PRINTED: 10/06/2022 FORM APPROVED

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6003685 09/08/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2130 HARRISON STREET **GOOD SAMARITAN HOME QUINCY, IL 62301** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 **Annual Licensure Survey** S9999 Final Observations S9999 Statement of Licensure Violations: 300.610 a) 300.696 b) 300.696 d)6) 300,696 d)13) 300.696 f) 2)A) 300.696 f)2)B) 300.696 f)4) 300.1210 b) Section 300.610 Resident Care Policies 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 Prevention and Control Written policies and procedures for surveillance, investigation, prevention, and control of infectious agents and healthcare-associated infections in the facility shall be established and followed, including for the appropriate use of Attachment A personal protective equipment as provided in the Statement of Licensure Violations Centers for Disease Control and Prevention 's

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6003685 09/08/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2130 HARRISON STREET GOOD SAMARITAN HOME **QUINCY, IL 62301** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD) BE COMPLETE **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPIRIATE DATE TAG DEFICIENCY) S9999 Continued From page 1 S9999 Guideline for Isolation Precautions, Hospital Respiratory Protection Program Toolkit, and the Occupational Safety and Health Administration 's Respiratory Protection Guidance. The policies and procedures must be consistent with and include the requirements of the Control of Communicable Diseases Code, and the Control of Sexually Transmissible Infections Code. Each facility shall adhere to the following guidelines and toolkits of the Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, Agency for Healthcare Research and Quality, and Occupational Safety and Health Administration (see Section 300.340): Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings Interim Infection Prevention and 13) Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes Infectious Disease Surveillance Testing and Outbreak Response Each facility shall conduct testing of residents and staff for the control or detection of infectious diseases when: The facility is experiencing an A) outbreak; or Directed by the Department or the B) certified local health department where the chance of transmission is high, including, but not limited to, regional outbreaks, epidemics, or pandemics. For the purposes of this Section. "outbreak" has the same meaning as defined in the Control of Communicable Diseases Code. 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

illinois Department of Public Health

disease, each facility shall take immediate steps

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6003685 09/08/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2130 HARRISON STREET GOOD SAMARITAN HOME QUINCY, IL 62301** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD) BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) Continued From page 2 S9999 S9999 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. Section 300.1210 General Requirements for Nursing and Personal Care The facility shall provide the necessary b) 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. These requirements are not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure the facility's COVID-19 (Coronavirus Disease 2019) Infection Prevention and Control Program policy was followed, failed to screen all staff for COVID-19 symptoms before the start of their scheduled shifts, filed to remove symptomatic employees from work immediately, failed to test and quarantine employees who had symptoms of COVID-19 immediately, failed to offer and administer all required boosters for the Pfizer-BioNTech and Moderna COVID-19 (Coronavirus Disease 2019) vaccinations to

Illinois Department of Public Health

maintain these residents up to date, and failed isolate residents who were unvaccinated or not up to date with the COVID-19 vaccination

immediately after exposure to COVID-19 positive employees. These failure affected 24 of 24 residents (R4, R7, R12, R20, R22, R26, R38,

Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING: __ B. WING ___ IL6003685 09/08/2022

1 1000

NAME OF PROVIDER OR SUPPLIER

119 .

STREET ADDRESS, CITY, STATE, ZIP CODE

(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
S9999	Continued From page 3	S9999		
8 44 580	R45, R49, R51, R63, R64, R72, R83, R85, R87, R88, R90, R91, R93, R94, R100, R107, R256) reviewed for COVID-19 infection control procedures in the sample of 60. These failures resulted in numerous symptomatic COVID-19 positive staff working directly with residents, resulting in an outbreak of COVID-19 within the facility and 24 residents developing symptomatic		V	2 1 (2)
	COVID-19 (a severe acute respiratory syndrome).			*
	Findings include:		30 00	-
	The CDC COVID-19 Data Tracker, dated 8-29-22 through 9-6-22, documents COVID-19 Community Level of contracting COVID-19 as High for Adams County Illinois (the county the facility is within).	60	- · · · · · · · · · · · · · · · · · · ·	-
i	1. R88's Face Sheet, dated 6-30-22, documents R88 is an 81-year-old, with the diagnoses of Dysphagia, Acute Respiratory Disease, Anemia, Hypertension, and Dementia without Behavioral Disturbance.	0 0	N.	
8	R88's Progress Notes, dated 6-22-22, document, "Unit: Foose Center. (R88) having symptoms of coughing, clear nasal drainage, and complaints of sore throat, and having weakness. Negative COVID test and us (the facility) sending off a PCR COVID test. Doctor gave orders for Mucinex and Tussin."			Ξ
	R88's COVID-19 Antigen Test, dated 6-23-22, documents R88 tested positive for COVID-19.	ΨÎ	;	
	2. R26's Face Sheet, dated 8-25-16, documents R26 is a 79-year-old, with the diagnoses of Alzheimer's Disease, Abnormal Weight Loss, Major Depression, Restlessness and Agitation,		~= 	

