

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004840</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/28/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>JACKSONVILLE SKLD NUR &amp; REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1517 WEST WALNUT STREET JACKSONVILLE, IL 62650</b>
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S 000	Initial Comments  Complaint 2144627/IL135555 Complaint 2144588/IL135505	S 000		
S9999	Final Observations  Statement of Licensure Violations:  300.610 a) 300.696 a) 300.696 c)7) 300.1020 a)b)  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 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).	S9999	<b>Attachment A</b> <b>Statement of Licensure Violations</b>	

Illinois Department of Public Health REGULATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>Activities shall be monitored to ensure that these policies and procedures are followed.</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 300.1020 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>These requirements are not meet as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to implement an infection control program in accordance with CDC guidelines to prevent the spread of COVID-19. The facility failed to identify residents who have</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>had prolonged exposure to positive COVID 19 staff and residents and implementing transmission based precautions, failed to implement screening procedures in accordance with CDC guidelines, failed to wear required personal protective equipment during a facility outbreak, failed to perform hand hygiene as required, and failed to post signage on the use of specific PPE for staff in locations where transmission precautions are required.</p> <p>This failure resulted in V6, Activity Aide, tested positive for COVID 19. At that time, the facility failed to implement an infection control system to identify residents and/or staff who may have had a prolonged exposure to V6 while V6 was working and then not implementing transmission-based precautions for those residents. As of 7/14/2021 the facility has had 37 residents test positive for COVID 19 (R2 R3, R4, R5, R6, R7, R8,R9, R10, R11, R12, R13, R14, R15, R16, R17, R18, R19, R20, R21, R22, R23, R24 , R25, R26, R27, R28, R29, R30, R31, R32, R33, R34, R35, R36, R37 and R38, with 10 residents (R2, R3, R4, R6, R11, R26, R27, R29, R30 and R34) expiring due to COVID-19. Due to the residents' ages, comorbidities and vulnerabilities, this failure has the potential to affect all 68 residents in the facility.</p> <p>Findings include:</p> <p>1. On 7/8/21, a tour was conducted of the facility. The facility had identified the red zone as the area where all residents who tested positive for COVID-19 were residing. The yellow zone was an area where residents were currently in quarantine as persons under investigation for COVID-19.</p> <p>The facility undated Line List for COVID-19</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>Outbreaks in Long Term Care Facilities documents V6, Activity Aide, as the initial case of COVID-19 at the facility. The line lists documents V6 tested positive for COVID 19 on 6/17/2021. The line list documents that V6 had a temperature of 100.3 degrees Fahrenheit (F) and that V6 was unvaccinated.</p> <p>On 7/8/2021 at 2:26 PM, V2, Director of Nursing (DON)/Infection Preventionist stated that V6 was the first employee to test positive for COVID 19 on 6/17/2021. V2 stated that V6 was not feeling well and came to the facility and a rapid COVID-19 test was completed in the parking lot of the facility. V2 stated V6 tested positive for COVID 19. V2 stated that V6 was placed off work for 10 days. V2 stated that V6 had worked the day before, 6/16/21. V2 stated that she did not identify the areas in the facility where V6 worked and what residents V6 worked with but would assume V6 worked all areas of the building. V2 stated that all residents at the facility had a rapid COVID-19 test after V6 tested positive for COVID 19.</p> <p>On 7/13/2021 at 1:40 PM, V6 stated she tested positive for COVID on 6/17/2021. V6 stated on the morning of 6/17/21 she woke up about 3:00 AM with a headache and felt hot. V6 stated she got up around 7:00 AM, dressed and called the V25, Activity Director. V6 stated she met V25 outside the back door and took her temperature and stated her temperature was 100.4 degrees F. V6 stated a nurse came out and did a rapid COVID 19 test and told her to go home. V6 stated the facility called and told her she was positive. V6 stated she returned to work on 6/28/2021. V6 stated that she has not been vaccinated. V6 stated that she did work at the facility on 6/16/2021. V6 stated on 6/16/21, the facility was</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>running normal and she had group activities. V6 stated that no one from the facility asked her who she had close or prolonged contact with. V6 stated but she knows people she was around tested positive.