

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6002612	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  08/04/2021
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NAME OF PROVIDER OR SUPPLIER  DUPAGE CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 400 N COUNTY FARM RD WHEATON, IL 60187
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S 000	Initial Comments  Annual Licensure Survey	S 000		
S9999	Final Observations  Statement of Licensure Violations  300.696a) 300.696c)2)6)7) 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.  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):  2) Guideline for Hand Hygiene in Health-Care Settings  6) Guideline for Isolation Precautions in Hospitals  7) Guidelines for Infection Control in Health Care Personnel	S9999	Attachment A Statement of Licensure Violations	

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>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 regulations are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to implement infection control policies and recommendations from the Center for Disease Control (CDC) regarding staff donning personnel protective equipment (PPE) when entering a Person Under Investigation (PUI) for Covid-19 resident room. The facility failed to have the required PPE for airborne/droplet isolation available outside the resident room to prevent possible exposure to Covid-19, for 4 of 4 residents (R150, R280, R281, and R282) reviewed for transmission based precautions (TBP) in the sample of 35. This failure has the potential to infect high risk residents with Covid-19 and spread the disease of Covid-19 to negative residents. The facility failed to perform hand hygiene and change gloves during incontinence care to prevent cross contamination for 1 of 5 residents (R108) reviewed in the sample of 35.</p> <p>Findings include:</p> <p>The facility provided list on 8/2/2021, shows the following two residents are on airborne/droplet transmission based precautions and considered to be PUI, to rule out Covid-19. (R280 and R282). The facility provided list on 8/2/21 shows R150 was admitted to the facility on 7/20/21 and R281 was admitted to the facility on 7/30/21. Outside</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>the rooms of the above four identified residents there were isolation carts and a sign posted on the doors. The signs show anyone entering the room is required to wear a gown, N95 face mask, gloves, and a face shield when entering their rooms.</p> <p>The list provided by the facility on 8/2/2021 shows that 92.31% of residents and 85.13% of staff have been fully vaccinated against Covid-19.</p> <p>On 8/2/2021 at 12:28 PM, V7, Unit Secretary, said people who are admitted here from the hospital who are not vaccinated for Covid-19 are on TBP for 14 days, they are not PUIs. V7 said it is his understanding only residents with known exposures to Covid-19 are PUIs. V7 provided a list indicating the residents on TBP; the residents marked were R150, R280, R281, and R282.</p> <p>On 8/2/2021 at 12:10 PM, V5, Certified Nursing Assistant (CNA), said staff wear a N95 mask only if they are not vaccinated; if the staff member is vaccinated, they can choose not to wear an N95 mask.</p> <p>On 8/2/2021 at 12:15 PM, V4, Occupational Therapist (OT), was in R281's room wearing a surgical mask and a face shield. V4 exited R281's room and said R281 is on isolation since she was not vaccinated for Covid-19. V4 said she is required to wear a gown, gloves, a face shield and a surgical mask in R281's room.</p> <p>On 8/2/2021 at 12:38 PM, V10, Registered Nurse (RN) was observed going into R281's room with a surgical mask, face shield, gown, and gloves. V10 said all residents not vaccinated for Covid-19 are on contact/droplet TBP for a total of 14 days. V10 said no N95 mask is required for TBP rooms</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>except for staff members who are not vaccinated.</p> <p>On 8/2/2021 at 12:42 PM, V11, CNA, was observed delivering a meal tray to R280 wearing only a surgical mask, gown, face shield and gloves.</p> <p>On 8/2/2021 at 12:32 PM, V9, RN said she is not required to wear an N95 mask in any of the isolation rooms. Contact isolation requires staff to wear a gown, gloves, and face shield with a surgical mask and the same PPE for residents on TBP. V9 said residents on TBP are those residents not fully vaccinated for Covid-19 that have come from the hospital or new admissions. V9 said she wears a regular surgical mask unless the resident has Covid.</p> <p>On 8/2/2021 at 12:21 PM, V6, Secretary, said she goes into resident rooms to deliver clothes or the newspaper. V6 said she is required to wear full PPE in isolation rooms which includes a gown, surgical mask, and foot covers for any isolation room. V6 said she does not have to wear an N95 mask in isolation rooms, just the surgical mask.</p> <p>On 8/2/2021 at 10:11 AM, V8, Registered Nurse (RN), said residents are on TBP for 14 days after returning from the hospital. Currently, R150, R280, R281, and R282 are on TBP.</p> <p>On 8/2/2021 at 1:01 PM, V3, Infection Prevention Nurse, said staff are require to wear "all the garb" including an N95 mask, gown, gloves, and face shield for residents in TBP rooms.