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: **B. WING** IL6003685 09/08/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2130 HARRISON STREET GOOD SAMARITAN HOME **QUINCY, IL 62301** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 4 S9999 and Primary Weakness. R26's COVID-19 Antigen Test, dated 6-26-22, documents R26 tested positive for COVID-19. R26's Progress Notes, dated 6-27-22 at 3:05 PM. document R26 developed symptoms of a runny nose and cough. 3. R91's Face Sheet, dated 10-28-21, documents R91 is a 72-year-old, with the diagnoses of Dementia without behavioral disturbance, Muscle Weakness, Congestive Heart Failure, Stage four Chronic Kidney Disease, Anemia, Malignant Neoplasm (Cancer) of the right lung, Type II Diabetes Mellitus, Cardiac Pacemaker, and Obesity. The facility's COVID-19 Positive Log documents R91 resided on the Foose Center hallway, and developed symptoms of COVID-19 on 6-26-22 of loose stools and malaise, and tested positive for COVID on 6-26-22. R91's COVID-19 Antigen Test, dated 6-26-22, documents R91 tested positive for COVID-19. 4. R20's Face Sheet, dated 3-4-22, documents R20 is a 92-year-old, with the diagnoses of Hypertension, Muscle Weakness, Alzheimer's disease, and Cognitive Deficit. The facility's COVID-19 Positive Log documents R20 resided on the Foose Center hallway, and

Illinois Department of Public Health

COVID-19 on 6-26-22.

developed symptoms of COVID-19 on 6-26-22 of a cough and congestion, and tested positive for

R20's COVID-19 Antigen Test, dated 6-26-22, documents R20 tested positive for COVID-19.

Illinois Department of Public Health

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6003685	B. WING		09/	09/08/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET	DDRESS, CITY,	STATE, ZIP CODE			
GOOD S	AMARITAN HOME		RRISON STR , IL 62301	REET	95 9		
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION (EACH CORRECTIVE ACTION (EACH) (E	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE	
S9999	Continued From pa	age 5	S9999	53.	10.00		
'A1	documents R72 is diagnoses of Anem Dementia with beh	eet, dated 12-13-18, a 93-year-old, with the lia, Major Depression avioral disturbance, failure, Chronic Atrial tritional Deficiency.	30 W	*-		2	
8	R72 resided on the developed sympton	D-19 Positive Log documents Foose Center hallway, and ns of COVID-19 on 6-27-22 of roductive cough, and tested -19 on 6-27-22.	- â	62 %: (X)	3	e	
		ntigen Test, dated 6-27-22, sted positive for COVID-19.	ļ				
	R45 is a 79-year-old	et, dated 2-19-18, documents d, with diagnoses of e, Chronic Pain, Anxiety, and				**	
er.	R45 resided on the developed symptom	D-19 Positive Log documents Foose Center hallway, and is of COVID-19 on 6-27-22 of i-productive cough, and tested 19 on 6-27.22.				is de	
		ntigen Test, dated 6-27-22, ted positive for COVID-19.		X			
:	is a 90-year-old, witl Alzheimer's Disease Dysphagla, Major D	e, Anxiety, Fatigue, epressive Disorder, Chronic Muscle Weakness, and	5)	# F	563		
		9-19 Positive Log documents e Center hallway, and				88	

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PRO

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IL6003685	B. WING		09/6	08/2022
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	>	
GOOD S	AMARITAN HOME	2130 HAR QUINCY,	IRISON STR IL 62301	REET	10	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 6	S9999	99		
		ns of COVID-19 on 6-27-22 of positive for COVID-19 on			112	
	R7's COVID-19 Ant	igen Test, dated 6-27-22,	Α.	70		83
Fig. 1		ed positive for COVID-19.				
	R64 is a 92-year-old	et, dated 6-16-17, documents d, with the diagnoses of Heart				
584 54	Failure, Muscle We Neuromuscular Dys Epilepsy.	akness, Anemia, function, Hypertension, and	2			- F3
		0-19 Positive Log documents tbrook Lane, and tested 19 on 6-27-22.	54	# T		
		ntigen Test, dated 6-27-22, ted positive for COVID-19.		-14	\$%	
f: :::	of Dementia without Parkinson's disease	et, dated 12-08-21, in 82-year-old, with diagnoses behavioral disturbance, r, Hypertension, Cerebral perlipidemia, and Lack of	æ	\$ \$	ati	
,	R22 resided on Ebe developed symptom	0-19 Positive Log documents or Gardens hallway, and os of COVID-19 on 6-29-22 of oted positive for COVID-19 on	8 .	20	No.	*
		tigen Test, dated 6-29-22, ted positive for COVID-19.	*:	lgt.	£0	
8	10. R107's Face Sh documents R107 is diagnoses of Anemi behavioral disturban	an 89-year-old, with a, Dementia without	3			Ę

