) to work preparing food, provide direct resident care and also work in close contact with residents instead of being excluded from work pending a confirmatory PCR test. These failures also resulted in nursing staff providing direct resident care for COVID positive residents and COVID negative residents during the same shift. ACDC Symptoms of Coronavirus guidance dated 5/13/20 states, "People with COVID-19 have had a wide range of symptoms reported," which may include cough, muscle, body aches, congestion or runny nose, fatigue, headache, and fever. A CDC Considerations for Use of SARS-CoV-2 (COVID-19) Antigen Testing in Nursing Homes dated 12/10/20 states, "As the sensitivity of antigen tests is generally lower than RT-PCR (molecular), FDA EUA (Food and Drug Administration Emergency Use Authorization) recommends that negative POC (point of care) antigen tests be considered presumptive (possibly positive or negative)." This guidance also instructs that when testing symptomatic healthcare personnel (HCP), "If an antigen test is presumptive negative, perform RT-PCR immediately (e.g. within 48 hours). Symptomatic residents and HCP should be kept in transmission-based precautions or excluded from work until RT-PCR results return." A CDC Guidance for Expanded Screening Testing to Reduce Silent Spread dated 12/3/20 states.

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"Persons with asymptomatic and presymptomatic

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Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6007272 01/06/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3520 NORTH ROCHELLE SHARON HEALTH CARE WILLOWS PEORIA, IL 61604** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PREFIX EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG **TAG** DEFICIENCY) S9999 S9999 Continued From page 3 infection are significant contributors to community SARS-CoV-2 (virus causing COVID-19 infection) transmission and occurrence." This guidance also states, "plan for expanded screening testing for SARS-CoV-2 to prevent or reduce silent spread of the virus. Jurisdictions should consider implementing an expanded screening testing strategy to rapidly identify people without symptoms (asymptomatically or presymptomatically infected with SARS-CoV-2) who are contributing to the silent spread of infection, because they are unaware, they are infectious." A CMS (Centers for Medicare and Medicaid) Updates COVID-19 Testing Methodology for Nursing Homes dated 9/29/20 states. "Under guidance CMS issued on August 26, 2020, nursing homes must test staff at a frequency of once monthly if the facility's county positivity rate is less than five percent (%). Staff testing frequency increases to once weekly if the county positivity rate is between five and ten percent. Finally, testing frequency increases to twice weekly if the county positivity rate exceeds 10 percent." A CDC Responding to Coronavirus (COVID-19) in Nursing Homes guidance dated 4/30/20 states, "Assign dedicated HCP (healthcare professional) to work only on the COVID-19 care unit. At a minimum this should include the primary nursing assistants (NAs) and nurses assigned to care for these residents." A facility Novel Coronavirus/COVID-19 policy (3/13/20) states, "Every attempt will be made to assign designated staff to work with the residents in isolation. Likewise, those in quarantine will have staff members dedicated to work with

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FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: ___ C B. WING 01/06/2021 IL6007272 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3520 NORTH ROCHELLE **SHARON HEALTH CARE WILLOWS PEORIA, IL 61604** 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 DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) S9999 Continued From page 4 S9999 them." This same policy documents it was last updated 7/23/20 and includes infection prevention and control processes that are incorrect or outdated based on current CDC guidance. A Resident Room Roster dated 12/21/20 documents there are three hallways on the North wing of the facility with 30 COVID-19 positive residents residing on the North G wing and non-COVID positive residents residing on the North F and H wings. Facility Resident Room Roster's dated 12/21/20, and 12/29/20 and a daily nurse and certified nurse aide (CNA) hall assignment sheets dated 12/1/20, to 12/29/20 documents that the facility is divided in to three resident halls on the North, and five resident halls on the South wing. The resident room rosters indicate one of the three halls (G hall) on the North wing is where the COVID-19 positive residents reside and shows the designated non-COVID halls (F and H hall) assigned to each nurse. The daily nurse and CNA (Certified Nurse Aide) hall assignment sheets document there are only two nurses to provide care for the residents on the COVID-19 G hall and the other two non-COVID halls on the North side of the building. Daily nurse and CNA hall assignments dated 12/1/20, prior to the resident outbreak of COVID-19, to 12/22/20 document no more than two nurses are scheduled on the North hall on days, and evenings; and only one nurse is scheduled to care for all of the North wing COVID and non-COVID residents at night. On 12/21/20 at 10:50a.m. V7 and V8 (CNAs)

