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	IL6015630	A. BUILDING: _____ B. WING _____	01/22/2021

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DEKALB COUNTY REHAB & NURSING	2600 NORTH ANNIE GLIDDEN ROAD DEKALB, IL 60115

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S 000	Initial Comments COVID 19 Focused Infection Control Survey Complaint Investigation #2110344/IL130255	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.696 a) 300.696 c)6) 300.1210 b) 300.3240 a) 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). Activities shall be monitored to ensure that these	S9999	Attachment A Statement of Licensure Violations	

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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):
6) Guideline for Isolation Precautions in Hospitals

Section 300.1210 General Requirements for Nursing and Personal Care
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.

Section 300.3240 Abuse and Neglect
a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.

These regulations are not met as evidenced by:

Based on observation, interview, and record review, the facility failed to implement infection control policies and recommendations from the local health department and the Centers for Disease Control regarding isolation of COVID-19 residents, and the facility failed to ensure staff were knowledgable in the use of personal protective equipment. This failure has the potential to spread COVID-19 disease to negative residents. This applies to five of five residents (R1, R5, R6, R8, and R10) reviewed for infection

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S9999	Continued From page 2 control practices in the sample of 11. The findings include: 1. On 1/20/21 at 9:05 AM, V1 (Administrator) stated the building was currently in a huge COVID-19 outbreak with 47 positive residents. V1 said the first resident tested positive on 1/11/21 after being sent out to the local hospital and it has just exploded since then. V1 said the entire A-unit is on isolation with some positive and negative residents remaining together in the same rooms. On 1/20/21 at 10:05 AM, V2 (Infection Control Preventionist) stated COVID-19 positive residents were being moved to the south wing of the A-unit until it became full on 1/18/21. V2 said after the south wing filled up, all residents were placed on transmission based precautions and left in their same rooms. On 1/20/21 at 12:40 PM, V1 stated negative residents have been left in the same room as their positive roommate because they have been exposed to the virus. V1 said they haven't been separated for fear of spreading COVID-19 to other areas of the facility. V1 said all four hallways on the A-unit have COVID-19 positive residents and it would be a huge task to move so many residents around. V1 said there is a plan in formation to move the COVID-19 negative residents to a separate, closed off hall but that has not been done yet. V1 said that would be a team decision, it is not fully thought out yet, and the idea is just forming this morning. V1 said a separate unit for the negative residents would be "a sanctuary and would protect those residents from the known positive residents".	S9999		

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On 1/20/21 at 1:05 PM, V2 stated the COVID-19 positive and negative residents have not been room separated yet because we are trying to stop the spread to other areas in the building. V2 said widespread testing was done on 1/18/21 for all residents and resulted in 18 positive and 19 negative residents. V2 said it was decided the best way to mitigate any spread was to leave all A-unit residents in their current room, with their current roommate (regardless of test results). V2 said it felt like there was a greater risk of exposing the negative residents to COVID-19 by moving them versus just leaving them right where they were. V2 said the goal is to separate the negative and positive residents, but there just isn't the physical space right now.

The facility's Resident Bed List Reports from 1/18/21 to 1/20/21 were reviewed. The facility's January 2021 COVID-19 Mass Testing Logs were reviewed. The documents showed:

R4 tested positive on 1/18 and R1 tested negative on 1/19. Both residents continue to reside in the same room together.
R7 tested positive on 1/19/21. R6 tested negative on 1/19. Both residents continue to reside in the same room together.
R2 tested positive on 1/18 and R5 tested negative on 1/19. Both residents continue to reside in the same room together.
R9 tested positive on 1/18 and R8 tested negative on 1/19. Both residents continue to reside in the same room together.
R11 tested positive on 1/18 and R10 tested negative on 1/19. Both residents continue to reside in the same room together.

The Resident Bed List Report showed all the residents were located in the A-wing of the facility.