500

Illinois Department of Public Health

PRINTED: 10/06/2022 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6003685 B. WING 09/08/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2130 HARRISON STREET **GOOD SAMARITAN HOME QUINCY, IL 62301** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 7 S9999 Nonrheumatic aortic valve stenosis, and Type 2 Diabetes. The facilities COVID-19 Positive Log documents R107 resided on Eber Gardens hallway, and developed symptoms of COVID-19 on 7-05-22 of cough and sneezing, and tested positive for COVID-19 on 7-05-22. R107's COVID-19 Antigen Test, dated 7-05-22, documents R107 tested positive for COVID-19. 11. R63's Face Sheet, dated 6-09-22, documents R63 is a 90-year-old, with a diagnoses of Hemiplegia and hemiparesis following cerebral infarction affecting right dominating side, Cerebral infarction, Hypertension, Muscle weakness, and Chronic Kidney Disease. The facilities COVID-19 Positive Log documents R63 resided on Eber Gardens hallway, and tested positive for COVID-19 on 7-07-22. R63's COVID-19 Antigen test, dated 7-06-22, documents R63 tested positive for COVID-19. 12. R256's Face Sheet, dated 6-22-22. documents R256 is an 85-year-old, with diagnoses of Cerebral infarction, Chronic kidney disease, Muscle weakness, Type 2 diabetes mellitus, and Hyperlipidemia. The facilities COVID-19 Positive Log documents R256 resided on Eber Gardens hallway, and developed symptoms of COVID-19 on 7-05-22 of cough and congestion, and tested positive for COVID-19 on 7-07-22. R256's COVID-19 Antigen Test, dated 7-07-22, documents R256 tested positive for COVID-19.

Illinois Department of Public Health

PRINTED: 10/06/2022 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: **B. WING** IL6003685 09/08/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2130 HARRISON STREET GOOD SAMARITAN HOME QUINCY, IL 62301** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 8 13. R51's Face Sheet, dated 4-20-21, documents R51 is a 90-year-old, with diagnoses of Hyperlipidemia, Muscle weakness, Dementia without behavioral disturbance, and Anemia. The facilities COVID-19 Positive Log documents R51 resided on Foose Center hallway, and developed symptoms of COVID-19 on 7-05-2022 of being fatigued and confused, and tested positive for COVID-19 on 7-08-2022. R51's COVID-19 Antigen test, dated 7-07-22. documents R51 tested positive for COVID-19. 14. R49's Face Sheet, dated 4-13-21. documents R49 is an 82-year-old, with diagnoses of Parkinson disease, Dementia without behavioral disturbance, Muscle weakness, and Polyneuropathy. The facilities COVID-19 Positive Log documents R49 resided on Eber Gardens hallway, and developed symptoms of COVID-19 on 7-09-2022 of confusion, runny nose, weakness, and fatigue, and tested positive for COVID-19 on 7-09-22. R49's COVID-19 Antigen Test, dated 7-9-22, documents R49 tested positive for COVID-19. 15. R83's Face Sheet, documents R83 is a 92-vear-old, with diagnoses of Chronic obstructive pulmonary disease, Dementia without behavioral disturbance, Malignant neoplasm of the breast, Polyneuropathy, Hypertension, Heart failure, and Hyperlipidemia. The facilities COVID-19 Positive Log documents R83 resided on Anna Brown hallway, and developed symptoms of COVID-19 on 7-13-2022

Illinois Department of Public Health

STATE FORM

Illinois Department of Public Health

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6003685 09/08/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2130 HARRISON STREET **GOOD SAMARITAN HOME QUINCY, IL 62301** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD) BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 9 of congestion and fever, and tested positive for COVID-19 on 7-14-22. R83's COVID-19 Antigen Test, dated 7-14-22, documents R83 tested positive for COVID-19. 16. R100's Face Sheet, dated 7-15-2021, documents R100 is an 89-year-old, with diagnoses of Dementia without behavioral disturbance, Type 2 diabetes mellitus, Hypertension, Anemia, Alzheimer's disease, and Hyperlipidemia. The facilities COVID-19 Positive Log documents R100 resided on Anna Brown hallway, and developed symptoms of COVID-19 on 7-16-22 of cough, nausea, and not feeling well, and tested positive for COVID-19 on 7-16-22. R100's COVID-19 Antigen Test, dated 7-16-22, documents R100 tested positive for COVID-19. 17. R38's Face Sheet, dated 6-21-22. documents R38 is a 77-year-old with diagnoses of Hypothyroidism, Malignant neoplasm of lung, Muscle weakness, Transient cerebral ischemic attack, Type 2 diabetes mellitus, Hyperlipidemia, and Dementia without behavioral disturbance. The facilities COVID-19 Positive Log documents R38 resided on Anna Brown hallway, and developed symptoms of COVID-19 on 7-16-22 of sore throat and congestion, and tested positive for COVID-19 on 7-16-22. R38's COVID-19 Antigen Test, dated 7-16-22, documents R38 tested positive for COVID-19. 18. R4's Face Sheet, dated 1-23-20, documents R4 is a 96-year-old with diagnoses of Chronic

Illinois Department of Public Health

STATE FORM

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: IL6003685 B. WING 09/08/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2130 HARRISON STREET GOOD SAMARITAN HOME **QUINCY, IL 62301** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD) BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE **DEFICIENCY**) S9999 Continued From page 10 S9999 kidney disease, Acute kidney failure, muscle weakness, Hypothyroidism, and Hypertension. The facilities COVID-19 Positive Log documents R4 resided on Anna Brown hallway, and developed symptoms of COVID-19 on 7-19-22 of hoarseness and cough, and tested positive for COVID-19 on 7-19-22. R4's COVID-19 Antigen Test, dated 7-19-22, documents R4 tested positive for COVID-19. 19. R85's Face Sheet, dated 7-30-21, documents R85 is an 87-year-old, with the diagnoses of Hypokalemia, Diabetes mellitus, Muscle weakness, Cardiac arrhythmia, Hemiplegia. Hypertension, and Hyperlipidemia. The facilities COVID-19 Positive Log documents R85 resided on Anna Brown hallway, and developed symptoms of COVID-19 on 7-19-22 of runny nose and fatigue, and tested positive for COVID-19 on 7-19-22. R85's COVID-19 Antigen Test, dated 7-19-22. documents R85 tested positive for COVID-19. 20. R12's Face Sheet, dated 9-07-21, documents R12 is a 73-year-old, with the diagnoses of Malignant neoplasm of rectum. Chronic ischemic heart disease, Iron deficiency anemias, Muscle weakness, and Type 2 diabetes Mellitus. The facilities COVID-19 Positive Log documents

Illinois Department of Public Health

COVID-19 on 7-26-22.

