

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6010417	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R 09/22/2022
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NAME OF PROVIDER OR SUPPLIER  BELLEFONTAINE PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 98 DEBRA LANE, P.O. BOX 225 WATERLOO, IL 62298
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Z 000	COMMENTS  First Follow Up to Annual Health Survey	Z 000		
Z9999	<p>FINDINGS</p> <p>Statement of Licensure Violations:</p> <p>1 of 4</p> <p>350.620 a) 350.760 a) 350.760 c)8)10) 350.769 c)</p> <p>Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually.</p> <p>Section 350.760 Infection Control 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 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. c) Depending on the services provided by the facility, each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention,</p>	Z9999	<p style="text-align: center;"><b>Attachment A</b> Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X8) DATE
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Z9999	<p>Continued From page 1</p> <p>United States Public Health Service, Department of Health and Human Services, as applicable (see Section 350.340):</p> <p>8) Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes</p> <p>10) Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic</p> <p>Section 350.769 COVID-19 Vaccination of Facility Staff <b>EMERGENCY</b></p> <p>c) Each facility shall require its staff who are not up to date on COVID-19 vaccinations to undergo testing for COVID-19 once per week if the level of COVID-19 community transmission is moderate and twice per week if the level of COVID-19 community transmission is substantial or high, with twice weekly tests administered at least three days apart. No testing is required for facilities in counties where community transmission levels are low. COVID-19 community transmission level shall be determined based on the CDC COVID Data Tracker available at: <a href="https://covid.cdc.gov/covid-data-tracker">https://covid.cdc.gov/covid-data-tracker</a>. Staff who are not up to date on COVID-19 vaccinations and not tested as required by this subsection shall not be permitted to enter or work at the facility.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, record review and interview, the governing bodies failed to implement the COVID Policy, potentially affecting all 16 individual residing at the facility (R1-R16),</p>	Z9999		

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Z9999	<p>Continued From page 2</p> <p>Findings include:</p> <p>Facility Plan of Correction, with documented completion date of 5/27/22, documents, "The staff will be re-trained on implementation of policy 5.67 (COVID-19) and policy 5.69 (COVID-19 Vaccination &amp; Testing)."</p> <p>Facility Roster, undated, identifies R5, R11, R14 as individuals who function within the Mild Range for Individuals with Intellectual Disabilities; R1, R2, R4, R6-R10, R12, R13, R15, R16 as individuals who function within the Moderate Range for Individuals with Intellectual Disabilities; R3 as an individual who function within the Severe Range for Individuals with Intellectual Disabilities.</p> <p>1) Facility COVID-19 Vaccination &amp; Testing Policy 5.69, dated 7/22, includes, "Contingency Plan for unvaccinated staff or staff not up to date on COVID-19 vaccinations: Staff who have pending request for, or who have been granted, exemptions to the vaccination requirements, or those staff for whom COVID-19 vaccination must be temporarily delayed must adhere to additional precautions that are intended to mitigate the spread of COVID-19. Additional precautions should include reassigning staff as applicable (if feasible and will not interfere with the provision of care), wear an N95 respirator and adhering to universal source control at all times, and physical distancing measures."</p> <p>Facility COVID-19 Staff Vaccination Status undated, includes E3 (Direct Support Person/DSP) and E8 (DSP) as staff who are granted a Religious Exemption.</p> <p>Observation on 9/14/22 from 3:14 pm-3:35 pm,</p>	Z9999		

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Z9999	<p>Continued From page 3</p> <p>E3 was sitting at the dining room table with a surgical mask below his mouth. R1, R4, R5, R6, R7, R10, and R13 was sitting at the table with E3. E8 was sitting at the table with a surgical mask on.</p> <p>On 9/15/22 at 10:30 am, E1 (Assistant Administrator) was asked employees with exemption, what kind of PPE (Personal Protective Equipment) should they be wearing. E1 stated, "With the new updated COVID Policy, they should wear an N95 Mask." E1 was asked should E3 ever has his mask below his nose or mouth. E1 stated, "No."</p> <p>Observation on 9/15/22 between 1:15 pm-2:17 pm, E3 was sitting at the dining room table with a surgical mask on below his mouth. R1 sitting next to him. E8 was standing in the dining room with a surgical mask on.</p> <p>On 9/15/22 at 1:35 pm, E3 stated he was vaccinated. E3 was unable to produce proof of vaccination.</p> <p>2) Facility COVID-19 Policy 5.67, dated 7/22, includes, "F. Continued Monitoring of Essential Measures 3. The home must test staff that are not up to date with COVID-19 vaccination at a minimum of twice weekly and adjust the frequency of staff testing in accordance with the community transmission level available on the CDC website."</p> <p>Facility unable to produce proof of COVID testing for E3 in September.</p> <p>On 9/15/22 at 9:28 am, E2 (Qualified Intellectual Disabilities Professional/QIDP) stated E3 had been off work in July until return in September.</p>	Z9999		

