

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004261</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/20/2021</b>
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NAME OF PROVIDER OR SUPPLIER

**HERITAGE HEALTH-BLOOMINGTON**

STREET ADDRESS, CITY, STATE, ZIP CODE

**700 EAST WALNUT  
BLOOMINGTON, IL 61701**

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S 000	Initial Comments  Complaint Investigation  2168829/IL140745	S 000		
S9999	Final Observations  Statement of Licensure Violations:  300.610a) 300.1010h) 300.1210b) 300.1210d)3) 300.696a) 300.696c)7)  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 300.1010 Medical Care Policies  h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest	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>decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</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>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>Section 300.696 Infection Control</p> <p>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</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>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>7) Guidelines for Infection Control in Health Care Personnel</p> <p>These Requirements are not met as evidenced by:</p> <p>Failures at this level required more than one deficient practice statement.</p> <p>A. Based on interview and record review, the facility failed to follow their infection control policy to prevent the spread of a highly contagious disease COVID-19 (Human Coronavirus) to residents and staff. The facility allowed symptomatic staff to work with residents affecting two (R4, R5) of 15 residents sampled for COVID-19. These failures have the potential to affect seven additional residents (R2, R8-R12, R16) and multiple staff. Subsequently R4 and R5 tested positive for COVID-19 after being unnecessarily exposed to COVID-19 in the facility resulting in the potential for serious complications, hospitalization, and/or death.</p> <p>B. Based on observation, interview, and record review, the facility failed to ensure a resident's physician was notified of symptoms of COVID-19</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>and a COVID-19 positive rapid test result. The facility failed to initiate contact/droplet precautions for symptomatic residents and residents upon admission to the facility. The facility also failed to ensure a resident was transferred to the COVID-19 positive unit after testing positive for COVID-19. These failures affect three of 23 residents (R1, R3, R17) reviewed for COVID in the sample of 23.</p> <p>C. Based on interview and record review, the facility failed to restrict a symptomatic employee from working at the facility. This failure affects six of 23 residents (R8, R19, R20, R21, R22 and R23) reviewed for COVID-19 on the sample list of 23 residents.</p> <p>Findings include:</p> <p>A.1. The facility's COVID-19 Testing and Response Plan dated 11/29/21 documents the facility recognizes that residents living in a congregate setting are at high risk of being infected by COVID-19. The protocol is for the purpose of protecting the well-being of any individual including residents. This protocol enables the facility to prevent and/or decrease the risk of COVID-19 transmission by following this testing plan and response strategy. Testing will be completed per guidance and evaluated on an individual basis. COVID-19 symptoms include runny nose, cough, fever, shortness of breath, chills, muscle pain, headache, fatigue, nausea, vomiting and diarrhea. Symptoms may appear two to 14 days after exposure. COVID-19 is thought to spread mainly by close contact (within about 6 feet) from person-to-person in respiratory droplets from an infected person. These droplets can land in the mouths of people nearby and possibly be inhaled into the lungs. Core Principals</p>	S9999		

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S9999	Continued From page 4  of COVID-19 Infection Prevention include universal screening of all staff, visitors and other persons who enter the facility for COVID-19. All are required to answer the questions on the screening form provided at the facility. The health and well-being of the residents of the facility is dependent upon accurate and truthful reporting. Inform visitors if they are experiencing symptoms of COVID or have had close contact with someone with COVID-19, they are not allowed to enter the facility. Healthcare personnel, even if fully vaccinated, should report any symptoms and should be restricted from work until they have been evaluated. The screening must check for each of the following exclusion criteria including a body temperature of 100 degrees Fahrenheit (F) or more; Symptoms of COVID-19; Diagnosis of COVID-19 prior to completing the appropriate period of isolation or a positive viral test; and those who have had close contact with someone with known COVID-19 infection. Completing resident and staff testing as required by current guidance. For symptomatic residents, test per protocol and inform staff to stay home when sick insuring non-punitive practices during this period. Follow the respiratory protection program. Any resident identified with symptoms of fever and/or lower respiratory illness including cough should immediately be placed in both contact/droplet isolation. The Facility Infection Control person is to be notified immediately. Rapid antigen testing is to be performed and if negative a PCR test. If staff have been tested due to mass testing with negative results and is asymptomatic, they may continue to work. Fully vaccinated staff with higher risk exposures who are asymptomatic do not need to be restricted from work following their exposure. All staff should promptly notify a supervisor of any symptoms of illness in themselves or individuals in their care. Staff who	S9999		