R12 resided on Eastbrook Lane hallway, and developed symptoms of COVID-19 on 7-26-22 of fever and diarrhea, and tested positive for

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING IL6003685 09/08/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2130 HARRISON STREET **GOOD SAMARITAN HOME QUINCY, IL 62301 SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD) BE PRÉFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 11 R12's COVID-19 Antigen Test, dated 7-26-22, documents R12 tested positive for COVID-19. 21. R87's Face Sheet, dated 11-21-19, documents R87 is a 98-year-old, with the diagnoses of Cerebellar stoke syndrome. Dementia without behavioral disturbance, Muscle weakness, and Hypertension. The facilities COVID-19 Positive Log documents R87 resided on Eastbrook Lane hallway, and developed symptoms of COVID-19 on 8-02-22 of headache and nausea, and tested positive for COVID-19 on 8-02-22. R87's COVID-19 Antigen Test, dated 8-02-22. documents R87 tested positive for COVID-19. 22. R93's Face Sheet, dated 8-03-22, documents R93 is a 78-year-old, with the diagnoses of Iron deficiency anemia, Hyperlipidemia, Parkinson's disease, Anxiety, and Type 2 diabetes. The facilities COVID-19 Positive Log documents R93 resided on Eber Gardens hallway, and developed symptoms of COVID-19 on 8-02-22 of sore throat, and tested positive for COVID-19 on 8-03-22. R93's COVID-19 Antigen Test, dated 8-03-22, documents R93 tested positive for COVID-19. 23. R90's Face Sheet, dated 11-27-20, documents R90 is a 94-year-old, with the diagnoses of Dementia without behavioral disturbance, Anxiety, Muscle weakness, Hypertension, and Hypothyroidism. The facilities COVID-19 Positive Log documents R90 resided on Eastbrook Lane hallway, and

illnois Department of Public Health

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING IL6003685 09/08/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2130 HARRISON STREET **GOOD SAMARITAN HOME** QUINCY, IL 62301 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) S9999 S9999 Continued From page 12 developed symptoms of COVID-19 on 8-15-22 of headache and cough, and tested positive for COVID-19 on 8-15-2022. R90's COVID-19 Antigen Test, dated 8-15-22, documents R90 tested positive for COVID-19. 24. On 8-29-22 at 1:56 PM, R94 was sitting in a contact isolation private room on the Sunny Dale hallway. R94 stated, "I still do not feel the greatest. I am still weak." R94's Face Sheet, dated 8-24-22, documents R94 is an 88-year-old ,with the diagnoses of Dementia without behavior disturbance, Hypertension, Muscle Weakness, Hyperlipidemia, and Atrial fibrillation. The facilities COVID-19 Positive Log documents R94 resided on Eber Gardens hallway, and developed symptoms of COVID-19 on 8-21-2022 of shortness of breath, and tested positive for COVID-19 on 8-22-22. R94's COVID-19 Antigen Test, dated 8-22-22, documents R94 tested positive for COVID-19. V5's (Registered Nurse/RN) Timecard Summary documents V5 worked on the Foose Center hallways from 8:24 AM through 4:00 PM on 6-21-22, and 8:32 AM to 4:28 PM on 6-20-22. The facility's COVID-19 Employee Tracking Log documents V5 developed symptoms of COVID-19 on 6-21-22 of a headache, runny nose, cough, and fever, exposed the Foose Center residents on 6-20-22 and 6-21-22, and did not test for COVID-19 until 6-22-22. V5's COVID-19 Antigen Testing form, dated

Illinois Department of Public Health STATE FORM

Illinois Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: B. WING 09/08/2022 IL6003685 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2130 HARRISON STREET **GOOD SAMARITAN HOME QUINCY, IL 62301** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE DATE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 13 S9999 6-22-22, documents V5 tested positive for COVID-19 on 6-22-22 at 7:30 AM. V6's (CNA/Certified Nursing Assistant) Timecard Summary documents V6 worked on the Foose Center hallways from 6:08 AM through 2:31 PM on 6-21-22, and 6:06 AM through 10:12 AM on 6-23-22. V6's COVID-19 Self Employee Screening, dated 6-21-22 and 6-23-22 at 6:00 AM, documents V6 had no signs/symptoms of COVID-19. The facility's COVID-19 Employee Tracking Log documents V6 developed symptoms of COVID-19 on 6-21-22 of a cough, runny nose, and cough, exposed the Foose Center residents on 6-20-22, 6-21-22, and 6-23-22, and did not test for COVID-19 until 6-23-22. V6's COVID-19 Antigen Testing form, dated 6-23-22, documents V6 tested positive for COVID-19 on 6-23-22 at 10:00 AM. On 9-1-22 at 9:00 AM, V6 stated, "I had a stuffy nose and cough a few days before I tested positive for COVID. I did take a rapid COVID test, and it was negative. I did not know I had to take a PCR test or quarantine while I had symptoms. My supervisors did not tell me that I could not work with symptoms." V7's (LPN/Licensed Practical Nurse) Timecard Summary documents V7 worked on the Eber Gardens hallways from 6:24 PM through 9:13 PM on 6-26-22. The facility's COVID-19 Employee Tracking Log documents V7 developed symptoms of COVID-19 on 6-26-22 of fever and body ache,