</p> <p>On 7/15/2021 at 2:31 PM V6 stated that on 6/16/21 during group activities that she did crafts which involved coloring, bingo and nails.</p> <p>The facility had no documentation regarding if the facility conducted surveillance to identify who V6 had prolonged contact with and potentially exposed to COVID 19 while she worked on 6/16/21.</p> <p>The facility Line List for COVID-19 Outbreaks in Long Term Care Facilities documents that V13, Certified Nurse's Aide, CNA, tested positive for COVID 19 on 6/25/2021. The line list documents that V13 was not vaccinated and had no symptoms.</p> <p>On 7/20/2021 at 1:11 PM V2 stated that V13 had a rapid COVID-19 test on 6/25/21 and tested positive. V2 stated V13 was working the yellow zone (zone where residents who are quarantined for suspected or under investigation for COVID-19).</p> <p>The facility had no documentation regarding if the facility identified who V13 had prolonged contact with and potentially exposed to COVID 19 while he worked on 6/25/21.</p> <p>The facility's Line List for COVID-19 Outbreaks in Long Term Care Facilities document that V28, Registered Nurse, RN, tested positive for COVID on 6/26/2021. The line list documents that V28 was fully vaccinated. The line list does document</p>	S9999		



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S9999	<p>Continued From page 5</p> <p>that V28 had symptoms of cough, myalgia and loss of taste and smell.</p> <p>On 7/20/21 at 1:11 PM V2 stated that V28 had a rapid COVID 19 test prior to his shift on 6/26/21. The facility Nurse's Schedule for June 2021 documents V28 worked 6:00 PM - 6:00 AM on 6/19, 6/20 and 6/21/21. The nursing schedule does not document where V28 worked.</p> <p>The facility had no documentation regarding if the facility identified who V28 had prolonged contact with and potentially exposed to COVID 19.</p> <p>The facility Line List for COVID-19 Outbreaks in Long Term Care Facilities document that V3, Assistant Director of Nursing (ADON) tested positive for COVID 19 on 6/27/2021. The line list documents that V3 had symptoms of cough and myalgia. The line list documents that V3 fully vaccinated.</p> <p>On 7/15/2021 at 1:30 PM, V3 stated that she did not feel well and had headache and the symptoms which started Saturday evening, 6/26/21. V3 stated she came to the facility on 6/27/21 and went into the office and tested herself and stated she tested positive for COVID-19. V3 stated that she notified the health department and they stated her quarantine would be 10 days starting on that 6/26/21.</p> <p>The facility had no documentation regarding if the facility identified who V3 had prolonged contact with and potentially exposed to COVID 19 while she worked on 6/25/21.</p> <p>On 7/8/21, there was a sign posted inside the facility entryway prior to entering the facility that documents "Attention all staff and visitors you</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>must check in on electronic kiosk upon entry".</p> <p>On 7/20/2021 at 1:59 PM V29, Human Resources Director stated that corporate can pull up a printout of people testing at the kiosk. The first question on the kiosk states "Do you have any of the following symptoms sore throat, SOB (shortness of breath), cough, loss of taste/smell headache?" V29 did a test demonstration and answered "yes" to the above question, and a warning with a stop sign shows on the screen and documents "Stop please do not enter." V29 stated that the Kiosk will also send a warning to corporate.</p> <p>On 7/20/2021 at 2:15 PM V1, Administrator presented a COVID screening flag email that he received based on test demonstration which included name, phone number and if resident or visitor the report documented the question and answer that triggered the report and temperature.</p> <p>The facility screening kiosk report dated 6/26/2021 documents that V3 screened at the facility at 5:16 PM and completed screening, not reporting any symptoms. The facility screening kiosk report dated 6/27/2021 documents that V3 completed screening at 10:12 AM and did not report any symptoms, although she noted she was experiencing symptoms at home the night before (6/28/21) and came to facility to test for COVID-19.</p> <p>The facility's Line List for COVID-19 Outbreaks in Long Term Care Facilities documents that on 7/8/2021, R10, R11, R12 and R13 all tested positive for COVID-19, and the line list documents that R11 expired.</p> <p>The facility's Line List for COVID-19 Outbreaks in</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>Long Term Care Facilities documents V21, Certified Nurse's Aide (CNA) and V27, CNA, tested positive for COVID-19 on 7/8/2021. The Line List documents that V21 and V27 were unvaccinated. The line list does document that V27 had symptoms of cough and myalgia.