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S9999	<p>Continued From page 5</p> <p>are ill are to exclude themselves from work environments and are to seek the advice of their healthcare provider. All staff should be pre-screened prior to their shift. If symptoms or temperature are present, the staff member should be sent home. Staff symptomatic for COVID-19 should be considered possible cases and excluded from work. The facility's universal screening is a check list based protocol and completed on all staff, visitors and other persons. The health and well-being of the residents the facility cares for is dependent on accurate and truthful reporting. Symptomatic healthcare personnel should be restricted from work until they have been evaluated per guidelines. The facility and State Survey Agency do not support staff working while ill.</p> <p>On 12/6/21 at 10:05am, V5 (Licensed Practical Nurse/LPN) stated on 11/24/21, V5 came in to work and "felt terrible." V5 stated V5 was the nurse taking care of R2, R4, R5, R8, R9, R10 and R12 on 11/24/21. V5 stated V5 had respiratory symptoms that started on 11/24/21 including nasal and sinus congestion and a runny nose. V5 stated it got progressively worse throughout the day while working. V5 performed a rapid COVID test which was negative at the end of V5's shift on 11/24/21. V5 stated V5 continued to get worse and had a "rough night" with sweating and chills in addition to the respiratory symptoms. V5 stated V5 felt awful on 11/25/21 and had additional symptoms including emesis. V5 went to bed early and woke up on 11/25/21 with a fever of "over 100 degrees Fahrenheit (F)." V5 stated V5 had hot and cold sweats on 11/25/21. V5 stated V5 called in to V14 (Minimum Data Set/MDS Coordinator) and notified V14 of V5's symptoms and that V5 would not be coming into work V5's scheduled shift on 11/26/21 due to "still feeling</p>	S9999			

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S9999	<p>Continued From page 6</p> <p>bad" and having a fever, emesis and sinus congestion on 11/26/21. V5 stated V5 was not instructed to have any further testing or evaluation completed during the call with V14 on 11/26/21 or any other facility staff. V5 was scheduled to work on 11/29/21 and thought it would be okay since V5 was "feeling good." V5 stated V5 decided to perform a rapid test on V5 for COVID on 11/29/21 after V5 had been working for 2.5 hours because V5 wanted to make sure V5 was "negative" for COVID, but the test resulted that V5 was positive for COVID. V5 stated V5's respiratory symptoms for COVID began on 11/24/21 and peaked on 11/26/21. V5 stated V5 had close contact to R5 and R9 on 11/29/21. V5 stated V5 also had contact with R10 while administering medications and R12. R16's Medication Administration Record (MAR) dated November 2021 documents V5 was R16's nurse who administered medications on 11/24/21.</p> <p>R2 and R11's MAR's dated November 2021 document V5 administered medications to R2 and R11 on 11/29/21.</p> <p>On 12/2/21 at 9:00am, V1 (Administrator) stated the facility identified close contacts of V5 (LPN) on 11/24/21 as R4 and R5. V1 confirmed V5 had contact with R5, R9, R10 and R12 on 11/29/21.</p> <p>On 12/2/21 at 12:45pm, V11 (Infection Preventionist/IP) stated V5 (LPN) was not feeling well/feeling sick on 11/24/21 while at work, but V5 tested at the end of V5's shift and was negative for COVID.</p> <p>The facility's New List of COVID positive starting 11/18/21 sheets document V5 (LPN) had a COVID test performed on 11/29/21 resulting in a positive result for COVID. This sheet documents</p>	S9999			

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S9999	<p>Continued From page 7</p> <p>V5's last day worked as 11/29/21. This sheet documents on 11/25/21, V5 had emesis with chills and fever and 11/26/21 V5 had emesis and fever with "sinus/productive cough" and as a "precaution" V5 tested on 11/29/21 and tested positive. V5 worked in the facility on 11/29/21 from 6:00am - 8:30am and had contact with four residents that were not identified on this sheet. There is no documentation of the additional residents V5 had contact with on 11/29/21 on this sheet.</p> <p>There is no documentation V5 (LPN) completed the facility screening questions on 11/24/21 or 11/29/21 prior to working at the facility.</p> <p>On 12/7/21 at 2:15pm, V11 (IP) stated V5 (LPN) should not have continued to work on 11/24/21 with COVID symptoms.</p> <p>R4, last having contact with V5 on 11/24/21 and R5, last having contact with V5 on 11/24/21 and 11/29/21 tested positive for COVID on 12/2/21 per the facility's COVID testing log.</p> <p>The facility's Employee Screening Prior to Clocking in to Work sheet documents "the definition of a temperature is when your temperature is 2 degrees above what is normal for you or greater than (than) 100.0 degrees" with a screening dated 12/4/21 at 6:00am V5's temperature was 99.7 degrees Fahrenheit (F). This sheet documents on 12/5/21 at 6:00am a temperature of 97.9 degrees F and 12/6/21 at 6:00am at 96.8 degrees F.</p> <p>On 12/16/21 at 10:15am, V2 (Director of Nursing/DON) stated V5's (LPN) first day back to work after V5 being placed on isolation due to testing positive for COVID-19 infection was on</p>	S9999		