Illinois Department of Public Health STATE FORM

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6003685 09/08/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2130 HARRISON STREET **GOOD SAMARITAN HOME QUINCY, IL 62301** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD) BE COMPLETE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 S9999 Continued From page 14 and exposed the Foose Center hallway residents on 6-26-22. V7's COVID-19 Antigen Testing form, dated 6-26-22, documents V7 tested positive for COVID-19 on 6-26-22 at 7:30 PM. On 9-1-22 at 11:15 AM, V3 (Assistant Director of Nursing) stated, "(V7) did not complete a pre-screening for COVID-19 symptoms before her shift on 6-26-22." V8's (Non-Certified Assistant) Timecard Summary documents V8 worked on the Eber Gardens hallways from 6:25 AM through 3:30 PM on 6-26-22, and 6:25 AM through 6:45 AM on 6-27-22. V8's COVID-19 Self Employee Screening, dated 6-25-22, 6-26-22, and 6-27-22 at 6:30 AM. documents V8 had no signs/symptoms of COVID-19. The facility's COVID-19 Employee Tracking Log documents V8 developed symptoms of COVID-19 on 6-24-22 of sneezing and body aches, and exposed the Eber Gardens hallway residents on 6-25-22 and 6-26-22. V8's COVID-19 Antigen Testing form, dated 6-27-22, documents V8 tested positive for COVID-19 on 6-27-22 at 6:50 AM. On 9-1-22 at 1:30 PM, V8 stated, "I did work with the residents on Eber Gardens while I was having body aches and sneezing. I sneezed like 30 times, but did not think anything about it. I

Illinois Department of Public Health

were gone."

thought it was allergies. I was never told to do a PCR test or to quarantine until my symptoms

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: IL6003685 09/08/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2130 HARRISON STREET GOOD SAMARITAN HOME **QUINCY, IL 62301** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 S9999 Continued From page 15 V9's (CNA) Timecard Summary documents V9 worked on the Eastbrook Lane hallways on 6-24-22 from 6:32 PM until 7:12 AM on 6-25-2022. The facilities COVID-19 Employee Tracking Log documents V9 developed symptoms of COVID-19 on 6-25-22 of sore throat, body aches, and headache, and exposed Eastbrook Lane hallways on 6-24-22. V9's COVID-19 Antigen Testing form, dated 6-28-22, documents V9 tested positive for COVID-19 on 6-28 at 1:52 PM. On 9-1-22 at 11:15 AM, V3 (Assistant Director of Nursing/ADON) stated, "(V9) did not complete a prescreening for COVID-19 symptoms before her shifts on 6-24-22 and 6-25-22." V10's (Housekeeper) Timecard Summary documents V10 worked on the Eber Gardens hallways on 6-30-22 from 6:56 AM until 3:30 PM. V10's COVID-19 Self Employee Screening, dated 6-30-2022 at 5:00 AM, documents V10 had no signs/symptoms of COVID-19. The facilities COVID-19 Employee Tracking Log documents V10 developed symptoms of COVID-19 on 6-30-22 of fever and cough, and exposed Eber Gardens hallways on 6-30-22. V10's COVID-19 Antigen Testing form, dated 7-01-22, documents V10 tested positive for COVID-19 on 7-01-2022 at 12:26 PM. On 9-1-22 at 1:45 PM .V10 stated, "I had a fever

and cough that I got during my shift on 6-30-22. I

PRINTED: 10/06/2022 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6003685 09/08/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2130 HARRISON STREET **GOOD SAMARITAN HOME QUINCY, IL 62301** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 16 tried to make it through work, and then I went to the hospital the next morning and was tested for COVID and was positive." V11's (CNA) Timecard Summary documents V11 worked on the Eber Gardens hallways on 7-03-22 from 02:03 AM until 11:54 AM. The facilities COVID-19 Employee Tracking Log documents V11 developed symptoms of COVID-19 on 7-03-2022 of runny nose and cough, and exposed Eber Gardens hallways on 7-03-2022. V11's COVID-19 Antigen testing form, dated 7-03-2022, documents V11 tested positive for COVID-19 on 7-03-22 at 11:50 AM. On 9-1-22 at 11:15 AM, V3 stated, "(V11) did not complete a prescreening for COVID-19 symptoms before her shift on 7-03-22." V12's (CNA) Timecard Summary documents V12 worked on the Eastbrook Lane hallways on 6-29-22 from 6:30 PM until 6-30-22 at 7:15 AM, 6-30-22 from 6:26 PM until 7-01-22 7:00 AM, and 7-01-2022 from 10:30 PM until 7-02-2022 at 6:00 AM. The facilities COVID-19 Employee Tracking Log documents V12 developed symptoms of COVID-19 on 6-28-2022 of cough, sore throat, and double ear infection, and last exposed Eastbrook Lane hallways on 7-02-22.

