

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>IL6009492 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br>08/04/2022 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>UNION COUNTY HOSPITAL L T C | STREET ADDRESS, CITY, STATE, ZIP CODE<br>521 NORTH MAIN STREET<br>ANNA, IL 62906 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|--|---------------|---|--------------------|
| S 000              | Initial Comments<br><br>Annual Licensure/Certification Survey  | S 000         |   |                    |
| S9999              | Final Observations<br><br>Statement of Licensure Violations<br><br>300.696f4)<br><br>Section 300.696 Infection Prevention and Control<br>f) Infectious Disease Surveillance Testing and Outbreak Response<br>4) Upon confirmation that a resident, staff member, volunteer, student, or student intern tests positive with an infectious disease, or displays symptoms consistent with an infectious disease, each facility shall take immediate steps to prevent the transmission by implementing practices that include but are not limited to cohorting, isolation and quarantine, environmental cleaning and disinfecting, hand hygiene, and use of appropriate personal protective equipment.<br><br>These requirements were not met as evidenced by:<br><br>Based on interview, observation and record review the facility failed to implement infection Control measures by not removing a Covid-19 negative resident from the proximity of a Covid-19 positive resident for 1 of 6 residents (R8) reviewed for infection control in a sample of 6.<br><br>Findings Include:<br><br>R8's Face Sheet documents R8 is a 69 year old male with diagnosis including: Cerebral Infarction due to unspecified occlusion or stenosis of left | S9999         | Attachment A<br>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>middle Cerebral Artery, Dementia, Atherosclerotic Heart Disease of Native Coronary Artery without Angina Pectoris, Essential Hypertension, Paroxysmal Atrial Fibrillation and Hyperlipidemia. R8's Minimum Data Sets (MDS) dated 05/12/22 and 08/02/22 document Section C Brief Interview of Mental Status (BIMS) as 99 (unable to complete interview) and Section G as: Bed Mobility as total dependence with two plus person physical assist, transfers as total dependence with two persons physical assist, walk in room as activity did not occur, dressing as total dependence with two plus persons physical assist, eating as total dependence with one person physical assist, and toilet use as total dependence with two persons physical assist. R8's Immunization Records document: R8 completed the two dose Covid-19 vaccination series on 03/08/21 and one booster given on 11/04/21.</p> <p>R9's Face Sheet documents R9 is a 92 year old male with diagnosis including: Parkinson's Disease, Essential Hypertension, Hypothyroidism, and Dementia. R9's Care Plan with a revision date of 01/12/2022 documents: R9 completed the two dose Covid-19 vaccination series as of 02/18/21 with one booster given on 12/22/21. R9's Minimum Data Set dated 06/15/22 documents: Section C Brief Interview of Mental Status (BIMS) as 99 (unable to complete interview) and Section G as: Bed Mobility as extensive assistance with one person physical assist, transfers as extensive assistance with two persons physical assist, walk in room as extensive assistance with two persons physical assist, dressing as total dependence with two plus persons physical assist, eating as extensive assistance with one person physical assist, and toilet use as total dependence with two persons</p> | S9999         |   |                    |

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| S9999              | <p>Continued From page 2</p> <p>physical assist.</p> <p>The facility Census in R8's record documents R8 has been in the same room since 05/02/22 with no room changes. R9's Census documents R9 has been in the same room since 04/26/22 with no room changes. These documents show R8 and R9 are roommates.</p> <p>On 08/01/22 at 9:00 AM, R8 and R9 were noted to be residing in the same room.</p> <p>R9's Nurse's Notes on 07/25/22 at 15:40 (3:40 PM) document: "Received call from lab, Res (R9) Covid test result from specimen obtained this morning is positive."</p> <p>R8's Nurse's Notes on 07/28/22 at 15:09 (3:09 PM) document: "notified of lab results, resident (R8) tested positive for COVID 19."</p> <p>R8's Nurse's Notes dated 07/26/22 at 18:11 (6:11 PM) document: Resident is currently isolated to his room related to COVID-19 exposure. Vital signs are within normal limits and no Covid-19 symptoms are observed. R9's Nurse's Notes on 07/26/2022 at 18:17 (6:17 PM) document: Resident (R9) remains on isolation Precautions related to diagnosis of Covid-19. R9 has occasional moist productive cough, sputum is thick with a light yellow color. Both of these notes documented R8 and R9 were residing in a room together at the time.</p> <p>On 08/01/22 at 9:00 AM, V2 (Director of Nursing) stated due to outbreak status, on 07/25/22 they tested all residents in routine testing. V2 stated R8 and R9 were both tested at the same time and R9 tested positive and R8 tested negative for Covid-19. They left them in the same room due to</p> | S9999         |   |                    |

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| S9999  | <p>Continued From page 3</p> <p>R8 being exposed to R9, and R8 having an elevated temperature. V2 stated on 07/28/22 R8 tested positive also.</p> <p>On 08/01/22 at 12:15 PM, V1 (Administrator) stated, they did routine testing on 07/25/22 due to outbreak status at the facility. R9 did test positive and R8 tested negative for Covid-19. They did not move either resident because they had been in close contact to each other.</p> <p>R8's Electronic Health Record (EHR) Vitals record documents: R8's temperature as:<br/>7/23/2022 at 09:12 (9:12 AM) - 97.3 ° Fahrenheit,<br/>7/24/2022 at 12:22 PM - 97.3 ° Fahrenheit,<br/>7/25/2022 at 13:02 (1:02 PM) - 97.6 ° Fahrenheit,<br/>7/26/2022 at 09:09 (9:09 AM) - 98.5 ° Fahrenheit,<br/>7/26/2022 17:24 (5:24 PM) - 97.2 ° Fahrenheit,<br/>7/27/2022 09:35 (9:35 AM) - 102.1 ° Fahrenheit,<br/>7/27/2022 at 09:56 (9:56 AM) - 102.1 ° Fahrenheit, 7/27/2022 at 10:45 AM - 100.4 ° Fahrenheit, 7/27/2022 at 15:02 (3:02 PM) - 100.0 ° Fahrenheit.</p> <p>The facility's Infection Guidelines: Prevention and Control of Transmission Policy retrieved 11/2021 documents in part, "implementation of Transmission-Based Precautions: When implementing transmission-based precautions, consideration will be given to the following...The provision of a private room as available/appropriate.."</p> <p>(A)</p> | S9999  |   |   |