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were seated at the North hall nurses' station. V8 stated that she was assigned to the H hallway where residents are not infected with the

COVID-19 virus. V8 stated she and V7, who was

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was providing care for residents on one side of the COVID-19 hall and all of the non-COVID residents on the F hall. V10 stated that V20 was providing care for the other half of the COVID positive residents on the G hall and all of the COVID negative residents on the H hallway. V10 also stated the facility is currently testing staff for COVID-19 only one time per week. V10 stated

FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: _ B. WING 01/06/2021 1L6007272 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **3520 NORTH ROCHELLE** SHARON HEALTH CARE WILLOWS **PEORIA, IL 61604** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) S9999 S9999 Continued From page 6 staffing in the North hall was at its usual level or the same as before the outbreak of COVID-19. On 12/21/20 at 2:30p.m. V14 (LPN) stated that she is one of two evening shift nurses on the three North halls. V14 stated that during her current shift she is providing care for one half of the residents on the G COVID-19 unit and all of the non-COVID residents on the H hall located to the right of the North nurses' station. V14 stated that her current resident assignment is what is usual during the evening shift, even before the facility had COVID positive residents. A facility COVID-19 testing schedule dated 12/21/20 documents facility staff have been or will be tested for COVID-19 on 11/18/20, 11/19/20, 11/23/20, 12/1/20, 12/2/20, 12/7/20, 12/14/20, 12/23/20, 12/24/20. A CMS.gov (Centers for Medicare and Medicaid) COVID-19 Test Positivity Rates documents that the facility's county level positivity rate for the week ending 11/18/20 was 12.3%, for week ending 11/25/20 was 11.7%, for week ending 12/2/20 was 11.7%, for week ending 12/9/20 was 11.8%, for week ending 12/16/20 was 11.2%. All of these weekly positivity rates indicate the facility should be testing staff two times weekly. A County Test Positivity Seven (7) Day Rolling Average log, provided by V1 on 12/22/20 to verify the facility has been monitoring the county positivity rate, documents the county in which the facility is located has had a 7-day rolling average above 10% since 11/18/20.

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On 12/21/20 at 9:25a.m., 3:14p.m., 3:58p.m., 12/22/20 at 1:20p.m., 12/23/20 at 10:48a.m., and 12/24/20 at 1:40p.m. V1 (Administrator) stated

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when staff complain of COVID-like symptoms, they are tested using the facility's point of care or

confirmatory PCR test for symptomatic staff who test negative on the POC test unless the PCR

antigen testing. V1 further stated that if a symptomatic staff member tests negative using the POC test, they can remain at work to provide

resident care. V1 stated that there is no

FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ B. WING IL6007272 01/06/2021 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **3520 NORTH ROCHELLE** SHARON HEALTH CARE WILLOWS **PEORIA, IL 61604** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 8 test happens to be scheduled on the same date they had the POC test. V1 stated there is no log of employee illnesses beside the COVID-19 POC testing sheets which record employee symptoms, when they last worked, and the results of the test. V1 stated that the employee POC testing sheets, which show the employee had symptoms but tested negative, indicates the staff members were allowed to stay at work unless the sheet shows the staff person tested positive. V1 stated the facility currently has COVID positive residents on the G hallway on the North wing of the building. V1 stated those COVID positive residents do not have dedicated staff, but instead, staff may care for COVID positive residents on the North G hall and COVID negative residents on the North F or H halls at the same time. V1 stated the facility's first case of a COVID-19 positive resident was on 12/6/20. V1 stated that based on the facility log of residents who tested positive for COVID-19 dated 12/2020, residents initially began testing positive 12/6/20 with the COVID-19 unit being established 12/9/20 and without dedicated nursing staff assigned to COVID positive residents. V1 stated the facility has continued to have more COVID-19 positive residents which were either identified during weekly testing or using the POC test when those residents had symptoms. V1 stated he has not had enough staff to dedicate nurses only to the COVID-19 unit. V1 stated that V2 (Director of Nurses) has tried to schedule extra nurses from nursing agencies without any success. A facility log of residents who tested positive for COVID-19 dated 12/2020 documents that since 12/9/20, when the COVID-19 unit was established, until 12/20/20 there have been 21 new COVID-19 cases among residents, 20 of

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whom resided on the North hall where nurses cared for both COVID positive and negative

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a State Agency Surveyor. V19 verified working at the facility providing direct care to residents on

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currently taking approximately two to three days to provide the facility with results. V2 stated she has reached out to some contracted nursing agencies in the past but that V25 (Human Resources) has taken over that role.

