PRINTED: 02/09/2022

	Department of Public				FORM APPROV
	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		IL6002208	B. WING		40/40/22
NAME OF	PROVIDER OR SUPPLIER	STREET A	DRESS, CITY, S	STATE, ZIP CODE	12/16/2021
MICHAE	ELSEN HEALTH CENTE	R 831 NOR	TH BATAVIA		
(3/4) (5)	CULTUALDY DY		IL 60510		
PREFIX TAG	(EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	3 BE 00101-
S 000	Initial Comments		S 000		
	Annual Licensure Su	irvey			
S9999	Final Observations		S9999		
	Statement of Licensu	re Violations:			
	300.610 a) 300.696 a) 300.696 c)7)				
	300.1020 a) Section 300.610 Res	ident Care Policies			į
t t	a) The facility sh procedures governing facility. The written post be formulated by a Recommittee consisting administrator, the advimedical advisory compost nursing and other spolicies shall comply with the written policies shall be facility and shall be	all have written policies and all services provided by the policies and procedures shall esident Care Policy of at least the isory physician or the mittee, and representatives ervices in the facility. The with the Act and this Part. It wall be followed in operating a reviewed at least annually sumented by written, signed the meeting.			
c s a ir C 6: D A	ontrolling, and prevention to be established an and procedures shall be eclude the requirement communicable Diseas (90) and Control of Seriseases Code (77 III.	ts of the Control of es Code (77 III. Adm. Code kually Transmissible		Attachment A Statement of Licensure Violations	

linoi ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATEM:	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	DVA: = :		
MIND FUN	HO! CORRECTION	IDENTIFICATION NUMBER:			(X3) DAT	(X3) DATE SURVEY COMPLETED	
		IL6002208	B. WING		121	16/2004	
IAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		16/2021	
<b>MICHAE</b>	ELSEN HEALTH CENTE		TH BATAVIA				
		Batavia	IL 60510				
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S9999	Continued From page	1-1		DEFICIENCY)		DATE	
03333		·	S9999				
	guidelines of the Cel Centers for Disease United States Public of Health and Human 300.340): 7) Guidelines for Care Personnel Section 300.1020 Cor Policies a) The facility sh	ares are followed. shall adhere to the following inter for Infectious Diseases, Control and Prevention, Health Service, Department in Services (see Section  or Infection Control in Health communicable Disease hall comply with the Control seases Code (77 III. Adm.					
T T 2:	Based on observation review, the facility faild CDC's (Centers for DiPrevention) recomme of PPE (Personal Professing for residents identified Investigation) for this applies to 2 of 8 reviewed for infection ample of 17.  The Findings Include:  The facility floor plan post of 12:00 PM show fellow Zone", which helpfulling R262 and Recommended.	ndations regarding the use tective Equipment) when entified as PUI (Persons					

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED B. WING IL6002208 12/16/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 831 NORTH BATAVIA AVENUE MICHAELSEN HEALTH CENTER BATAVIA, IL 60510 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 On December 6, 2021, there were two signs present on the wall outside R262's and R45's PUI rooms that showed R262 and R45 were under transmission-based precautions as PUI for Covid-19. One sign read "Use Personal Protective Equipment (PPE) When caring for Patients with Confirmed or Suspected Covid-19." The other sign showed "Contact Precautions." There was an isolation cart outside R262's and R45's room filled with gowns, gloves, goggles, and N95 masks which are required for staff to put on when entering these rooms. On December 6, 2021 at 9:44 AM, V5 (Registered Nurse, RN) stated PPE is to be worn on the PUI and Covid-19 units, and includes the removal of the personal eye protection and surgical face masks, then putting on the goggles and N95 masks that are in the isolation carts. V5 stated staff also need to put on isolation gowns and gloves. V5 added that before leaving the isolation room, staff are to remove the PPE, place the goggles in the small receptacle for goggles, and once out of room, put on a surgical mask and eve protection. On December 6, 2021 at 12:13 PM, V4 (CNA) wore a surgical mask and eye-shield glasses (which were open at the top and bottom, unlike goggles which fit snugly to the face), and entered R262's Yellow Zone room without performing hand hygiene or putting on an N95, goggles, a gown, or gloves. V4 delivered and set up R262's lunch tray and exited the room. V4 walked approximately 30 feet down the hallway and retrieved another lunch tray from the dining cart. Then at approximately 12:17 PM, V4 entered R45's room (also in the Yellow Zone) and delivered and set up R45's lunch tray. Again, V4 did not remove her surgical mask and eye-shield

