

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010250	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/11/2020
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NAME OF PROVIDER OR SUPPLIER SEMINARY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 2345 NORTH SEMINARY STREET GALESBURG, IL 61401
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S 000	Initial Comments	S 000		
S9999	<p>COVID-19 Focused Infection Control Survey</p> <p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610a) 300.696a) 300.696b) 300.696c)7) 300.1210b) 300.1220b)1)3) 300.3240a)</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, 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</p>	S9999	<p>Attachment A Statement of Licensure Violations</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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S9999	<p>Continued From page 1</p> <p>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>b) A group, i.e., an infection control committee, quality assurance committee, or other facility entity, shall periodically review the results of investigations and activities to control infections.</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 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <ol style="list-style-type: none"> 1) Assigning and directing the activities of nursing service personnel 3) Developing an up-to-date resident 	S9999		

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S9999	<p>Continued From page 2</p> <p>care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility 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, maintain face coverings over the nose and mouth, have isolation signage posted to designate isolation precautions, sanitize/disinfect resident care equipment, and store linens in a COVID negative site, and maintain hand hygiene/glove change. These failures had the potential to affect all 57 residents residing in the facility.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>Findings include:</p> <p>The Centers for Disease Control and Protection (CDC) Preparing for COVID-19 in Nursing homes, dated 6/25/20, documents, "Identify space in the facility that could be dedicated to monitor and care for residents with COVID-19. 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 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). Have a plan for how roommates, other residents, and HCP who may have been exposed to an individual with COVID-19 will be handled (e.g., monitor closely, avoid placing unexposed residents into a shared space with them).</p> <p>The facility's Infection Control Policy, dated 12/17/19, documents, "All residents with known or suspected infectious conditions will be cared for using the most appropriate nursing care determined for the benefit and safety of the resident concerned, the other residents in the facility, and the safety of the employees." The policy also documents, "Transmission-based precautions: The purpose of isolation techniques is to protect the resident and personnel from</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>infection and to halt the spread of the infectious agent. Emphasis will be placed on isolating the disease-not the resident. All isolation precautions will fall into one of the following categories: Airborne precautions; Contact Precautions; Droplet Precautions. The facility recognizes that the following considerations are applicable in the care of all residents with communicable infections. Handwashing is the foundation of controlling infectious disease. Personnel must wash their hands when coming on duty; when they are visibly soiled; when they are between residents; before and after they blow their nose; after eating or off break; after they handle dressings, urinals, bedpans, needles, or syringes; after toilet use; and when they complete duty. Gowns are worn by all personnel when they enter a strict isolation room and by those coming in direct contact with residents who require airborne, droplet, and contact (if necessary) precautions. Gowns are worn only once and then discarded in appropriate containers before leaving contaminated area. Mask should cover the nose and mouth. Gloves, disposable in nature, will be worn unless sterile gloves are necessary. Gloves will be changed after direct contact with resident's secretions or excretions, even if care of resident has not been completed." The policy also documents, "Cleaning/Disinfecting: No alcohol swabs to clean vital sign equipment; Germicidal wipes as disinfectant of choice for medical equipment."