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S9999	Continued From page 4 On 1/21/21 at 10:00 AM, V5 (Business Office/Census Staff) stated the A-wing has 99 total beds. V5 said the resident census on 1/20/21 was 60 residents and therefore the bed census was 39 open beds. V5 said the 39 beds were only considered available assuming male residents resided with males and female residents resided with female. V5 did not know if the five currently positive residents could be relocated to one of the 39 beds with another positive resident. On 1/21/21 at 1:30 PM, V6 (Communicable Disease Coordinator at local health department) stated her department is in daily communication with the facility. V6 said she was aware the facility was in a COVID-19 outbreak and have been providing guidance. V6 said guidance included moving positive and negative residents to separate rooms in hopes that the negative residents would remain negative. V6 said her department also offered suggestions if room space was limited. V6 said using plastic sheathing to block one hall and setting up a separate unit was suggested as a way to keep positive and negative residents apart. V6 said the goal is to put positive residents with positive residents and negative residents with negative residents. V6 stated she clearly remembered a phone call sometime last week (week of 1/11/21) between facility staff and her communicable disease nurse discussing the plastic sheathing tactic. V6 said the facility staff member mentioned they did have the plastic due to recent construction in the building but "opted not to use that suggestion". The facility's COVID-19 Infection Control policy, revision dated 9/11/20, states under the	S9999		

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transmission based precautions section: "i. (facility) will ensure appropriate space/private room if available. If private rooms are unavailable, the (team) will make room placement decisions balancing risks to other residents; and by cohorting impacted residents."

The CDC website Responding to COVID-19 in Nursing Homes, updated 4/30/20, shows under the resident with new-onset suspected or confirmed COVID-19 section: "Ensure the resident is isolated and cared for using all recommended COVID-19 PPE. Place the resident in a single room if possible pending results of SARS-CoV-2 testing. Cohorting residents on the same unit based on symptoms alone could result in inadvertent mixing of infected and non-infected residents ...If cohorting symptomatic residents, care should be taken to ensure infection prevention and control interventions are in place to decrease the risk of cross-transmission ...If the resident is confirmed to have COVID-19, regardless of symptoms, they should be transferred to the designated COVID-19 care unit ...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) ...Exposed residents may be permitted to room share with other exposed residents if space is not available for them to remain in a single room."

On 1/21/21 at 3:00 PM, V1 (Administrator) and V3 (Director of Nurses) stated two of the five residents (R5 and R6) that were allowed to remain in the same room as their COVID-19

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S9999	Continued From page 6 positive roommate have now tested positive. 2. On 1/20/21 at 9:05 AM, V1 (Administrator) stated there is currently a huge outbreak of COVID-19 in the building. V1 said the A-unit is designated as the COVID-19 unit. V1 said all positive and potentially exposed residents are being cohorted on the A-unit. V1 said the B-unit does not have any COVID-19 positive residents, but does have one hallway (B-south) for 14 day isolation of new admissions or readmissions. On 1/20/21: At 11:00 AM, the B-south wing had yellow highlighted signage on each end of the hall stating: STOP ... Please go through A-(wing) if you are not caring for residents in this hall! At 11:05 AM, V7 (CNA) stated those are old signs and are not correct. They were put up to direct people to not pass through this hall and instead go through the A-unit (COVID-19 unit). We have tons of people with COVID-19 on that unit now so I will take the signs down right now. V7 said the B-south wing is a PUI (Person Under Investigation) isolation unit and no one should be using the hallway as a pass through. At 11:30 AM, V10 (Hospice Nurse) walked through the PUI unit and stated she was not caring for any resident on the hallway and was only passing through. V10 walked past a second sign on the PUI unit door that showed: Please do not enter unless you are needing to care for or see a resident on this unit. This is an added safety measure. At 11:05 AM and 11:20 AM, V7 (CNA) was wearing goggles on top of her head while entering two different resident rooms on the PUI unit. At 11:30 AM, V10 (Hospice Nurse) walked through	S9999		

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the PUI unit without eye protection. At 11:10 AM, V8 (CNA) was also wearing goggles on top of her head while caring for residents on the B-west unit. At 11:45 AM, V2 (Infection Control Preventionist) stated eye protection is needed at all times in resident care areas, not just when staff are within six feet of the resident. V2 said COVID-19 can spread through the eyes and protection is necessary to stop the spread.

At 11:50 AM, V11 (Housekeeper) was wearing a N95 mask, eye protection, gown, and gloves while exiting the A-wing (COVID-19 unit). V11 went to the clean PPE bin and opened drawers to get a cleaning rag. V11 was carrying a full bucket of sanitizing solution. V11 said he just came out real quick to grab cleaning towels so he left his PPE on. V11 said he was unsure if he needed to remove the PPE to exit the unit.

At 12:00 PM, V12 (Cook) was at the A-wing (COVID-19 unit) steam table filling resident lunch trays. V12 was not wearing any eye protection or gown. V12 stated she thought she only had to wear them if she went down a hallway, but she wasn't sure.