</p> <p>The facility had no documentation regarding if the facility identified who V21 and V27 worked with and if they had prolonged contact with these residents to see who was potentially exposed to COVID 19.</p> <p>On 7/20/2021 at 1:11PM V2 stated that both V21 and V27 were working the south hall which was a yellow zone.</p> <p>The facility's Line List for COVID-19 Outbreaks in Long Term Care Facilities documents that V17, Dietary Aide, tested positive for COVID based on test that was done on 7/12/21 and results came back 7/14/21.</p> <p>On 7/15/2021 at 1:30 PM, when asked if V17 had prolonged exposure with any employees or residents prior to testing positive for COVID-19, V3 stated, "I am not sure. We do not do the kitchen schedules." V3 stated that V17 worked in the kitchen and took the food carts to the doors of the units. V3 stated V17 was fully vaccinated.</p> <p>The kitchen schedule documents that V17 was on duty from 5:30 AM-1:30 PM on 7/11, 7/12, and 7/14/21.</p> <p>The Facility's Line List for COVID-19 Outbreaks in Long Term Care Facilities documents that R14 and R15 tested positive for COVID-19 on 7/14/2021 and both were fully vaccinated. The facility had no documentation that they</p>	S9999		



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S9999	<p>Continued From page 8</p> <p>attempted to identify who may have had prolonged close contact to V17, R14, R15, to see who was potentially exposed to COVID-19.</p> <p>On 7/14/2021 at 9:45 AM, V2 stated that when V6 tested positive all residents had rapid COVID-19 tests and staff were tested by PCR (Polymerase Chain Reaction). V2 again confirmed she did not interview V6 or do any type of contact tracing to see who may have had prolonged exposure and implement isolation. V2 stated she did not do that for the 2 staff, V21 and V27, that currently tested positive on 7/8/2021. V2 stated that when the employees tested positive on 7/8 the facility conducted rapid tests again.</p> <p>On 7/20/2021 at 3:20PM, V30, Medical Director stated he would expect the facility to identify residents with prolonged close contact for potential COVID 19 exposure to identify these persons and implement isolation procedures if needed. V30 stated if this not done, this could increase the spread of virus. V30 stated sounds like some holes as what is supposed to be happening at the facility.</p> <p>The Centers for Disease Control and Prevention's Website "Interim Infection Prevention and Control Recommendation to Prevent SARS-CoV-2 Spread in Nursing Homes," updated 3/29/21, was reviewed. In the section entitled "Evaluating and Managing Personnel and Residents," documented "Have a plan for how to respond to HCP (Health Care Personnel) with SARS-COV-2 infection who worked while ill (e.g., identifying exposed residents and co-workers and initiating an outbreak investigation in the unit or area of the building where they worked)." The website documents "Establish a process to ensure HCP (including consultant personnel and ancillary staff</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>such as environmental and dietary services) entering the facility are assessed for symptoms of COVID-19 or close contact outside the facility to others with SARS-CoV-2 infection and that they are practicing source control." The website documents "Options could include (but are not limited to): individual screening on arrival at the facility; or implementing an electronic monitoring system in which, prior to arrival at the facility, HCP report absence of fever and symptoms of COVID-19, absence of a diagnosis of SARS-CoV-2 infection in the prior 10 days, and confirm they have not had close contact with others with SARS-CoV-2 infection during the prior 14 days."</p> <p>Centers for Disease Control and Prevention's website "Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination," updated on 4/27/21, documents "Fully vaccinated inpatients and residents in healthcare settings should continue to quarantine following prolonged close contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection; outpatients should be cared for using recommended Transmission-Based Precautions."</p> <p>2. R2's Face Sheet, dated 7/8/2021 documents R2 has diagnoses of cognitive communication deficit and pneumonia.</p> <p>On 7/20/2021 at 1:10 PM V2 stated that after R2 tested positive for COVID 19 on 6/24/21, the facility started testing all employees and residents and set up zones.</p> <p>The facility's Line List for COVID-19 Outbreaks in Long Term Care Facilities documents that R2</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>tested positive for COVID-19 on 6/24/2021, was fully vaccinated and expired at the hospital.