Illinois Department of Public Health

V12's COVID Antigen testing form, dated 7-02-22, documents V12 tested positive for

On 9-1-22 at 11:15 AM, V3 stated, "(V12) did not

COVID-19 on 7-02-22 at 6:00 AM.

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6003685 09/08/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2130 HARRISON STREET **GOOD SAMARITAN HOME QUINCY, IL 62301 SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 17 S9999 complete a prescreening for COVID-19 symptoms before her shift on 7-01-22 and 7-02-22. (V12) worked with COVID-19 symptoms on 6-29-22, 6-30-22, 7-01-22, and 7-02-22, exposing all the residents on Eastbrook Lane hallway to COVID-19." On 9-1-22 at 11:52 AM, V12 stated, "I had a cough and sore throat for several days before I tested positive for COVID. I worked with the residents while I had symptoms. I did not know I had to quarantine or do a PCR test. I do not remember doing a prescreening for COVID symptoms before my shifts." V13's (Non-Certified Assistant) Timecard summary documents V13 worked on the Southern Court hallways on 7-05-22 from 6:32 AM until 3:04 PM, 7-07-22 from 6:32 AM until 2:30 PM, and 7-09-22 from 6:25 AM until 7:17 AM. The facilities COVID-19 Employee Tracking log documents V13 developed symptoms of COVID-19 on 7-07-22 of sore throat, headache. runny nose, and cough, and exposed Southern Court hallways on 7-05-22, 7-06-22, 7-07-22, and 7-09-22. V13's COVID-19 Antigen testing form, dated

Illinois Department of Public Health

and 7-09-22."

7-09-22, documents V13 tested positive for

complete a prescreening for COVID-19

On 9-1-22 at 11:15 AM, V3 stated, "(V13) did not

symptoms before her shifts on 7-05-22, 7-07-22,

On 9-1-22 at 11:50 AM, V13 stated, "I did not think anything about my symptoms of a

COVID-19 on 7-09-22 at 7:15 AM.

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6003685 09/08/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2130 HARRISON STREET **GOOD SAMARITAN HOME QUINCY, IL 62301** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S9999 Continued From page 18 S9999 headache, sore throat, or sinus drainage. I never knew I had to report those symptoms to the facility or do a prescreening for COVID before my shifts. I did work with the residents on Southern Court when I had these symptoms." V14's (CNA) Timecard Summary documents V14 worked on the Eastbrook Lane hallways from 5:58 AM through 2:31 PM on 7-9-22, 5:58 AM through 2:35 PM on 7-10-22, and worked the Anna Brown hallways from 5:55 AM through 2:30 PM on 7-11-22. The facility's COVID-19 Employee Tracking Log documents V14 developed symptoms of COVID-19 on 7-10-22 of a cough and congestion, and exposed the Eastbrook Lane hallway residents on 7-9-22 and 7-10-22, and Anna Brown hallway residents on 7-11-22. V14's COVID-19 Antigen Testing form, dated 7-11-22, documents V14 tested positive for COVID-19 on 7-11-22 at 8:42 AM. On 9-1-22 at 11:15 AM, V3 stated, "(V14) did not complete a pre-screening for COVID-19 symptoms before her shifts on 7-9-22, 7-10-22, or 7-11-22." V17's (Dietary Aide) Timecard log documents V17 worked on the Eastbrook Lane hallways on 7-21-22 from 3:49 PM to 8:02 PM, and 7-22-2022 from 3:54 PM to 8:00 PM. V17's COVID-19 Self Employee screening, dated 7-21-22 and 7-22-22 at 4:00 PM, was incomplete and did not include whether V19 had signs/symptoms of COVID-19. The facilities COVID-19 Employee Tracking log

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6003685 09/08/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2130 HARRISON STREET **GOOD SAMARITAN HOME QUINCY, IL 62301** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD) BE PREFIX COMPLETE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 19 S9999 documents V17 developed symptoms of COVID-19 on 7-21-22 of sore throat/headache. and exposed Eastbrook Lane hallways on 7-21-22 and 7-22-22. V17's COVID-19 Antigen testing form, dated 7-23-2022, documents V17 tested positive for COVID-19 on 7-23-2022. On 9-1-22 at 4:24 PM, V17 stated, "I did not always fill out the prescreening for COVID every day before my shifts. I worked when I had a sore throat, headache, and runny nose. I thought I just had a cold. I did not report my symptoms to anybody. I did end up testing positive for COVID." On 9-2-22 at 1:00 PM, V3 (Assistant Director of Nursing), provided a list of the following residents (R3, R7, R11, R20, R26, R35, R41, R45, R50, R51, R63, R64, R75, R78, R79, R80, R81, R88, R89, R90, R91, R93, R96, R104) who have been due for the Pfizer booster or Moderna booster. These same residents or POAs (Power of Attorney) have given consent to receive the booster: However, the facility has not provided the booster to these identified residents. On 8-31-22 at 12:30 PM, V3 (Assistant Director of Nursing) stated, "Most of the resident's boosters were due in February 2022, and the resident's did not get them. The health department did not come to the facility to offer boosters until June. 2022, when there was an outbreak of COVID-19 within the facility. We (the facility) did not try to get the residents boosted by taking them anywhere else, and did not contact the health department before June to see if they could get the (eligible) residents their boosters."

