

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006738	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/02/2021
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NAME OF PROVIDER OR SUPPLIER OAK CREST	STREET ADDRESS, CITY, STATE, ZIP CODE 2944 GREENWOOD ACRES DRIVE DEKALB, IL 60115
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S 000	Initial Comments Annual Licensure Survey Sheltered Care Annual Licensure Survey The Oak Crest is in compliance with the Sheltered Care Facilities code (77 Illinois Administrative Code 330) for this survey.	S 000		
S9999	Final Observations Statement of Licensure Violations 300.696c)2) 300.696d) 300.696e)2) 300.1210b)5) 300.675a)1)2) 300.675b)1)3) Section 300.696 Infection Control (1of 3) 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 d) Each facility shall comply with infection control recommendations provided by the Department or certified local health department, including, but not limited to, testing plans, infection control assessments, training or other measures designed to reduce infection rates and disease outbreaks.	S9999		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

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S9999	<p>Continued From page 1</p> <p>e) Each facility shall conduct testing of residents and staff for the control or detection of communicable diseases when:</p> <p>2) directed by the Department or the certified local health department where the chance of transmission is high, including, but not limited to, regional outbreaks, pandemics or epidemics.</p> <p>This REQUIREMENT was not met as evidence by:</p> <p>A. Based on observation, interview, and record review the facility failed to ensure staff washed their hands after resident care to prevent the spread of infection.</p> <p>This applies to 1 of 6 residents reviewed (R101) reviewed for infection control.</p> <p>The findings include:</p> <p>On March 1, 2021 at 9:40 AM, V8 (Certified Nursing Assistant) assisted R101 in the bathroom and assisted him back to his recliner chair. V8 touched R101, his clothing, and multiple items/surfaces in his room. V8 then left the room without washing her hands or hand sanitizing.</p> <p>On March 2, 2020 at 10:15 AM, V9 (Registered Nurse) said staff should wash their hands after resident care.</p> <p>The facility's Hand Hygiene Policy and Procedure revised on April 2020, states, "It is the policy of this organization to promote use of alcohol sanitizers and hand washing when alcohol sanitizers are not immediately available as the single most important means of preventing the spread of infection ...Examples of situations when</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>hand hygiene is indicated: *Before and after direct resident care contact * After contact with items and surfaces in resident area.</p> <p>B. Based on observation, interview and record review the facility failed to ensure a resident was tested for COVID after exhibiting COVID like symptoms and failed to ensure a resident's door remained closed for a resident on droplet precautions for suspected exposure to COVID-19.</p> <p>This applies 1 of 6 (R102) residents reviewed for infection control.</p> <p>The findings include:</p> <p>On March 1, 2021 at 9:30 AM, R102's door was wide open with an isolation cart outside of the room and a droplet precaution sign posted on the door. At 10:45 AM and 12:00 PM, R102's door remained open.</p> <p>On March 1, 2021 at 11:00 AM, V3 (Infection Control Nurse) said R102 was out of the hospital and was placed on droplet/precautionary isolation until 3/9/21. V3 said R102's door should be closed.</p> <p>On March 1, 2021 at 12:05 PM, V7 (Registered Nurse) said R102 is on precautionary isolation, she was in the hospital for about a week. V7 said R102's temperature was elevated during the night shift and this morning her temperature was 101 degrees. V7 said if a resident develops COVID-like symptoms we test the resident for COVID with a rapid test. V7 said R102 did not get tested for COVID when she developed a temperature because she did not have an order</p>	S9999		

