

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/23/2020
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NAME OF PROVIDER OR SUPPLIER PARK PLACE OF BELVIDERE	STREET ADDRESS, CITY, STATE, ZIP CODE 1701 5TH AVENUE BELVIDERE, IL 61008
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S 000	Initial Comments COVID-19 Focused Infection Control Survey	S 000		
S9999	Final Observations Statement of Licensure Violation: 300.696a) 300.696b) 300.696c)7) 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 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. 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. 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	S9999	<p>Attachment A Statement of Licensure Violations</p>	

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

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>300.340): 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 300.3240 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>Based on observation, interview, and record review, the facility failed to implement the appropriate use of personal protective equipment (PPE) in a manner to prevent the spread of COVID-19, failed to prohibit symptomatic direct care staff from working, failed to transport bio hazardous material in a manner to prevent the spread of COVID-19, failed to isolate residents as a Person Under Investigation (PUI), failed to cohort residents with similar COVID-19 statuses, and failed to follow isolation precautions to prevent the spread of COVID-19. These failures resulted in an outbreak of COVID-19 among staff and residents that resulted in 46 residents and 25 staff members becoming COVID-19 positive. This</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>applies to all 58 residents in the facility reviewed for infection control.</p> <p>The findings include:</p> <p>The facility census sheet printed on 11/17/20 showed 58 residents residing in the building.</p> <p>1. On 11/17/20 at 8:40AM, V9 (maintenance) came to the front desk wearing an N95 face mask with a full beard hanging down to his chest. V9 was not wearing any eye protection.</p> <p>On 11/17/20 at 8:50AM, V3 (Registered Nurse) was walking from the front desk, through the facility, with no eye protection.</p> <p>On 11/17/20 at 9:55AM, V7 (acting Administrator) was observed wearing an N95 mask with a full beard. V7 stated he has not been FIT tested for his N95 mask.</p> <p>On 11/18/20 at 9:45AM, V11 (dietary aide) stated, "I tested positive for COVID on 11/9/20. At first, they had us wearing a gown, mask, gloves, and face shield but now that we aren't going down the hallways, we just have to wear surgical masks and a face shield. When we are in the kitchen, we just have to wear a surgical mask and no eye protection."</p> <p>On 11/17/20 at 10:12 AM, V8 (Regional Nurse) stated, "If anyone is in the general area of the facility, they are to wear either a surgical mask or N95 mask. No eye protection is needed unless they are providing direct patient care. If staff are on any of the hallways, I expect them to have at least a surgical mask on with their N95 mask and face shield available in case they need to do patient care. Staff wearing an N95 mask should</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>be clean-shaven to ensure a proper seal is achieved."</p> <p>On 11/18/20 at 10:53AM, V8 stated, "If dietary staff are down on the hallways, they should be wearing N95 masks and face shields. If they are in the common area, then they only need an N95 mask."</p> <p>On 11/17/20 at 9:40AM, V13 (housekeeper) was observed cleaning a room on the 300 hall that was marked as contact/droplet isolation. V13 came out of the room with her gown, gloves, face shield, and mask on. V13 went to the clean linen cart on the 300 hall and then re-entered room without removing her personal protective equipment (PPE). V13 stated she is unsure if she can leave the room with personal protective equipment (PPE) on to obtain clean linens.</p> <p>On 11/17/20 at 10:30AM, V14 (Certified Nursing Assistant-CNA) was working on the 100 hall (COVID-19 positive hallway). V14 took her gown and gloves off, tied 4 biohazard bags shut, walked out of the 100 halls while touching the door handle. V14 walked through the front of the facility and out the front door with the biohazard bags in her hands. V14 re-entered the facility and came back to the 100 halls. V14 tied 4 more biohazard bags shut with no gloves on, walked out of the 100 hall again and through the front of the facility with the remaining 4 biohazard bags. V14 re-entered the facility and came down the 100 hall before performing any hand hygiene.