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING tL6003685 09/08/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2130 HARRISON STREET **GOOD SAMARITAN HOME QUINCY, IL 62301** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 20 S9999 On 8-31-22 at 12:30 PM, V3 (Assistant Director of Nursing) stated, "I oversee the COVID-19 policy and procedures. The outbreak of the COVID-19 virus with the Foose Center residents started with (V5/RN) and (V6/CNA), the outbreak of COVID-19 with the Eber Gardens residents started with (V11 CNA), the outbreak of COVID-19 with the Eastbrook Lane residents started with (V17/Dietary Aide), and the outbreak of COVID-19 with the Anna Brown residents started with (V14/CNA). (V5, V6, V11, V14, V17) worked with the residents while having symptoms of COVID-19. I do not know why (V5, V6, V11, V14, V17) did not report that they were having symptoms. All employees are to screen themselves for COVID-19 before the start of their shifts every day. Not all staff have been screening themselves prior to their shifts. I do not think anybody is monitoring to make sure staff are prescreening for symptoms before their shifts. The staff have been in-serviced that they are to report to their supervisor immediately if they have signs and symptoms of COVID-19, and not work with the residents. Employees who have symptoms of COVID-19 are supposed to rapid test immediately for COVID-19. If the employee is negative by rapid testing, the employee must submit a PCR (Polymerase Chain Reaction) test for COVID-19 and quarantine until they receive the result of the PCR. I did not know that residents who are unvaccinated or not up to date with the COVID-19 vaccination are to be isolated once coming into contact with anyone symptomatic or testing positive of COVID-19. (R4, R7, R20, R26, R38, R45, R51, R63, R64, R72, R83, R88, R90, R91, R93, and R100) are either unvaccinated or not up-to-date with their COVID-19 boosters." The facility's COVID-19 Infection Prevention and

PRINTED: 10/06/2022 **FORM APPROVED**

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6003685 09/08/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2130 HARRISON STREET **GOOD SAMARITAN HOME QUINCY, IL 62301** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD) BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 21 S9999 Control Program policy, dated 3-22-22, documents, "Description: (The facility) has developed a COVID-19 infection prevention and control program to decrease the risk of residents and staff becoming infected with SARS-CoV-2 (Severe Acute Respiratory Syndrome Coronavirus 2), the virus that causes COVID-19. Nursing homes have been severely impacted by COVID-19, with outbreaks causing high rates of infection, morbidity, and mortality. The vulnerable nature of the nursing home population combined with the inherent risks of congregate living in a healthcare setting, requires aggressive efforts to limit COVID-19 exposure and to prevent the spread of COVID-19 within nursing homes. Policy: It is the policy of (the facility) to implement COVID-19 infection prevention and control policies and procedures under the recommendation and guidance of the Centers for Disease Control and Prevention (CDC), (State agency), and the (Local Health Department/ACHD) to decrease the risk of COVID-19 transmission to our residents. Leadership Responsibilities: Administrative Leadership-Responsibilities: to develop. implement, and oversee the facility COVID-19 Infection Prevention and Control policies and procedures, to stay current on changes and updates to any provided guidance from the state and federal governing authorities to delegate facility departmental tasks to adhere to changes in restrictions and infection control precautions, to communicate with ACHD and governing authorities as needed and requested. B. Nursing Leadership-Responsibilities: to oversee and implement COVID-19 Infection Prevention and Control policies and procedures for all direct care staff, to stay current on changes and updates to any provided guidance from the state and federal governing authorities requested, review and store

FORM APPROVED

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING; IL6003685 B. WING 09/08/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2130 HARRISON STREET GOOD SAMARITAN HOME **QUINCY, IL 62301** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S9999 Continued From page 22 S9999 all infection control logs for staff screenings, resident screenings, and infection totals, to ensure an appropriate amount of Personal Protective Equipment (PPE) is available, report infection control information in the daily standup meetings, and as necessary. Testing Plan and Response Strategy: The occurrence and frequency of all future testing will be based upon the results of facility testing, changes in the surrounding community, and the current requirements of state and federal authorities. All future testing will be completed using a contracted testing laboratory (PCR/Polymerase Chain Reaction testing) and/or point-of-care testing. Although PCR testing remains the gold standard for testing, point-of-care antigen (rapid) testing is acceptable. A. When to test: Symptomatic residents and/or staff regardless of vaccination status (testing should take place immediately.) D. Confirmed Positive Tests: If COVID-19 testing results in positive cases of COVID-19 amongst staff and/or residents, the appropriate protocols will be followed to decrease the spread of illness. All confirmed cases will be reported to ACHD and CDC. Employees- Any employee who tests positive or is suspicious for having COVID-19 will immediately leave the facility and follow the instructions from their medical provider and/or health department. E. Facility Response to a Positive Test (Investigation): Affected Neighborhoods (exposed)- If resident is asymptomatic and not up to date and are considered to be a close contact to the individual who tested positive, room quarantine for 14 days even if testing negative. Staff should wear full PPE (Personal Protective Equipment) when providing care to this resident (N95, eye protection, gown, and gloves). Interventions: Employee Screenings- Employees will need to screen at the beginning of each shift