</p> <p>The facility profile, dated 10/7/20, documents, "Implementation of an Asymptomatic/Transitional Care unit (100 hall) designated as care area for all new admissions/readmissions not currently displaying respiratory symptoms for the 14-day social distancing period; or those who have fulfilled 14-day social distancing on the COVID</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>positive Care unit and not currently displaying respiratory symptoms. Implementation of a Symptomatic Care/COVID positive Isolation unit (600 Hall) designated as care area for all new admissions displaying respiratory symptomology. Any resident (new admission or established resident) diagnosed as having confirmed positive COVID infection will also be placed in this area. The last 8 rooms on this hall, which will remain separated from the respiratory Symptomatic care area rooms by construction of zipper wall, will be designated for these residents. Should the facility identify or observe any resident with new onset respiratory symptoms such as cough, sore throat, shortness of breath or elevated temperature, resident is to be transferred to the Symptomatic care unit (600 hall) where droplet isolation precautions shall be implemented immediately. Resident will be evaluated for need for COVID swab and proceed as per physician order. Should the facility identify any active in-house COVID positive case, resident is to be transferred to the COVID positive care unit (600 hall) and placed in a room behind the zipper wall. Droplet isolation precautions shall be implemented immediately."</p> <p>The facility's Isolation-Set Up and Cleaning Process policy, dated 4/2020, documents, "Isolation Room Setup: Determine what type of isolation the resident requires. Leave trash cans in the room being setup for isolation for general garbage. May provide an isolation container for linens in the room. Provide a PPE (Personal Protective Equipment)/Isolation supply cabinet or caddy on door of the room for supplies. Provide alert on door frame to indicate the room is isolation.</p> <p>The facility's Disinfectant List, no date available, documents, "Germicidal Wipe: To be used on</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>cleaning equipment including: Glucometers, Lifts, Stand-Aid, Therapy equipment, and etc (Blood pressure cuffs, stethoscopes, and thermometers)."</p> <p>The facility's current floor plan, provided by V2 (Director of Nursing) on 10/31/20, documents that the facility currently has five of their six halls open with residents residing in them. The floor plan also documents that a portion of 100 hall (rooms 101-104), 400 hall, and 600 hall are designated for COVID positive residents. The remaining portion of 100 hall (105-115) are designated as residents who have been exposed to COVID however have tested negative and COVID positive residents in transition after their 14 days of quarantine. The facility's 500 hall is designated as a recovered and transition unit. The remaining hallway (300 Hall) is designated as the facility's COVID negative hall.</p> <p>The facility's Daily Census Report (Room Roster), dated 10/31/20 and provided by V2, documents that 57 residents reside in the facility. The Report also documents, "100 Wing: The residents in the following rooms :Rooms 102A , 102B , 103A , 103B , 104A , and 104B are active COVID-19;. Residents in room 105B and 110A have been exposed to COVID, however, they are testing negative; Residing in rooms 106A , 107A , 107B , 108A , 108B , 109A , and 109B are recovered COVID-19 residents in transition. 300 Wing: Rooms 301B , 303B , 309B and 314B residents have been exposed to COVID, however they are testing negative; 310A , 311B , 312B , and 313A are COVID negative residents ; 400 hall: 401A , 402A , 402B , 403B , 407B , and 409A are active COVID-19 residents. 500 hall: Residents in Rooms 500A , 500B, 501A , 503A , 503B , 504A ,</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>504B , 505A , 505B , 506A ,506B ,509A ,509B , 510A ,and 510B are all recovered COVID-19 in transition. 600 Hall: 602A, 603A , 604A ,605A, 606A ,607A , 608A 610A , 611A , 612A , 612B , 613A ,and 614A are residents with active COVID-19."</p> <p>The facility's electronic charting has no documentation of any residents residing in the facility having a comprehensive care plan addressing their COVID positive diagnosis and/or risk of contracting COVID. On 11/1/20 at 3:00 p.m., V4 (Care Plan Coordinator) confirmed this.