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S9999	<p>Continued From page 8</p> <p>12/4/21. At the time of this interview, V2 (DON) and V9 (IP) stated they were unaware of V5's temperature of 99.7 degrees F when screening on 12/4/21 and that V2 and V9 were unaware of V5 contacting staff at that time regarding V5's temperature.</p> <p>The Employee Screening Prior to Clocking In to Work logs document: On 12/15/21 at 1:47 PM V28 (Activity Aide) had "New Symptoms" of COVID-19. The December 12 - December 18, 2021 schedule documents V28 worked on 12/15/21 from 1:30 PM to 5:00 PM. On 12/16/21 at 6:06 AM V27 (Registered Nurse/RN) had "New Symptoms" of COVID-19. The 12/16/21 Daily Staffing Assignment documents V27 was assigned to work 6:00 AM - 2:30 PM on the COVID-19 positive red zone. V27's timecard documents V27 worked on 12/16/21 from 6:06 AM-2:00 PM.</p> <p>B. The facility's COVID-19 Testing and Response Plan revised 11/29/21 documents: "In most cases, COVID-19 causes mild symptoms including a runny nose, sore throat, cough or worsening cough &amp; fever. Other symptoms may be shortness of breath, chills or shaking with chills, muscle pain, headache (new or unusual onset, not related to dietary reasons such as hunger, or history of migraines, cluster, or tension headaches, or headaches typical for the person), loss of smell or taste, fatigue, nausea, vomiting or diarrhea." "This protocol enables facility to prevent &amp;/or decrease the risk of COVID-19 transmission by following this testing plan &amp; response strategy." "Staff symptomatic for COVID-19 should be considered possible cases and excluded from work." "Any resident identified with symptoms of fever and/or lower respiratory illness (cough, shortness of breath, sore throat)</p>	S9999			

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S9999	<p>Continued From page 9</p> <p>should be immediately placed in both contact/droplet transmission-based precautions in a private room if possible." "The isolation should be implemented by the healthcare member who discovers the symptoms." Staff will wear full Personal Protective Equipment including N95 mask, gown, gloves, and eye protection for the care of residents who are suspected to have COVID-19. Residents who are new admissions or readmissions that are unvaccinated for COVID-19 must quarantine for 14 days."</p> <p>B.1. R1's Progress Notes dated 10/10/21 at 9:24pm document R1 was "sleeping most of evening" with an "occasional nonproductive cough noted." There is no documentation in R1's progress notes from 10/8/21-10/10/21 that R1 had been lethargic, sleepy or that R1 had been having a cough. There is no documentation R1 received a rapid COVID-19 test at this time.</p> <p>The facility's COVID-19 rapid testing log documents R1's result for R1's rapid COVID-19 test on 10/10/21 at 11:30pm was positive. There are no additional COVID-19 tests documented for R1 on 10/10/21.</p> <p>R1's Progress Notes dated 10/10/21-10/11/21 and medical records do not document R1 tested positive for COVID-19 on 10/10/21 at 11:30pm.</p> <p>R1's Progress Notes dated as below document:</p> <p>10/10/21 at 9:24pm document R1 sleeping most of shift with non-productive cough noted. Temperature 97.5.</p> <p>10/11/21 at 12:28am document R1's temperature "remains elevated at 100.5" with no documentation of when R1's temperature began</p>	S9999			

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S9999	<p>Continued From page 10 for October 2021.</p> <p>10/11/21 at 12:10pm document R1 noted pale and short of breath this am. Oxygen saturation 83% on 3Liters/nasal cannula (NC.) Oxygen saturations (SaO2) increased to 4Liters/NC. SaO2-84%-88%. R1 "still S.O.B (short of breath) and not coherent." Order received to send R1 to the hospital for evaluation. R1 left facility with paperwork at 10:02am and was transferred to the hospital.</p> <p>There is no documentation in R1's medical record that V29 (Nurse Practitioner) or V30 (R1's Physician) were notified of R1's change in condition including non-productive cough on 10/10/21 at 9:24pm or that R1's rapid COVID test resulted positive on 10/10/21 at 11:30pm.</p> <p>R1's Census List and Progress Notes do not document R1 was transferred to the COVID-19 positive unit after testing positive for COVID-19 on 10/10/21 or 10/11/21.</p> <p>On 12/8/21 at 5:01pm, V9 (Infection Preventionist) stated V9 did not recall being notified after hours of R1 testing positive on 10/10/21 at 11:30pm for COVID-19 or that R1 was moved to the COVID-19 positive unit at that time. V9 stated resident room moves should be documented in the resident's medical record and V9 was unsure if R1 had been transferred to the unit where COVID-19 positive residents resided.</p> <p>R1's medical records document R1 was sent to the hospital on 10/11/21 at 10:02am, several hours after R1's medical records document R1's symptoms including continuing fever with decline. R1's hospital records document diagnoses upon admission to the hospital on 10/11/21 including</p>	S9999			