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Z9999	<p>Continued From page 4</p> <p>E2 confirmed E3 should have been tested when he returned to work on 9/12/22.</p> <p>On 9/15/22 at 2:00 pm, E8 was asked since he had a religious exemption, are there any expectations for you different than the staff who have been vaccinated and has the facility had educated him regarding their COVID Policy. E8 stated, "No, other than they told all of us we have to wear a mask and test twice a week."</p> <p>On 9/15/22 at 2:25 pm, E3 was asked if the facility has educated him on their COVID Policy. E3 stated, "Yes, at the beginning of the pandemic." E3 was asked if that was the last time any education has been done by the facility on their COVID Policy. E3 stated, "Yes."</p> <p>(B)</p> <p>2 of 4</p> <p>350.620 a) 350.700 a)</p> <p>Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually.</p> <p>Section 350.700 Incidents and Accidents a) The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected</p>	Z9999		

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Z9999	<p>Continued From page 5</p> <p>outcome of a resident's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the progress notes or nurse's notes of that resident</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, record review and interview, the governing bodies failed to implement the Physical Injury and Illness/Individual Medical Emergencies Policy, affecting 1 individual outside the sample with a fractured arm (R11)</p> <p>Findings include:</p> <p>Facility Physical Injury and Illness/Individual Medical Emergencies Policy, dated 5/19, includes, "7. Any follow-up action or medication prescribed by the physician shall be summarized in the Monthly QIDP Summary (GP-99) and in the Nursing Notes (GN-35)."</p> <p>Facility GP-15 (Incident Report), dated 9/4/22, documents, "(R11) was in the shower. I heard a loud fall. (R11) was screaming. I ran back there and he was lying on the floor holding his arm and crying. I placed towels around him and wrapped in blanket. (R11) could not put pressure on his right arm."</p> <p>Facility was unable to produce a GN-35 (Nursing Notes) for R11's incident of 9/4/22.</p> <p>Interview on 9/15/22 at 9:41 am, E1 was asked for the GN-35 for R11's incident of 9/4/22. E1 stated, "The nurse put it in the GP-15." E1 was asked if the nurse should follow facility policy and</p>	Z9999		

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Z9999	<p>Continued From page 6</p> <p>do a GN-35. E1 stated, "Yes." E1 was unable to show surveyor proof of a summary of follow-up action or medication prescribed by the physician documented by the nurse on the GP-15.</p> <p>(C)</p> <p>3 of 4</p> <p>350.620 a) 350.2020 a1)</p> <p>Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually.</p> <p>Section 350.2020 Housekeeping a) Every facility shall have an effective plan for housekeeping including sufficient staff, appropriate equipment, and adequate supplies. Each facility shall: 1) Keep the building in a clean, safe, and orderly condition. This includes all rooms, corridors, attics, basements, and storage areas.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, record review and interview, the governing bodies failed to implement the Housekeeping Policy, potentially affecting all 16 individuals residing at the facility (R1-R16).</p>	Z9999		

