

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007272	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/15/2020
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NAME OF PROVIDER OR SUPPLIER SHARON HEALTH CARE WILLOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 3520 NORTH ROCHELLE PEORIA, IL 61604
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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 15, 2020	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.696a)c) 300.1210b) 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	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>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>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>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>These requirements were not met based on evidenced by:</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Based on observation, interview, and record review, the facility failed to use appropriate (facial coverings) Personal Protective Equipment/PPE, cohort COVID positive residents, dedicate nursing staff to care for COVID positive residents and affix isolation signs on the door of residents on transmission based precautions. These failures have the potential to affect all 149 residents residing in the facility.</p> <p>Findings include:</p> <p>Facility Resident Room Roster, dated 12/4/20, documents 149 residents residing in the facility. The Roster documents that nine residents are COVID positive: R1, and R10 reside on the F Hall. R4, R5, R7, R8, and R9 reside on the G Hall. R3, R6 reside on the H Hall; and R2. The Resident Room Roster documents that these residents are in Contact/Droplet Transmission based precautions.</p> <p>On 12/7/20, V1 (Administrator) confirmed that nine COVID positive Residents (R1, R3, R4, R5, R6, R7, R8, R9, R10) are residing in the facility.</p> <p>Facility Novel Coronavirus/COVID 19 Policy, undated, documents: that COVID-19 is transmitted primarily through droplet particles and through indirect contact; training of staff will include how and when to don and doff Personal Protective Equipment/PPE facemask (surgical, procedure, cloth for initial phases or when no cases); Phase II: staff will wear appropriate PPE when and where indicated, staff will wear cloth face coverings if not involved or near residents;</p>	S9999		

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S9999	Continued From page 3 Phase III: all staff will wear appropriate PPE when and where indicated, staff will wear cloth face coverings if not involved or near residents; when an outbreak occurs traditional PPE will be required rather than improvised versions (cloth masks), provided traditional supplies can be obtained. Facility Novel Coronavirus/COVID-19 Policy, undated, documents: COVID-19 is transmitted primarily through droplet particles and through indirect contact; every attempt will be made to assign designated staff to work with the residents in isolation and likewise, those in quarantine will have staff members dedicated to work with them; isolation can be very difficult for residents cognitively, socially, and physical. This also poses a challenge for the staff who must monitor and maintain the isolation while still meeting the needs of the residents, and isolation. Therefore, undertaken when necessary to protect other residents and staff from acquiring a contagious disease, such a COVID-19, and potentially spreading it further; upon receiving information confirming a resident has contracted COVID-19, isolation measures will be promptly initiated. The resident will be placed in an isolation room with a sign affixed to the door indicating the type of isolation to be maintained and PPE requirements; and if three or more positive COVID results occur within a 72 hour period, all residents of the facility will be placed in quarantine for a minimum of 14 days; if a cluster of positive COVID cases occurs, a facility-wide quarantine will be instituted and continue until there are no new cases for 14 days and the resident will be instructed on isolation precautions and transmission prevention. On 12/6/20, during the hours of 7:30 am and 9:30 am, ambulatory residents were at the South	S9999		

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S9999	<p>Continued From page 4</p> <p>Nurses Station/Dining Room, and North Nursing Station/Dining Room. Approximately, over ten residents were eating in the North Hall Dining Room and multiple residents were ambulating and in the North F Hall, North G Hall, and North H Hall. Some residents were observed without masks and no residents were wearing protective eyewear. Dietary staff, housekeeping staff, and nursing staff were in the North Hall without proper PPE (facial coverings, gowns, gloves and protective eyewear). COVID positive resident rooms were scattered throughout North F Hall, North G Hall, and North H Hall.</p> <p>On 12/6/20, at 7:32 am, V6 (Licensed Practical Nurse/LPN) stated, "All COVID residents reside on the North Hall, but we have quarantine residents assigned on the South Hall as well. All residents on both North, and South Hall that require supervision/assistance or have behaviors eat in the dining rooms, so we have quite a few in the dining rooms."</p> <p>On 12/6/20, during the hours of 7:40 am and 9:00 am, R1 and R10 F Hall, R4 and R5 G Hall, R7 and R8 G Hall, R9 G Hall, R3 H Hall, and R6 Hall did not have an Isolation sign affixed to their doors.</p> <p>On 12/6/20, at 7:59 am, V10 (Dietary Aide), wearing a decorative cloth face covering, exited the Kitchenette off of the North Hall Dining Room, carrying kitchen supplies and walked passed the North Hall (nine COVID positive residents) nursing station, through the entrance door to the South Hall. North Hall residents (approximately 10), dietary staff, and nursing staff were in the North Hall dining room, and at the North Hall nursing station.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>On 12/6/20, at 8:40 am, V11 (Certified Nursing Assistant/CNA), wearing a decorative cloth face covering, walked through the South Hall Nursing Station to the South Hall Dining Room. South Hall Residents (approximately 15 residents), dietary staff and nursing staff were in the South Hall dining room and at the South Hall Nursing station. V11 then assisted residents with serving breakfast in the South Hall dining room, touching V11's cloth facial covering and then not performing hand hygiene.</p> <p>On 12/6/20, at 8:20 am, V2 (Assistant Administrator), wearing a decorative cloth face covering, walked through the South Hall Main Dining Room down the hallway to the North Hall (COVID positive), and returned through the South Hall Main Dining Room, and the South Hall Nursing Station. South Hall residents were eating breakfast in the South Hall dining room. Dietary staff, and nursing staff were in the South Hall dining room, and at the South Hall Nursing station. No hand hygiene was observed.</p> <p>On 12/6/20, at 8:22 am, V2 (Assistant Administrator) stated, "I was in a hurry because you (State agency) were here, I was going to change my mask. With COVID in the building, we should not be wearing cloth face masks, we should all be wearing surgical or N95 masks, especially in the COVID positive areas."</p> <p>On 12/7/20 at 9:49 am, V3 (Director of Nursing/DON) stated, "Our Census on 12/6/20 was 149. I am not sure if we are in Phase Two, or Phase Three. We have to cohort our COVID residents with non-COVID because we like for them to all have their own bathroom and we only have so many private bathrooms on each hall. We do not dedicate staff to take care of just the</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>COVID residents, all our staff works the whole building and works with COVID and non-COVID residents on the same shift. We have two nurses on first, second shift, and one on third shift, and all the certified nursing assistants on all shifts, assigned to all three hallways work with COVID and non-COVID residents. One nurse split F Hall and half of G Hall and the other nurse splits half of G Hall, and all of H Hall. All my staff can work both sides of the building. It is impossible to move all the COVID residents to one hall, because I would have to move too many residents. We do not supply the non-COVID residents any eye protection or N95 masks, if they are co-horting on a hallway with COVID positive residents. We do the best we can do in educating them, cleaning and trying to keep them in their rooms. We have boxes and boxes of personal protective equipment available we should be using. I did not know that there were not any isolation signs on their doors, I think the residents take them down."</p> <p>On 12/8/20, V1 (Administrator/ADM) confirmed that R1 and R10 reside on the F Hall; R4, R5, R7, R8 and R9, reside on the G Hall and R3 and R6 reside on the H Hall, and that the Nursing Staff (Nurses and Certified Nursing Asslstants) are assigned to COVID and non-COVID residents on the same shift.</p> <p style="text-align: center;">" B "</p>	S9999		