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S9999	<p>Continued From page 11</p> <p>COVID-19 virus infection, Sepsis due to COVID-19, Pulmonary Hypertension, Acute on chronic respiratory failure with hypoxia due to COVID-19 infection, Hypotension and Supraventricular tachycardia.</p> <p>B.2. The facility's Floor Plan dated December 2021 documents the facility's designated red zone (COVID-19 positive) and green zone (asymptomatic/COVID-19 negative.) This floor plan does not identify a dedicated yellow zone for resident's on quarantine/isolation for new admissions/readmissions, COVID-19 exposure or symptomatic residents who have not tested positive.</p> <p>R3's Census dated 12/16/21 documents R3 has resided in the same room since 10/21/21.</p> <p>R3's Order Summary Report dated 12/1/21-12/31/21 documents an order dated 12/16/21 for contact/droplet precautions for 14 days due to respiratory symptoms.</p> <p>R3's Progress Notes document the following: On 12/9/21 5:38 AM R3 had a dry, nonproductive cough, that R3 stated has had "for a while." V26 (Licensed Practical Nurse) administered an Albuterol nebulizer treatment. On 12/15/21: At 8:00 AM R3 sat up and began coughing. R3 coughed up clear phlegm. R3's lung sounds were diminished and clear. At 11:58 AM orders were given for a rapid COVID-19 test, influenza A and B test, Complete Blood Count, Basic Metabolic Panel, and Brain Natriuretic Peptide. R3's COVID-19 Focused Daily Assessments from 12/2/21-12/16/21 document R3 was not placed in contact/droplet precautions and does not document R3 had any respiratory symptoms prior to 12/9/21. There is no documentation in R3's</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6004261	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 12/20/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HERITAGE HEALTH-BLOOMINGTON

700 EAST WALNUT  
BLOOMINGTON, IL 61701

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S9999	<p>Continued From page 12</p> <p>medical record that R3 has a chronic cough, or that R3 was placed on contact/droplet precautions prior to 12/16/21.</p> <p>R17's Census dated 12/16/21 documents R17 (R3's roommate) has resided in the same room since 10/21/21. R17 was transferred to the hospital on 12/13/21 and returned on 12/15/21 to the same room.</p> <p>R17's Order Summary Report dated 12/1/21-12/31/21 documents an order dated 12/16/21 for contact/droplet precautions for 14 days for protocol for new admissions/readmissions. There is no documentation that R17 was placed on contact/droplet precautions prior to 12/16/21.</p> <p>R17's Progress Notes document on 12/15/21 at 4:30 PM R17 returned from the hospital and was readmitted to R17's prior room. R17's COVID-19 Focused Daily Assessment dated 12/16/21 at 10:17 AM documents R17 was not placed on contact/droplet precautions.</p> <p>On 12/15/21 at 3:15 PM a list of residents unvaccinated for COVID-19 was requested from V1 (Administrator). The electronic mail dated 12/15/21 at 3:42 PM from V1 (Administrator) documents R3 and R17 are unvaccinated.</p> <p>On 12/15/21 at 2:46 PM R3 was lying in bed. There was no isolation signage posted on or near the entrance to R3's room. R3's room did not contain receptacles for isolation waste or linens. R3's room was located in the "green zone" of the facility where COVID-19 asymptomatic/negative residents reside. On 12/16/21 at 9:35 AM R3 and R17 were observed sharing the same room. There was no isolation signage posted on or near</p>	S9999		