V21's (Housekeeping) POC testing sheet dated 12/17/20 documents V21 had the COVID-like

(X3) DATE SURVEY

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

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S9999	Continued From page 11		S9999			
5 9999	symptoms of heada 12/17/20 and was to 12/17/20 which was results document V with the results not 12/19/20. V21's time continued to work we results on 12/17, 12 On 12/23/20 at 9:31 12/17/20 he reported off he had been expected who tested positive previous weekend a V21 stated that he was of COVID-like sympupset stomach. V21 nose which is not unhe asked V2 to prostated that, initially, V21 didn't have endegetting a POC test, performing his work residents' rooms are finally gave him a Pday 12/17/20 which continued to work wonegative POC test and without being serelated to his COVID-12/23/20 at 1:11 stated she has been nursing agencies for V25 stated the facilic contract with a nursing agencies for V25 stated the facilic	iche and body aches on ested by the facility on a negative. V21's PCR test 21 was tested on 12/17/20 reported to the facility until ecard documents V21 while waiting for the PCR test 2/18, and 12/19/20. I.a.m. V21 stated that on a do to V2 that during his days bosed to two different people for COVID-19 from the eard from the previous day. I stated he also had a runny incommon for him. V21 stated wide him with a POC test. V21 V2 refused because V2 said ough symptoms to justify V2 stated he continued as a housekeeper cleaning and hallways until the facility POC COVID-19 test later in the was negative. V21 stated he with symptoms after the con 12/17, 12/18, and 12/19/20, ent home to quarantine D-19 exposure. I.p.m. V25 (Human Resources) in setting up contracts with or the facility since 12/18/20. ity had only one previous sing agency, but that V25 has				
	agencies over the latest nursing agen	ontracts with four other ast few days. V25 stated the cy contract was signed today, ad the facility notified her with a				

(X2) MULTIPLE CONSTRUCTION

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	Staffing Agency) st	7p.m. V29 (Staff of Life tated the facility just finalized a 12/18/20. V29 stated the				- District of the second of th				

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PRINTED: 03/18/2021 FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING IL6007272 01/06/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3520 NORTH ROCHELLE** SHARON HEALTH CARE WILLOWS **PEORIA, IL 61604** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 13 facility's staffing needs list only included one nurse on one shift for 12/25/20, and multiple CNAs. On 12/23/20 at 12:07p.m., V30 (Local Health Department) stated the facility should have been testing staff two times weekly for as long as the county positivity rate has been above 10%, which has been since 11/2020. V30 stated the facility should have sent home any symptomatic staff pending a confirmatory PCR test following a negative POC test. V30 stated the facility should have dedicated staff on their COVID-19 unit who do not also care for non-COVID residents during the same shift. V30 stated that the facility has not requested assistance with staffing from the local health department. V30 stated that V31 (Facility Chief Operating Officer) contacted him today, 12/23/20, and mentioned their staffing concerns are related to not having extra staff to enter PCR/POC test results into the computer and because of this the facility is only going to test staff one time per week instead of the required two times per week based on the county positivity rate being above 10%. V30 stated that V31 gave as another reason for not testing staff two times per week as the facility's lab was taking too long to return the PCR test results. V30 stated the facility is only testing staff one time per week but should be able to test two times per week because they also have the ability to use the POC test to supplement the PCR test. V30 stated he instructed the facility they could use the POC rapid antigen test in addition to the PCR tests so they could perform two tests per week.

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V30 stated he has provided the facility with CDC and State Agency guidance for COVID-19 for nursing homes multiple times, including testing based on positivity rates, the steps for mitigating staffing shortages, how to use POC testing during

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: ___ B. WING IL6007272 01/06/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3520 NORTH ROCHELLE SHARON HEALTH CARE WILLOWS **PEORIA, IL 61604** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 14 S9999 high county positivity levels including presumptive negative results for symptomatic staff. V30 stated he sent the facility guidance which specifically states to follow up a negative POC test for symptomatic employees with a PCR test and to send that employee home until the PCR results are known. V30 stated his primary contact with the facility has been through V31 instead of V1 or the facility's infection preventionist. A Facility Census and Condition of Residents form dated 12/23/20 and signed by V1 (Administrator) documents that at the time of the survey 154 residents resided in the facility. " A"

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