</p> <p>On 10/31/20 at 10:15 a.m., the 100 hall wing fire doors were closed. No isolation signage was posted before entering hallway nor any signage on the resident room doors (102-104). V5 (CNA-Certified Nursing Assistant) entered into the COVID positive portion of 100 hallways through a zippered curtain. V5 had an N95 mask on and goggles, and she was carrying a thermometer and pulse oximetry meter. Then, she applied a gown and gloves in the hallway. V5 entered room 102. V5 exited 102 and immediately entered room 104 with the same gloves on and without sanitizing the equipment. V5 exited room 104. With the same gloves, V5 applied hand sanitizer to the pulse oximetry meter. V5 removed her gown and gloves, and using a disinfectant wipe, sanitized the thermometer and pulse oximetry meter. Then, V5 left the unit through the zippered curtain, without sanitizing/washing her hands.</p> <p>On 10/31/2020 at 12:07 p.m., V5 verified that V5 did not remove V5's contaminated gloves, perform hand hygiene and put on new, clean gloves between resident rooms and that V5 should have changed V5's gloves and performed</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>hand hygiene between resident rooms.</p> <p>On 10/31/20 at 10:32 a.m., V6 (CNA) exited room 303 with gloves, gown, and surgical mask below her nose carrying a thermometer and pulse oximetry meter. Then, V6 entered room 301 without changing her gloves, gown, and/or sanitizing the equipment. V6 exited room 301 removing her gown and gloves and performed hand hygiene. V6 did not sanitize the equipment.</p> <p>On 10/31/20 at 10:40 a.m., V6 stated, "We are supposed to wear a new gown and gloves for each resident room. I did not do that. I didn't sanitize the pulse oximetry meter or the thermometer. After each resident, we are supposed to sanitize the equipment using a alcohol swab with the contact time of 1-2 minutes."</p> <p>On 10/31/20 at 10:45 a.m., A dry erase board posted at the 300/400/500 hall nurses' desk stated that for day shift V6 and V8 (Both CNAs) were assigned to work 300 (COVID negative hallway) and 400 hall (COVID positive hallway). The board also states that V7 (Licensed Practical Nurse LPN) is working 300/400/500 hall.</p> <p>On 10/31/20 at 11:15 a.m., the 600 hall's (COVID positive) fire doors were closed. The rooms on the 600 hall (601-614) had no isolation precautions signage posted on any of the doors.</p> <p>On 10/31/20 at 11:30 a.m., the 400 hall's (COVID positive) fire doors were closed. No isolation precautions signage was posted on the closed fire doors or any of the resident doors (401-412). V7 stated, "This is a COVID positive hall (400). I'm taking care of this hallway, 500 hall, and 300 hall. 500 hall has all had COVID positive and are recovered, and 300 hall is considered our only</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>negative hallway. However, I do have some residents that have been exposed but tested negative on 300 hall. My two CNAs are also working both 400 and 300 hall. No isolation precaution signage is posted on the 400 hall doors nor the resident rooms on 400 hall."</p> <p>On 10/31/20 at 11:45 a.m., V8 (CNA) exited room 401 with gloves and gown on. Without removing her gloves, V8 entered room 403. V8 exited the room with V4 (Care plan Coordinator) both still wearing the same gown and gloves. Outside of room 401, V8 and V4 removed their gown and gloves, and without washing/sanitizing their hands, applied a new gown and set of gloves and entered room 401.</p> <p>On 10/31/20 at 11:54 a.m., V4 exited the 400 hall wearing the same surgical mask that she wore while on 400 hall. V4 stated that she assisted V8 with a mechanical lift transfer in room 401.</p> <p>On 10/31/20 at 11:54 a.m., V8 (CNA) exited room 401 pushing the mechanical lift wearing the same gloves. V8 left the mechanical lift in the hallway and entered room 407. V8 exited the room still wearing the same pair of gloves. V8 removed gloves and gown, washed her hands, and exited the 400 hall (COVID positive hallway) pushing the mechanical lift. Outside of the fire doors, V8 applied a pair of gloves, and using a disinfectant wipe, disinfected the mechanical lift. Then, wearing the same gloves, V8 pushed the mechanical lift to the 300 hall (COVID negative hallway) and left it in the hallway.