</p> <p>R2's Death certificate dated 6/25/2021 documents R2's cause of death as "a) pulmonary embolus b) COVID-19 (positive test/clinical)." The facility had no documentation that they attempted to identify who may have had prolonged close contact to R2 to identify who was potentially exposed to COVID-19.</p> <p>3. The facility's Line List for COVID-19 Outbreaks in Long Term Care Facilities documents R21 tested positive for COVID-19 on 6/27/21 and R7, roommate, tested positive for COVID 19 on 6/29/2021.</p> <p>The facility had no documentation that they attempted to identify who may have had prolonged close contact to R7 and R21 to see who was potentially exposed to COVID-19.</p> <p>4. On 7/8/2021 at 2:02PM V4, CNA was in common area outside the large dining room putting face shield together. V4 was not wearing a face shield or goggles.</p> <p>5. On 7/12/2021 at 1:23 PM V5, Dietary manager was interviewed regarding COVID-19 policies. During this interview, V5 did not have a face shield or goggles on and did not attempt to get one during the interview.</p> <p>6. On 7/12/2021 at 1:26 PM, V26, Dietary Staff, was bringing a covered Styrofoam container to yellow zone door on west hall. V26 did not have a face shield or goggles on. When questioned V26 responded "I work in the kitchen."</p> <p>7. On 7/12/2021 at 1:34 PM V7, CNA, and V8,</p>	S9999		

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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
S9999	<p>Continued From page 11</p> <p>RN were sitting at the desk in the yellow zone east hall next to the entrance of zippered red zone. V7 and V8 were not wearing face shields or goggles. V8 stated "I was aware only needed when in rooms." At no time did V7 attempt to don a face shield. V7, without face shield or goggles, unzipped the curtain to the entrance of the red zone which has COVID 19 positive residents and entered. V7 left the zippered curtain to the entrance of the red zone unzipped 3/4 of way up leaving it opened. At that time, the surveyor questioned V8 as to why that area not closed/zipped. V8 stated "That's is a good question" and instructed V7, CNA to close the zippered curtain.</p> <p>On 7/12/21 at 1:37PM V3, ADON stated that the zippered curtain is always to be closed.</p> <p>8. On 7/13/2021 at 8:20 AM V22, Licensed Practical Nurse, LPN exited R25's room who currently resides in a room in the yellow zone. V22, while wearing a face shield and N95 mask, removed her gown and gloves but did not sanitize her hands after doffing her gloves. V22 walked down to the end of the hall and disposed of N95 and face shield and donned new ones. At no time during this process did V22 sanitize her hands. V22 then exited the facility at the end of the COVID unit through the double doors.</p> <p>9. On 7/13/2021 at 8:31 AM V23 CNA was wearing a face shield, gown, and N95 mask. V23 donned gloves but did not sanitize hands prior to donning gloves. V23 entered R12's room (who currently resides on the yellow zone). V23 exited R12's room and removed gown and gloves. V23 did not sanitize her hands after doffing gloves and exited the area through double doors.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004840</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/28/2021</b>
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S9999	<p>Continued From page 12</p> <p>10. On 7/13/2021 at 8:39 AM V24 CNA and V25, Activity Director, were putting up signs for PPE usage outside of resident's room doors on the yellow zone unit. Prior to this, there was no signage instructing facility staff what type of PPE to utilize on the double doors which staff enter to get into the yellow zone.</p> <p>11. On 7/13/2021 at 2:10PM, V13 CNA entered the COVID unit from outside the building. V13 was wearing an N95 mask and face shield. V13 did not don a gown or gloves upon entry into the COVID 19 unit. V13 walked the length of the hallway then donned gown and gloves but did not sanitize hands prior to donning gloves.</p> <p>On 7/13/20 at 2:15 PM, V12, LPN on the COVID-19 unit stated that all staff are to wear full Personal Protective Equipment (PPE) while on the unit which includes gown, gloves, N95, and face shield.</p> <p>12. On 7/19/2021 at 9:37 AM, V19, Dietitian entered the conference room with only N95 mask on and asked surveyor if she could work in room with surveyor. When asked where her face shield/goggles were, V19 then stated she was going to work in the storeroom. V19 stated it would be too hard to wear a face shield all day.</p> <p>The facility PPE Guidelines and Scenarios, updated 3/15/2021 documents "In the event we have COVID in the facility, all staff will don an N95 mask and goggles/face shields on all units."</p> <p>13. The Facility Midnight Census Report dated 7/8/2021 documents a census of 68.</p> <p>(AA)</p>	S9999		



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