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Z9999	<p>Continued From page 7</p> <p>Facility Housekeeping Policy and Procedure, dated 1/16, includes, "1. Bedroom: b. Dust ceiling and all corners to remove accumulated dust and cobwebs. 2. Bathrooms: d. Use approved germicidal solution to clean toilet, tub/shower and all fixtures. 5. Dining Room: b. Dust mop floor."</p> <p>Facility Duties List, dated 6/15, documents baseboards should be dusted weekly on 3rd Shift. Facility toilet rims and bowels should be cleaned daily on 3rd Shift. Facility showers and tubs should be sanitized daily on 3rd Shift. Facility dining room should be swept and mopped daily on 1st and 2nd Shift.</p> <p>On 9/14/22 at 1:36 pm, R1's room, next to his bed, there were crunchy cheese snacks on the floor and underneath his bed. In R11's bedroom along the floor underneath the window seal there was cobwebs and dust/debris. In the women's bathroom there was BM on the top of the toilet seat and black substance that appears to be mold along the bottom edges and in the corners of the shower. In the dining room there was cereal on the floor near the door and crunchy cheese snack crumbs on top of the table.</p> <p>Facility was unable to produce documentation of facility duties being completed by staff.</p> <p>(C)</p> <p>4 of 4</p> <p>350.1010 d) 350.1010 e) 350.1050 a) 350.1060 a)</p> <p>Section 350.1010 Service Programs</p>	Z9999		



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Z9999	<p>Continued From page 8</p> <p>The facility shall provide, either directly or through arrangements with an outside resource, as needed by the individual resident, all resident living services, training and guidance necessary in the activities of daily living and in the development of self-help skills for maximum independence. These services shall consist of at a minimum the following:</p> <p>d) Organized Recreational Activities Services (as defined in Section 350.1050)</p> <p>e) Training and Habilitation Services (as defined in Section 350.1060)</p> <p>Section 350.1050 Recreational and Activities Services</p> <p>a) The facility shall provide an ongoing program of activities to meet the interests and preferences and the physical, mental and psychosocial well-being of each resident, in accordance with the resident's comprehensive assessment. The recreational and activity services shall be coordinated with other services and programs to make use of both community and facility resources and to benefit the residents.</p> <p>Section 350.1060 Training and Habilitation Services</p> <p>a) The facility shall provide training and habilitation services to facilitate the intellectual, sensorimotor, and effective development of each resident in the facility.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to provide an active treatment program for 2 individuals in the sample (R1 and R3) who currently are not enrolled in a day training</p>	Z9999		

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Z9999	<p>Continued From page 9</p> <p>program and 1 individual (R2) who attends day training 3 times a week.</p> <p>Findings Include:</p> <p>Facility Plan of Correction, with completion date of 5/27/22, documents, "The facility QIDP will ensure R1, R2, and R3 are enrolled in an active training program that will meet their needs during day training hours."</p> <p>"The Executive Director will monitor for compliance."</p> <p>Resident Roster (provided 9-14-22) identifies R1 and R2 as functioning in the Moderate Range and R3 functioning in the Severe Range of Intellectual Disabilities.</p> <p>Observation on 9-14-22 during the following times: -12:50 pm -2:20 pm R1 reclined in his chair at the dining room table with his tablet -12:50 pm-2:20 pm R3 sitting in the dining room taking a nap All clients home from Day Training</p> <p>Interview with E2 (Qualified Intellectual Disabilities Professional) on 9/14/22 at 1:00 pm. E2 stated, "R1 and R3 do not attend an outside day training. All other individuals attend Monday, Wednesday and Friday."</p> <p>Observation on 9/15/22 during the following times: -8:15 am, R1 asleep in wheelchair in dining room -8:15 am, R2 watching TV in room -8:15 am. R3 in bedroom -9:00 am, R1 still asleep -9:00 am R2 in bedroom</p>	Z9999		
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Z9999	<p>Continued From page 10</p> <p>-9:00 am R3 on tablet in dining room -9:15 am, R1 asleep in dining room -9:15 am, R2 in bedroom -9:30 am, R1 still asleep in dining room -10:00 am, R2 in bedroom -10:30 am. R3 back to her bedroom -11:00 am, R1 still asleep -11:30 am, R3 in bedroom -11:45 am, R1 taken to his room to be change -11:45 am R2 in bedroom.</p> <p>Interview with E1/Assisted Administrator on 9/15/22, E1 was asked to tell the surveyor about the In Home DT posted in the kitchen. E1 stated, "This is a guidance of activities for the staff to follow."</p> <p>Activities posted for today: 9:00 am-Arts/Crafts 10:00 am-Programs 11:00 am Learning 11:30 am-Hygiene</p> <p>E7/DSP was observed to implement R3's programs at 10:30 am. No other activities were provided to R1, R2 and R3.</p> <p>(C)</p>	Z9999		