Illinois Department of Public Health

30

PRINTED: 10/06/2022 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		450	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	IL6003685 B. WING				09/08/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
GOODS	SAMARITAN HOME		RISON STR	REET		
37		QUINCY, I	L 62301			
(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 APPRODEFICIENCY)	D BE COMPLE	
S9999	Continued From page	ge 23	S9999			
1 mg	using a checklist-ba written format. All s be immediately rem receive a SARS-Co If rapid antigen test confirmed positive te	sed screening protocol in ymptomatic employees must oved from the resident area, V-2 rapid test, and sent home. Is positive, please see ests for employees for further	ڪ <u>پ</u>			
IR	employee must rece SARS-CoV-2 PCR (test and will be restr result. Screenings v infection criteria in a Vaccinations and Va vaccinations and vac to all consenting and residents onsite at se	ntigen test is negative, ive a confirmatory Polymerase Chain Reaction) icted from work pending vill check for COVID-19 ccordance with the CDC. ccine Boosters: COVID-19 ccine boosters will be offered I eligible employees and cheduled dates and times County Health Department.	×			
:: ::: (c)	Additional vaccinatio with employees as the facility) will continue promote the vaccina families who are not	n locations will be shared ney become available. (The to provide educations and tion to all staff, residents, and up to date."		= =		
	Control Recommend Personnel During the (COVID-19) Pandem "Establish a process the facility, regardles	nfection Prevention and lations for Healthcare coronavirus Disease 2019 lic, dated 2-2-22, documents, to identify anyone entering of their vaccination status, bllowing three criteria so that	 (5)	# = ±:	7	
	they can be properly test for SARS-CoV-2 Syndrome Coronavir COVID-19, close cor SARS-CoV-2 infectio (for healthcare perso include (but are not liscreening on arrival a	managed: A positive viral (Severe Acute Respiratory us Two) symptoms of atact with someone with on, or a higher-risk exposure nnel (HCP). Options could mited to): individual		= 11 - 12 (14) - 13 (14) - 14 (14) - 15 (14) - 16 (14) -	*S	

Illinois Department of Public Health

Illinois Department of Public Health

21%

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	:	(X3) DATE SURVEY COMPLETED		
laine!!	<u> </u>	IL6003685	B. WING		09/0	08/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		8
COOR	AMARITAN HOME	2130 HAR	RISON STR	REET		
GOOD 3	AMARITAN HOME	QUINCY,	IL 62301			0
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	-DBE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 24	S9999	8 4		
**************************************	before entering the any of the 3 above or another point of callity, even if they recommended COV Recommendations restriction of these if Guidance for Managements	in self-report any of the above facility. HCP should report criteria to occupational health contact designated by the are up to date with all ID-19 vaccine doses. for evaluation and work HCP are in the Interiming the although the property of the Interior of Exposure to	es ŝ			177
	SARS-CoV-2." The CDC (Centers of Prevention) Interim Control Recommend SARS-CoV-2 (Seven Syndrome Coronavi Homes Nursing Homes Nursing Homes Nursing Homes Nursing Homes and well as well as the someone with SARS who are not up to de COVID-19 (Coronavi doses and who have someone with SARS placed in quarantine viral testing is negatively personnel) caring for (gowns, gloves, eyen higher-level respirate	for Disease Control and Infection Prevention and Infections to Prevent re Acute Respiratory rus two) Spread in Nursing nes & Long-Term Care ated 2-2-22, documents, who had close contact with 6-CoV-2 Infection: Residents ate with all recommended rirus Disease 2019) vaccine in had close contact with 6-CoV-2 infection should be after their exposure, even if two. HCP (Health Care rethem should use full PPE protection, and N95 or or). Residents can be			2.**	
s d	after day 10 following develop symptoms, from Transmission-E following the exposu SARS-CoV-2 and the symptoms."	mission-Based Precautions g the exposure if they do not Residents can be removed Based Precautions after day 7 re if a viral test is negative for ey do not develop or Disease Control and 19 webpage, dated 5-24-22,		W Li		i i

Illinois Department of Public Health

AND PLAN	AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DAT	E SURVEY MPLETED
IL6003685		B. WING			09/08/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE	<u>,</u>	
GOOD S	AMARITAN HOME	QUINCY,	RRISON STŔE IL 62301	EET		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULDRE	(X5) COMPLETE DATE
	Prizer-BioNTech giver Fully Vaccinated: To primary series. Boo people at least five the primary series.	nes: Primary Series: Doses of yen three to eight weeks apart. wo weeks after final dose in sters: One booster for most months after the final dose in Second booster of either	S9999	g: 58 U		**
	for adults ages 50 y	Moderna COVID-19 vaccine lears and older at least four st booster. Up to Date: etting all boosters ou."		到		2 1 % 1
	(A)	8) 8)		191		
			#1		٠	
	2	il ^e	W			
					8	×
		er ^{Sa}	=			
	8 6	Q	ii:	*	<u> </u>	
25	. :					
		19			1	
	2				50	7

STATE FORM

196