At 12:05 PM, V14 (Registered Nurse) stated she was not sure what the PPE rules were on the A-wing (COVID-19 unit). V14 said the rules have changed one or two times over the past few days and we are flying by the seat of our pants. V14 said she thinks the rule is to change gowns and gloves after exiting every resident room. V14 said the nurse station is considered a "clean area" and we can't go behind it with a gown. We have to take it off first.

At 12:10 PM, V15 (Nurse Secretary) was behind the A-wing (COVID-19 unit) nurse station wearing

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a gown. V15 said she didn't realize she was supposed to take if off. V4 (Assistant Director of Nurses) was seated next to her without a gown on and said, "Yes, you shouldn't be behind the nurses station in that gown. This is a clean area."

At 12:30 PM, V16 (Housekeeper) and V17 (CNA) were on the A-south hall (COVID-19 unit). Neither were wearing gowns or gloves. V16 said I think I am supposed to put them on when I enter the south hall, but I'm not really sure. V17 said she was told to change her gown when entering the south hall but didn't have one available at the unit entry. V17 said she changes her gown between every resident care. At 12:40 PM, V19 (Respiratory Therapist) stated he was told to wear full PPE when entering the A-wing because all the residents were COVID-19 positive and only remove it when exiting the A-wing. At 12:35 PM, V18 (CNA) stated she changes her gown between every resident on the A-south hall. At 12:45 PM, V21(CNA) stated she doesn't change her gown between residents on the A-south hall.

At 1:00 PM, this surveyor exited the A-south hall and was instructed by V17 (CNA) to change gowns and gloves before entering the other three A-wing halls. There was no biohazard disposable bin, no clean gowns, and no trash can for sanitizing items outside of the unit. At 1:05 PM, V20 (Restorative Nurse) stated she wasn't really sure how to enter or exit the A-south hall. V20 said she hasn't had the need to go in or out so she doesn't really know.

At 1:15 PM, this surveyor exited the main entry to the A-wing (COVID-19 unit). There was no biohazard disposable bin available. At the same moment, V22 (Unit Assistant) exited wearing a gown and pushing a wheelchair. V22 said she

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has to use the end resident room to throw away her contaminated gowns. V22 said she had just washed the wheelchair at the far end of the COVID-19 unit and was taking it to the therapy department. At 1:20 PM, V23 (Activity Aide) entered the COVID-19 unit without donning any gown or gloves. V23 returned five minutes later with a hot microwavable lunch container and stated he uses the microwave on that unit to heat his lunches.

Facility postings on the door outside of the A-wing (COVID-19 unit) showed: Building A (A-wing) is considered to be a Protective Area. Do not enter unless given direction. Staff assigned to building A need to stay on the unit until the end of the shift. Staff assigned to A should only use the A lounge. Staff should bring a change of clothes to change into before leaving for the day. Additional signage from the (CDC) Center for Disease Control showed: PPE must be donned correctly before entering the patient areas (e.g. isolation room, unit if cohorting). PPE must remain in place and be worn for the duration of work in potentially contaminated areas. The sign showed required PPE consisted of eye protection, N95 facemask, gloves, and gowns.

At 1:05 PM, V4 (Assistant Director of Nurses), V14 (Registered Nurse), V20 (Registered Nurse), V24 (CNA), V25 (CNA), and V26 (Activity Aide) were on the COVID-19 unit not wearing gowns. Multiple resident room doors were wide open on all four A-wing halls.

On 1/22/21 at 9:45 AM, V2 (Infection Control Preventionist) stated PPE in the A-wing (COVID-19 unit) changed overnight and the entire wing is now a (TBP) transmission based precaution unit. V2 said PPE required on a TBP

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S9999	Continued From page 10 unit includes a N95 mask, eye protection, gown, and gloves. V2 said resident room doors should be closed to reduce the potential for COVID-19 spread outside of resident rooms. V2 said the sign on both entries to the B-south (PUI) unit was old and incorrectly directed staff to pass through the COVID-19 positive unit. V2 said staff receive CDC training in regard to proper PPE use and should be well aware of when and how it is used. V2 said the last training was just last month in December 2020. The facility's COVID-19 Infection Control policy, revision dated 9/11/20, shows: "The primary goal of (facility) is to prevent COVID-19 from being introduced within our campus. Prevention include: b.Providing training and education for staff, residents, and visitors on COVID-19," "Use of personal protective equipment (e.g. gloves, gowns, masks, eyewear) when there is an expectation of possible exposure to infectious material." "Resident room doors will be closed unless there are safety considerations." "Removing and discarding the gown in a dedicated container for waste or linen before leaving the resident room or care area." (A)	S9999		