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NAME OF PROVIDER OR SUPPLIER  HERITAGE HEALTH-BLOOMINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 700 EAST WALNUT BLOOMINGTON, IL 61701		
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S9999	<p>Continued From page 13</p> <p>the entrance to R3's/R17's room. R3's/R17's room did not contain receptacles for isolation waste or linens. R3's/R17's room was located in the facility's green zone.</p> <p>On 12/16/21 at 9:37 AM V33 (LPN) stated R3 is being treated for URI (upper respiratory infection). V33 noticed R3 coughing yesterday morning, and R3 had coughed up phlegm in the morning. R3's lung sounds were diminished. R3 had no further symptoms the remainder of the day. V33 received orders for Complete Blood Count, Basic Metabolic Panel, Brain Natriuretic Peptide, Influenza swab, and rapid COVID-19 test. V33 performed R3's rapid COVID-19 test and it was negative. R17 returned to the facility from the hospital on 12/15/21 at 4:30 PM, after R3's testing was completed. V33 confirmed R3 and R17 share a room.</p> <p>On 12/16/21 at 9:54 AM V9 (Infection Preventionist) stated V9 would expect staff to follow the facility's COVID-19 Response Plan and conduct a respiratory evaluation if a resident is experiencing symptoms of COVID-19. The symptomatic resident should be placed on isolation and conduct a COVID-19 rapid test. V9 had followed up with V33 (LPN) regarding R3's symptoms. R3's cough and phlegm is normal for R3 in the morning. V9 was not aware that R3 had documented symptoms of a cough on 12/9/21. Residents who return from the hospital and are unvaccinated should be placed in the facility's yellow zone on quarantine for 14 days, in a private room. V9 confirmed R3 and R17 share a room and are unvaccinated for COVID-19. On 12/16/21 at 10:16 AM V9 stated the facility does not currently have a yellow zone, and there are no residents currently on quarantine/isolation. There are two residents on the red zone (COVID-19</p>	S9999			

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S9999	Continued From page 14 positive).  C. The facility's COVID-19 Testing and Response Plan dated 11/29/21 documents the facility recognizes that residents living in a congregate setting are at high risk of being infected by COVID-19. The protocol is for the purpose of protecting the well-being of any individual including residents. This protocol enables the facility to prevent and/or decrease the risk of COVID-19 transmission by following this testing plan and response strategy. Testing will be completed per guidance and evaluated on an individual basis. COVID-19 symptoms include runny nose, cough, fever, shortness of breath, chills, muscle pain, headache, fatigue, nausea, vomiting and diarrhea. Symptoms may appear two to 14 days after exposure. COVID-19 is thought to spread mainly by close contact (within about 6 feet) from person-to-person in respiratory droplets from an infected person. These droplets can land in the mouths of people nearby and possibly be inhaled into the lungs. Core Principals of COVID-19 Infection Prevention include universal screening of all staff, visitors and other persons who enter the facility for COVID-19. All are required to answer the questions on the screening form provided at the facility. The health and well-being of the residents of the facility is dependent upon accurate and truthful reporting. Inform visitors if they are experiencing symptoms of COVID-19 or have had close contact with someone with COVID-19, they are not allowed to enter the facility. The screening must check for each of the following exclusion criteria including a body temperature of 100 degrees Fahrenheit (F) or more; Symptoms of COVID-19; Diagnosis of COVID-19 prior to completing the appropriate period of isolation or a positive viral test; and those who have had close contact with someone	S9999			

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NAME OF PROVIDER OR SUPPLIER  <b>HERITAGE HEALTH-BLOOMINGTON</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 EAST WALNUT BLOOMINGTON, IL 61701</b>			
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S9999	<p>Continued From page 15 with known COVID-19 infection.</p> <p>C.1. The Employee Screening Prior to Clocking In to Work logs document: On 12/15/21 at 1:47 PM V28 (Activity Aide) had "New Symptoms" of COVID-19. The December 12 - December 18, 2021 schedule documents V28 worked on 12/15/21 from 1:30 PM to 5:00 PM.</p> <p>On 12/16/21 at 11:51 AM V28 (Activity Aide) stated V28 reported to work on 12/15/21 at approximately 1:48 PM and worked for about 4.5 hours. V28 had symptoms of hoarse voice and a cough that started on 12/14/21. V28 reported V28's symptoms to V28's supervisor (V10 Activity Director). V10 reported V28's symptoms to V2 (Director of Nursing) and V9 (Infection Preventionist). V14 (Minimum Data Set Coordinator) conducted a COVID-19 rapid test and V28 was negative. V2 was aware of V28's test results. V2 and V14 allowed V28 to work and instructed V28 to wear Personal Protective Equipment. On 12/15/21 V28 worked on the East wing of the facility and conducted BINGO in the West dining room with R8, R19, R20, R21, R22, and R23. V28 was audibly hoarse and had a cough during V28's phone interview.</p> <p>R8's and R23's Progress Notes document V28 provided one to one visits with R8 and R23 on 12/15/21.</p> <p>(A)</p>	S9999			