</p> <p>On 11/17/20 at 4:41PM, V15 (local health department COVID response staff member) and V16 (local health department Public Health Administrator) stated, "Staff should not be in</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>COVID positive areas without full PPE on and definitely should not be carrying biohazard bags through the facility. This is all very concerning to us."</p> <p>3. On 11/18/20 at 9:35AM, V17 (CNA) stated, "I tested positive for COVID-19 on 11/9/20. I was working on the 200 hall, taking care of positive and negative residents, before I tested positive. I don't recall the facility asking me what residents I worked with prior to testing positive."</p> <p>On 11/17/20 at 10:12AM, V8 stated, "I believe our outbreak started around 11/2/20 with testing. If a staff member tests positive, we look at the date they last worked, where they worked, and if they were within 6 feet of anyone."</p> <p>On 11/18/20 at 10:53AM, V8 stated, "If a staff member reports to work with symptoms, we would do a rapid COVID test and send them home. I don't remember any conversations with the local health department regarding staff caring for positive and negative residents."</p> <p>On 11/17/20 at 4:41PM, V15 and V16 stated, "The facility is putting negative residents at risk by having the same staff caring for COVID positive and negative residents. Staff should be dedicated to caring for positive patients only. By allowing staff to care for positive and negative residents at the same time puts the negative residents at risk for contracting the virus."</p> <p>The facility's COVID census report showed, R9-R13 all reside on the 300 hall. R9-R13 tested positive for COVID-19 on 11/10/20 and 11/11/20.</p> <p>The facility's policy titled Infection Prevention and Control COVID-19 Interim Policy revised on</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>10/16/20 showed, "Employees who have signs and symptoms of COVID-19 while on the job should: i. Immediately stop work and self-isolate at home. ii. Inform the Director of Nursing, Infection Preventionist or designee, and include information on individuals, equipment, and locations the person came in contact with."</p> <p>4. On 11/17/20, R14 was located in a room on the 100 hall under contact/droplet isolation for a positive COVID-19 test on 11/9/20. R15 was sharing room with R14 and is COVID-19 negative with last known positive COVID-19 test on 5/2/20 (6 months prior).</p> <p>The facility's report of room changes showed R14 was moved to room with R15 on 11/4/20. The facility's census form printed on 11/18/20 showed R14 and R15 continue to reside in the same room together.</p> <p>The facility's policy titled Infection Prevention and Control COVID-19 Interim Policy revised on 10/16/20 showed, "Residents with confirmed COVID may be transferred to the COVID unit and cohort with other COVID positive residents.</p> <p>The Centers for Disease Control article titled "Duration of Isolation and Precautions for Adults" updated on October 19, 2020 showed, "...the probability of SARS-CoV-2 reinfection if expected to increase with time after recovery from initial infection due to waning immunity. As the COVID-19 pandemic continues, we expect to see more cases of re-infection."</p> <p>5. The facility's report of room changes and COVID positive census showed R13 tested positive for COVID-19 on 11/11/20. R4 was R13's roommate at the time he tested positive. R4 was</p>	S9999		

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S9999	Continued From page 6 moved to another room on 11/12/20. R4 was not placed on contact/droplet isolation precautions as a Person Under Investigation after possible exposure from R13. On 11/17/20, R4 was in room and no isolation precautions were posted on his door or being taken by staff entering and exiting R4's room. On 11/17/20 at 10:12AM, V8 stated, "If a resident test positive for COVID and their roommate is negative, the roommate is moved out of the room. I'm not sure if we place them on isolation or not. I'm just filling in for the Infection Preventionist so I'm not sure what all they do in this specific facility." The CDC article titled, "Response to COVID-19" showed, "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 unless they remain asymptomatic and/or have tested negative for SARS-CoV-2 14 days after their last exposure (e.g., date their roommate was moved to the COVID-19 care unit)." (A)	S9999		