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S9999	<p>Continued From page 3 to test for COVID.</p> <p>On March 1, 2021 at 12:12 PM, V3 (Infection Control Nurse) said the facility has standing orders to perform a rapid COVID test if a resident exhibits signs of COVID. V3 said staff can perform a rapid COVID test without a physician's order and should test the resident when they develop symptoms.</p> <p>R102's Temperature Summary Report from February 24, 2021 to March 1, 2021 shows:</p> <p>March 1, 2021 at 12:08 AM: Temperature of 101.1 degrees Fahrenheit (F) March 1, 2021 at 8:38 AM: Temperature of 101.1 degrees F March 1, 2021 at 9:18 AM: Temperature of 101.1 degrees F</p> <p>The facility's COVID-19 Staff and Resident Testing undated Policy states, ... " Residents with signs and symptoms must be tested.</p> <p>The facility's COVID-19 Preparedness Plan dated September 2020, states, ..." C. For residents who are confirmed or suspected (undiagnosed respiratory illness): c. residents with suspected or confirmed COVID-19 will remain in their private room/apartment with door closed at all times."</p> <p>(B)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care (2 of 3)</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>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. Restorative measures shall include, at a minimum, the following procedures:</p> <p>5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.</p> <p>This REQUIREMENT was not met as evidence by:</p> <p>Based on observation, interview, and record review the facility failed to ensure a safe transfer for a resident who is at high risk for falls.</p> <p>This applies to 1 of 6 (R101) residents reviewed for safety.</p> <p>The findings include:</p> <p>On March 1, 2021 at 9:30 AM, R101 was in the bathroom on the toilet with V8 (Certified Nursing Assistant) besides him. R101 ambulated from the bathroom to his recliner chair wearing socks (not appropriate footwear). V8 did not apply a gait belt on R101 during ambulation. V8 said to R101, can I put on a gait belt when he was done ambulating. V8 said R101 is a fall risk and does not ask for help.</p> <p>On March 2, 2021 at 10:15 AM, V9 (RN) said R101 is at risk for falls, but does not need a gait belt when he is ambulating.</p>	S9999	

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S9999	<p>Continued From page 5</p> <p>R101's Physician Order Sheets dated through February 2021 shows he diagnoses including Dementia with Lewy bodies and history of falling.</p> <p>The current care plan shows R101 has limited mobility related to weakness and ambulates with a walker, gait belt, and one person assist.</p> <p>The Fall Risk Assessment dated January 16, 2021 shows R101 is at High risk for falling.</p> <p>The facility's General Safety Guidelines Policy revised January 2020, states,....6. " use a gait belt to transfer a resident....9. Ambulatory residents should wear appropriate footwear (e.g shoes, hard soled slippers, slip resistant socks etc...) when ambulating.</p> <p>(C)</p> <p>Section 300.675 COVID-19 Training Requirements (3 of 3) EMERGENCY</p> <p>a) Definitions. For the purposes of this Section, the following terms have the meanings ascribed in this subsection (a):</p> <p>1) "CMMS Training" means CMMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Management, available at https://QSEP.cms.gov.</p> <p>2) "Frontline clinical staff" means the medical director of the facility, facility treating physicians, registered nurses, licensed practical nurses, certified nurse assistants, psychiatric service rehabilitation aides, rehabilitation therapy aides, psychiatric services rehabilitation</p>	S9999		
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S9999	Continued From page 6 coordinators, assistant directors of nursing, directors of nursing, social service directors, and any licensed physical, occupational or speech therapists. Any consultants, contractors, volunteers, students in any training programs, and caregivers who provide, engage in, or administer direct care and services to residents on behalf of the facility are also considered frontline clinical staff. b) Required Frontline Clinical Staff Training 1) All frontline staff employed by facilities shall complete the following portions of CMMS Training: A) Module 1: Hand Hygiene and PPE; B) Module 2: Screening and Surveillance; C) Module 3: Cleaning the Nursing Home; D) Module 4: Cohorting; and E) Module 5: Caring for Residents with Dementia in a Pandemic. 3) Facilities shall ensure 100% of the frontline clinical staff have completed the CMMS Training by February 28, 2021. This REQUIREMENT was not met as evidenced by: Based on interview and record review, the facility failed to ensure all frontline clinical staff completed the CMMS (Centers for Medicare and Medicaid Services) Targeted COVID-19 Training for Frontline Nursing Home Staff and Management by February 28, 2021. This applies to all 62 residents residing in the facility. The findings include:	S9999		

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S9999	Continued From page 7 The facility resident matrix dated March 1, 2021 showed 62 residents residing in the facility. The facility's frontline nursing staff list dated March 2, 2021 showed V4-V6 Certified Nursing Assistants (CNA) had not completed the CMMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Management. On March 2, 2021 at 9:55 AM, V3 Assistant Director of Nursing/Infection Preventionist stated, "As of today, (V4-V6 CNAs) have not completed the mandatory frontline COVID training that was due February 28, 2021." (C)	S9999		