</p> <p>On 8/2/2021 at 2:42 PM, V1, Assistant Administrator, said that is not our policy, staff absolutely have to wear the N95 masks in the PUI rooms.</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>On 8/3/2021 at 8:30 AM, V2, Director of Nursing (DON), said, "I don't know how we missed the guidance on this one. They have been wearing surgical masks and face shields, not N95s in the PUI isolation rooms."</p> <p>The facility provided Resident Vaccine Tracker shows the following residents (R90, R173, R283, R144, R150, R25, R75, R282, R101, R88, R284, R281, R280, R31, R110, and R226) have either refused the Covid-19 vaccine or are considered not fully vaccinated against Covid-19 per CDC criteria.</p> <p>On 8/2/2021 at 9:54 AM, the 1 East Unit isolation carts outside the residents' rooms were checked by the surveyor. The carts contained, gowns, surgical masks, and cleansing wipes for face shields. There were no face shields, gloves, or N95s in the carts. Staff on the floor, V4, V5, V6, V7, V8, V9, V10, and V11, were observed to be wearing surgical masks and not N95s.</p> <p>The CDC's Interim Infection Prevention and Control Recommendations for Healthcare Personnel during the Coronavirus Disease 2019 (COVID-19) Pandemic last updated February 23, 2021 shows, "2. Recommended infection prevention and control (IPC) practices when caring for a patient with suspected or confirmed SARS-CoV-2 infection. The IPC recommendations described below also apply to patients who have met criteria for a 14-day quarantine based on prolonged close contact with someone with SARS-CoV-2 infection. Patients in this 14-day quarantine period should be isolated in a single-person room and cared for by HCP using all PPE recommended for a patient with suspected or confirmed SARS-CoV-2 infection."</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>The Centers for Disease Control Preparing for COVID-19 in Nursing Homes-Create a Plan for Managing New Admissions and Readmissions updated 11/20/2020 shows, "HCP (Healthcare personnel) should wear an N95 or higher-level respiratory mask, eye protection, gloves, and gown when caring for new admissions and readmissions."</p> <p>The CDC's Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic last updated February 23, 2021 shows, "Appendix: Additional Information about Airborne Infection Isolation Rooms, Respirators and Facemasks: Filtering Face piece Respirators (FFR) including N95 Respirators: A commonly used respirator in healthcare settings is a filtering face piece respirator (commonly referred to as an N95). FFRs are disposable half face piece respirators that filter out particles. To work properly, FFRs must be worn throughout the period of exposure and be specially fitted for each person who wears one. This is called "fit testing" and is usually done in a workplace where respirators are used. Three key factors for an N95 respirator to be effective: 1. The respirator must be put on correctly and worn during the exposure. 2. The respirator must fit snugly against the user's face to ensure that there are no gaps between the user's skin and respirator seal. 3. The respirator filter must capture more than 95% of the particles from the air that passes through it."</p> <p>The facility Infection Control Covid-19 Policy revised 6/2021 shows the facility will implement all three types of TBP, contact, droplet, and airborne, with resident's who are suspected or</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>confirmed with Covid-19. Specifically, respirators will be used when available ...</p> <p>2. On 8/2/21 at 11:53 AM, V12 CNA (Certified Nursing Assistant) and V13 CNA performed incontinence care for R108. R108 had a large amount of liquid stool in his incontinence brief, incontinence pad, and bed sheet. There was stool to R108's left hip. V12 had her right hand on the stool on R108's hip and then touched R108's urinary device tubing, and R108's shirt without changing her gloves or performing hand hygiene. At 12:32 PM, V13 CNA pulled the soiled with stool washcloths from under R108's backside and placed the soiled linen in a garbage bag. V13 touched R108's new incontinence brief, R108's clean shorts, urinary drainage device tubing, the mechanical lift controls, and R108's motorized wheel chair controls without performing hand hygiene or changing his gloves.</p> <p>On 8/4/21 at 11:00 AM, V22 CNA said hand hygiene should be performed and gloves should be changed after each step of incontinence care. Hand hygiene and glove change should be done before a new incontinence brief and clean clothes are placed on the residents to avoid contamination and infection.</p> <p>The facility Hand Hygiene Policy revised on 8/2020 shows, "To provide guidelines for hand hygiene and prevention of infections. To promote compliance with regulatory guideline for hand hygiene. Wash hands when visibly soiled; show dirt or contamination from proteinaceous material; blood; or, other body fluids (i.e. fecal material or urine.). Hand hygiene should be done before and after assisting residents with personal care, assisting residents with toileting, and before moving from work on a soiled body site to a clean</p>	S9999		

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S9999	Continued From page 7  body site on the same residents.  (B)	S9999		