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
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ŀ	NAME OF	PROVIDER OR SUPPLIER	IL6002208	B. WING		12	/16/2021	_	
ļ			924 NOD1	DRESS, CITY, <b>TH BATAVIA</b>	STATE, ZIP CODE				
ļ	MICHAE	LSEN HEALTH CENTE	BATAVIA,	IL 60510	ALLIOE				
	(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRICIENCY)	D BE	(X5) COMPLETE DATE		
	S9999	Continued From page 3		S9999					
		on an N95 mask, go entering R45's room	perform hand hygiene, put ggles, gown, or gloves before . Both R262 and R45 were in precautions as PUI for					20	
		she was supposed to N95 face mask, new before entering resid is on transmission-basked why she did n	21 at 12:23 PM, V4 stated o put on "full" PPE (a new of goggles, gown, and gloves) dent rooms when the resident ased precautions. When ot put on the full PPE when in the Yellow Zone, V4 ers.						
		with V2 (DON) prese trained monthly regathe use of PPE. V3 semembers donning Placed Zone room inclusting and personal egown, gloves, a new an N95 mask. V3 states are vided by the facility the isolation carts out V2 said the staff need entering each resider the PPE prior to exiting Nursing/DON) and V3 Nursing/ADON) also an outbreak status sing at present had two residented months of the PPE prior to exit in the PPE pri	At 1:10 PM, V3 (ADON) ent, said the facility staff are reding infection control and tated the procedure for staff PE when entering a Yellow or ded removal of the surgical eye protection, donning a face shield or goggles, and ted these supplies are yand they are available in iside of the resident rooms. Died to don new PPE when ent's room, then remove all eng the room. V2 (Director of Stated the facility had been ce November 17, 2021, and sidents positive for Covid-19 one, one of which had been ovid-19.						
	s	spreadsheet of the receiveral areas. The tra	1 at 04:30 PM, V2 provided nursing staff's training in tinings also included sic Concepts, Infection				3		

linois Department of Public Health

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		NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:  B. WING			(X3) DATE SURVEY COMPLETED		
		IL6002208					/16/2021		
I	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		710/2021		
I	MICHAE	LSEN HEALTH CENTE	004 140-	TH BATAVIA					
ŀ			BATAVIA,	IL 60510					
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	S9999	Continued From pag	ge 4	S9999					
		Control: Essential Precipionent, Transmi Hand Hygiene, Prop PPE training." The previewed, and it show any of the areas listed R262's EMR (Electro R262's EMR (Electro R262's Was admitted to 23, 2021 with diagnot hypertension, unstea R262's November 29 (MDS) shows R262 is requires set-up assis November 23, 2021 Is "Contact Droplet isolated R45's EMR shows R45's EMR shows R45's EMR shows R45's anemia, heart failure, cost-traumatic stress unsteadiness on feet, diopathic hypotension MDS shows R45 is conset-up assistance for Note dated December Showed "Resident is constituted and obtain a review of R262's and esident had been vacuum at the showed to monited the showed	rincipals, Personal Protective ssion-Based Precautions, er PPE, COVID Policy, or rovided spreadsheet was ws V4 has not had training in ed above.  Incident Medical Record) shows to the facility on November ses of stroke, dementia, diness on feet, and vertigo.  Incident Medical Record) shows the facility on November ses of stroke, dementia, diness on feet, and vertigo.  Incident Medical Record) shows the facility on November ses of stroke, dementia, diness on feet, and vertigo.  Incident Medical Record) shows the facility of the same and the facility of the same of the facility of the same of R45 daily for Covid-19 vital signs every shift.  Incident Medical Record) shows the facility of the same for R45 daily for Covid-19 vital signs every shift.  Incident Medical Record) shows the facility of the same for R45 daily for Covid-19 vital signs every shift.	39999					
	a	ersonai Protective Ed nd dated April 9, 2020	quipment (PPE)/Covid-19" ) shows when caring for						

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AND PLA	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DA1	E SURVEY
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	<del></del>	IL6002208	B. WING		40	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDDESS CITY O	27475 717 6 717		16/2021
MICHAE	CENTIFE THE			STATE, ZIP CODE		
	LSEN HEALTH CENT	BATAVIA	RTH BATAVIA / ., IL 60510	AVENUE		
(X4) ID PREFIX	SUMMARY STAT	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID .	PROVIDER'S PLAN OF CORE	PECTION	
TAG	REGULATORY OR LS	C IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULDE	(X5) COMPLI DATE
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	isolation gown, don it shield or goggles, pe	ned or suspected Covid-19, hand hygiene, don (put on) N95 respirator, don face erform hand hygiene once yes covering the cuffs of the				
	(COVID-19)" and dated facemasks to be used capacity concerns. C PM, V2 (DON) and V	tled "Suspected or Confirmed d July 14, 2020 included d in the event of supply On December 7, 2021 at 1:10 3 (ADON) confirmed the any concerns with PPE				
N	and titled "Preparing for the substances" under the substances and the substances of	properties of the control of the con				
P U pc se re S/ su or	revent SARS-CoV-2 ( pdated September 10  pints that Older adults  ettings are at high risk  spiratory and other pa  ARS-CoV-2. The sam  bheading "Manage R  Confirmed SARS-Co	Recommendations to Spread in Nursing Homes"  D, 2021 shows under key sliving in congregate to fbeing affected by athogens such as the document under the desidents with Suspected to Spread to Sprea				
SA	ring for residents with ARS-CoV-2 infection sowns, gloves, eye pro	should use full PPF				

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_ COMPLETED B. WING IL6002208 12/16/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 831 NORTH BATAVIA AVENUE MICHAELSEN HEALTH CENTER BATAVIA, IL 60510 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE **PRÉFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY)** S9999 Continued From page 6 S9999 NIOSH-approved N95 or equivalent or higher-level respirator) The State of Illinois document titled "Covid-19" updated on December 3, 2021 under the subheading "Residents Suspected to have Covid-19" shows " .... Staff wear full PPE (N95 respirator, gown, gloves, eye protection) ...." The same document under the subheading "New Admissions or Readmissions" shows "New admission or readmissions that are unvaccinated need to be quarantine for 14 days ...." The CDC document titled "Covid-19 Data Tracker" printed on December 7, 2021 for the County in which the facility is located shows high risk of transmission of Covid-19. (B) Illinois Department of Public Health