

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005946	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2020
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NAME OF PROVIDER OR SUPPLIER MCLEAN COUNTY NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 901 NORTH MAIN NORMAL, IL 61761
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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S 000	Initial Comments A Focused Infection Control Survey/COVID-19 Focused Survey was conducted by Illinois Department of Public Health on December 14th, 2020. Survey Census: 80 Total Sample: 3	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.696 a) 300.1020 a)b) 300.1210b) 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, controlling, and preventing infections in the facility	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>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.</p> <p>Section 300.1020 Communicable Disease Policies</p> <p>a) The facility shall comply with the Control of Communicable Diseases Code (77 Ill. Adm. Code 690).</p> <p>b) 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.</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</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>resident to meet the total nursing and personal care needs of the resident.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to implement infection control procedures to prevent the spread of a highly contagious disease to a resident. The facility failed to isolate a symptomatic resident (R2) who subsequently tested positive for COVID-19 away from an asymptomatic resident (R3). This failure affected one of three residents (R3) reviewed for infectious disease on the sample list of three. This facility failure resulted in R3 contracting COVID-19 and requiring hospice care for respiratory failure.</p> <p>Findings include:</p> <p>The facility's Emerging Infectious Diseases policy dated 6/2019 documents under the heading Suspected Infectious Case that, "1. A resident who exhibits symptoms of the infectious disease (EID) should be placed in an isolation room and local public health authorities should be notified."</p> <p>R2's nursing notes dated 11/27/2020 at 4:29 PM written by V2 Director of Nursing (DON) documents R2 has a 104.1 temperature and R2 has wheezing in upper lobes and diminished lung sounds in lower lobes. R2's nursing notes dated 11/27/2020 at 8:13 PM documents R2 was tested for COVID 19.</p> <p>On 12/08/20 at 10:55 AM, V2 stated R2 started having symptoms of COVID-19 on 11/27/20. V2 stated R2 was tested that day due to the facility doing their weekly testing. V2 stated V2 put R2 into isolation and left R2's roommate (R3) in the</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>(same) room with R2. V2 stated R3 was not having symptoms only R2. R2's COVID-19 laboratory form dated 11/27/20 documents R2 was positive for COVID-19.</p> <p>R3's COVID-19 laboratory form dated 11/27/20 documents R3 was negative for COVID-19.</p> <p>R3's nursing notes dated 11/30/20 at 4:54 PM documents R3 has a wheezy cough and that scattered audible wheezes were noted on auscultation.</p> <p>On 12/08/20 at 10:55 AM, V2 stated R3 began to have a cough with abnormal lung sounds on 11/30/20. R3's COVID-19 laboratory form dated 12/1/20 documents R3 was positive for COVID-19.</p> <p>On 12/10/20 at 9:33 AM, V19 Health Department's Public Health Nurse stated the facility should not have left a symptomatic resident and an asymptomatic residents in the same room together. V19 stated this puts the asymptomatic resident at risk for exposure to COVID-19.</p> <p>R3's physician order dated 12/12/2020 documents an order to admit to hospice for the diagnosis of respiratory failure due to COVID-19. (A)</p>	S9999		
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