</p> <p>On 10/31/20 at 12:45 p.m. V8 exited the 400 COVID positive hallway wearing the same mask that was below her nose, and pushing a kitchen cart out with no gloves on. V8 applied gloves and</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>wiped the cart down with a disinfecting wipe. V8 stated, "We are supposed to change our gown and gloves with each room. I didn't do that earlier. We are also supposed to change our mask when switching between 400 and 300 hall. I've been working both hallways all day, and I've worn the same surgical mask the whole time. The mechanical lift I used earlier, I brought it out of the 400 hall, wiped it down with a disinfectant wipe, and with the same gloves on, took it to the 300 hall. Two CNAs are scheduled for 400 and 300 hall. The linens we use for both wings are kept on 400 hall. The linens could be contaminated with being on the COVID hall, but we haven't been told any different. We've always done this. I'm returning this cart to the kitchen. I'm able to go anywhere in the facility while on shift, just because I work the COVID positive hall doesn't limit where I go." With same gloves on, V8 pushed the cart back to the kitchen.</p> <p>On 10/31/20 at 12:05 p.m., No signage was posted on the 100 hall doors that were located on the transition/exposed to COVID hall (Rooms 105-110). V9 (RN-Registered Nurse) stated, "R11 and R18 are quarantined from COVID exposure but testing negative. There is no isolation precaution signage on their doors, because we treat this hall as everyone being in isolation." V9 also confirmed that no isolation precaution signage was located on fire doors that enter 100 hall.</p> <p>On 10/31/20 at 12:07 p.m., V5 (CNA) entered room 107 with a gown and gloves on pushing the stand aid lift into the room. V9 entered room 107 with V5. Then, both staff exited room 107 with their gown and gloves on. V9 removed her gown and gloves and wiped the stand aid lift down with a disinfecting wipe, touching the lift in multiple</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>areas with her bare hands. Once completed, V9 applied a new gown and set of gloves, without sanitizing/washing her hands. V5 stated, "We are supposed to be changing our gloves and gown with each room we enter. When we take our gloves off, we should be washing or sanitizing our hands. I did not do that earlier when I was working on the COVID positive hall. We are supposed to be wiping the pulse oximetry meter and the thermometer down after each resident. I use the individual alcohol swabs that the nurse has on the cart. I didn't do that as well. Not sure why I used hand sanitizer on the pulse oximetry meter. When I clean the equipment, I use the disinfectant wipe, but I don't put gloves on or sanitize my hands afterwards. There are no isolation signs on any of the doors, and it seems like the process is different on every hall. So it's hard to keep things straight of what we are doing."</p> <p>On 10/31/20 at 12:50, V6 (CNA) applied a gown and gloves, already wearing surgical mask and goggles, and entered 400 hall. At 12:55 p.m., V6 exited the 400 hall doors, with the same surgical mask on but sitting below her nose, carrying cloth incontinent pads in her arms. V6 stated, "I'm taking these pads to 300 wing. The clean linens for 300 and 400 hall are all stored on 400 hall."</p> <p>On 10/31/20 at 1:15 p.m., V7 (LPN) stated, "Residents who tested positive from 300 hall were moved to 400 hall. The residents remaining on 300 hall tested negative, however, some of them were roommates to residents who tested positive. So we are treating them as exposed, and using isolation precautions. No isolation precaution signs are on the doors of 300 hall."</p> <p>The facility's Weekly Nurse Schedule, dated</p>	S9999		

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NAME OF PROVIDER OR SUPPLIER SEMINARY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 2345 NORTH SEMINARY STREET GALESBURG, IL 61401
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S9999	<p>Continued From page 12</p> <p>10/26-11/1/20, documents that on 10/28-11/1/20 one nurse is scheduled to work each shift on the 300 and 400 hall at the same time.</p> <p>The facility's Nursing (CNA) Master Schedule by shift (1st), dated 10/1-10/31/20, documents that from 10/28-11/1/20 the following CNAs were scheduled to work both 300 and 400 hall simultaneously: V5 (10/28/20, 10/29/20); V14 (10/28/20); V15 (10/28/20, 10/29/20); V6 (10/29/20, 10/31/20).</p> <p>The facility's Nursing (CNA) Master Schedule by shift (2nd), dated 10/1-10/31/20, documents that from 10/28-11/1/20 the following CNAs were scheduled to work both 300 and 400 hall simultaneously: V16 (10/28/20, 10/29/20); V17 (10/28/20, 10/31/20); V8 (10/30/20, 10/31/20).</p> <p>The facility's Nursing (CNA) Master Schedule by shift (3rd), dated 10/1-10/31/20, documents that from 10/28-11/1/20 the following CNAs were scheduled to work all hallways facility wide simultaneously during their shift: V18 (10/31/20); V19 (10/28/20, 10/29/20); V20 (10/29/20, 10/30/20, 10/31/20). The schedule also documents that V21 (CNA) was a float between all of the halls from 2:00 p.m. to 2:00 a.m. on 10/30/20.</p> <p>On 11/2/20 at 3:10 pm, V12 (RN) stated that she was currently working 2nd shift in the facility on the 300 and 400 hall. V12 also stated, "Two CNAs are working 300 and 400 hall this shift. They go to both halls to help each other with two assist residents. V13 (RN) was the nurse working 300 and 400 hall today on 1st shift. With being the nurse for both 300 and 400 hall, we are caring for COVID positive and residents who haven't tested positive. We are not restricted on our</p>	S9999		
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S9999	<p>Continued From page 13</p> <p>movement throughout the building."</p> <p>On 11/1/20 at 3:00 p.m. V3 (Infection Preventionist) stated, "We have tried to do staff COVID specific depending on how much staff we have. We try to put the same people with the COVID area. On the South Hall we had one nurse for 400 and 500 and a nurse for 300. When 500 hall became COVID positive we changed to one nurse for 500 and one nurse for 300 and 400. For CNAs we attempt to have two on 300 hall, one on 400, and one on 500. 300 hall CNAs help 400 with two assist residents." V3 also stated, "I should be keeping track of all the infections in the building whether they were facility acquired or admitted with to make sure we aren't spreading the infections. With COVID I've increased audits, but only while I'm working the floor. I haven't really been able to be an Infection Preventionist since I've been working the floor so much, since March. I haven't really been able to do this job. I have not been tracking the infections. I don't do the notifications, nor do I speak with the local health department for guidance."</p> <p>On 11/1/20 at 3:25 p.m., V1 (Administrator) stated, "600 hall was split into two with zipper wall. On 10/1/20 our first COVID positive resident went to 600 hall. COVID positive residents went on back side of the curtain, and new admits/symptomatic went on the other side. If a roommate tested positive, they went to a COVID positive hall. If their roommate was negative, that roommate went to the symptomatic hall to be monitored and quarantined for 14 days. On 10/5/20, 500 hall was converted to a COVID positive unit. On 10/14/20, we removed the separation curtain on 600 hall, so it was considered fully COVID positive and 100 hall was then transition along with symptomatic. On</p>	S9999		
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S9999	<p>Continued From page 14</p> <p>10/20/20, the zippered curtain went up on 100 hall to split it, giving us more COVID positive rooms. On 10/28/20, 400 hall was converted to a COVID positive hallway, and 300 Hall was our COVID free hall. The 300 hall does have residents who are exposed but asymptomatic because we have no open beds on 100 hall. The beds are all open at this time on 200 Hall. We shut that hall down on 10/14/20, but those beds are technically still available. There should be isolation precaution signs posted on the resident doors. The residents that have not been exposed are on the same hall (300 Hall), but we are treating everyone as if they are positive with one and done (new gloves and gown for each room) PPE. A staff member should not enter a room with the same gown or gloves on from a previous room. As soon as they are entering a room they should be applying a clean gown and gloves. 300 hall should have their own linen cart. Linens should not be coming from the 400 hall. We are trying to dedicate the staff to COVID specific hallways during a shift, however, that is not occurring."</p> <p>On 11/4/20 at 8:25 a.m., V1 stated that four new residents (R33, R36, R38, R39) have tested positive during the facility's weekly testing this week. V1 also stated that staff continue to work both 300 (COVID negative) hall and 400 (COVID positive) in the same shift.</p> <p>On 11/2/20 at 4:00 p.m., V11 (Local Health Department) stated, "We have talked to the facility about dedicating COVID specific staff. They've been guided to keep like diagnoses together. So COVID positive or COVID exposed residents should not be housed with the COVID negative residents in the same hall. We don't recommend staff working a COVID positive and</p>	S9999		
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S9999	Continued From page 15 COVID negative hallway during the same shift. We tell them to keep staff separate during a shift. We have not recommended that the facility do that (Have staff work COVID Positive and COVID negative hallways simultaneously)." (A)	S9999		