STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008312	A. BUILDING: _____ B. WING _____	C 09/12/2023

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APERION CARE WILMINGTON	555 WEST KAHLER WILMINGTON, IL 60481

(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 Complaint Investigation: 2377105/IL163655	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.696a) 300.696b) 300.1020a) 300.1020b) 300.1020c) 300.1210b) 300.1210d)2)3) 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 300.696 Infection Prevention and Control a) A facility shall have an infection prevention and control program for the surveillance, investigation, prevention, and control of healthcare-associated infections and other infectious diseases. The program shall be under the management of the facility's infection preventionist who is qualified through education, training, experience, or certification in infection	S9999	Attachment A Statement of Licensure Violations	

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S9999	Continued From page 1 prevention and control. b) 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 personal protective equipment as provided in the Centers for Disease Control and Prevention's 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. Section 300.1020 Communicable Disease Policies a) The facility shall comply with the Control of Communicable Diseases Code (77 Ill. Adm. Code 690). b) A resident who is suspected of or diagnosed as having any communicable, contagious or infectious disease, as defined in the Control of Communicable Diseases Code, shall be placed in isolation, if required, in accordance with the Control of Communicable Diseases Code. If the facility believes that it cannot provide the necessary infection control measures, it must initiate an involuntary transfer and discharge pursuant to Article III, Part 4 of the Act and Section 300.620 of this Part. In determining whether a transfer or discharge is necessary, the burden of proof rests on the facility. c) All illnesses required to be reported under the Control of Communicable Diseases Code and	S9999		

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S9999	Continued From page 2 Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693) shall be reported immediately to the local health department and to the Department. The facility shall furnish all pertinent information relating to such occurrences. In addition, the facility shall inform the Department of all incidents of scabies and other skin infestations. Section 300.1210 General Requirements for Nursing and Personal Care 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. 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: 2) All treatments and procedures shall be administered as ordered by the physician. 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. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record	S9999		

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S9999	Continued From page 3 review, the facility failed to identify an infectious outbreak, implement measures to prevent the spread of this infectious outbreak, and failed to have an infection control program in place to monitor and track infectious diseases at the facility. This failure has the potential to affect all 166 residents residing at the facility. Findings include: The Facility Data Sheet dated 8/29/2023 documents 166 residents reside at the facility. On 9/1/2023 at 9:21 AM V5 (County Infectious Disease Investigator) stated the facility has been in continuous outbreak status for scabies since 5/11/2023 and the facility just reported a large number of new cases in the past week for which she provided the facility with recommendations in an email on 8/25/2023 to treat the outbreak. On 8/29/2023 at 9:30 AM V1 (Administrator) stated the corporate office reported to her there was an outbreak of rashes at the facility. V2 stated a whole house sweep was completed on 8/23/2023 and the facility identified several residents with rashes. V1 stated V6 (Medical Director) was at the facility to assess the rash outbreak on 8/24/2023 and provided orders to treat the rashes as suspected scabies. V1 confirmed staff were also identified with suspicious rashes. 1. On 9/1/2023 at 11:29 AM, V2 (Director of Nursing) stated R1 tested positive for scabies on 5/11/2023 and the facility policy is for roommates to be treated and isolated in the effected room and if there is an adjoining bathroom, the residents in that room are also treated and	S9999		

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S9999	Continued From page 4 isolated. V2 confirmed R1's room had an adjoining bathroom so the residents in the adjoining room were also to be treated. R1's scabies scraping lab report, resulted 5/11/2023, shows R1 positive for scabies. R1's Physician Progress Note, dated 5/5/2023, documents R1 with a scattered red itchy red rash noted from head to toe of his body. R1's Order Recap Report dated 5/1-6/30/2023 does not document R1 being placed in contact isolation. R1- R3's Census List Report dated 9/5/2023 shows R1 residing in the same room as R2 and R3. Census List Report dated 9/5/2023 shows R4 and R5 residing in the adjoining room with a shared bathroom. R2-R5's Order Recap Report dated 5/1-6/30/2023 does not show R2-R5 receiving prophylactic treatment or being placed in isolation. 2. On 8/29/2023 12:39 PM, R7 stated he was hospitalized Father's Day weekend for pain in his foot and during this hospitalization he was diagnosed and treated for scabies. R7 stated he had a rash for approximately 2 months before being hospitalized in June. R7 further stated he was treated again a few days ago and his rash is now gone. R7's scabies scraping lab reports, dated 5/10/2023 and 6/1/2023, shows R7 negative for scabies. R7's Order Recap Report dated 5/1-6/30/2023	S9999		

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S9999	Continued From page 5 documents R7 with orders on 5/26/2023 for Mupirocin twice per day and Doxycycline for 5 days for a rash and Impetigo. R7's Physician Progress Notes dated 5/5/2023 documents R7 with an itchy rash to right upper and bilateral lower extremities. R7's Progress Note dated 6/1/2023 documents R7 with a rash to his arms, abdomen, and legs. R7's Physician Progress Note dated 6/7/2023 documents R7 with a rash to his body and a diagnosis of impetigo was made. R7's Progress Notes dated 6/18/2023 shows R7 sent to the hospital and admitted with a diagnosis of cellulitis. R7's Physician Note dated 6/23/2023 shows R7 diagnosed for scabies during his hospital admission. The Scabies Outbreak Report documents R7 with a rash to his arms, legs, and abdomen, identified on 8/24/2023, and treated for scabies on 8/25/2023. R7's Brief Interview of Mental Status (BIMS) report dated 7/21/2023 documents R7 as cognitively intact. 3. On 8/29/2023 at 12:25 PM R6 stated approximately a month ago he was treated for a rash and itching. R6's Order Recap Report dated 6/1-9/5/2023 shows R6 with orders dated 6/30/2023 for Diphenhydramine for 3 days to treat a rash, and Hydrocortisone 6/30-8/10/2023.	S9999		

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S9999	Continued From page 6 R6's Practitioner Visit Note dated 6/30/2023 documents R6 with a rash and itching. R6's Order Recap Report dated 6/1-9/5/2023 shows R6 treated for scabies on 7/28/2023 and 8/5/2023. The Scabies Outbreak Report documents R6 with a rash to his arms, legs, and abdomen, identified and diagnosed as scabies on 7/27/2023 per a positive skin scraping. R6's BIMS report dated 8/22/2023 documents R6 as cognitively intact. 4. On 8/31/2023 at 11:10 AM R11 had scratches and scabs to both her upper arms. On 9/5/2023 at 9:50 AM a skin assessment completed with V7 showed R11's rash improving. R11's Order Recap Report dated 6/1-9/5/2023 documents R10 with orders on 6/12/2023 for Clotrimazole External Cream to her left-hand rash for 10 days, 6/14 and 21/2023 for Promethean Cream, 6/17/2023 with Doxycycline Monohydrate for a skin infection, and Clotrimazole External Cream for a rash 6/22-7/6/2023. R11's Initial Wound Evaluation and Summary Report dated 6/14/2023 documents R11's rash diagnosed as scabies and a reassessment on 6/21/2023 shows R11's rash as resolving. R11's scabies scraping lab report, dated 6/14/2023, shows R11 negative for scabies. On 8/31/2023 at 11 AM V7 stated she noted R11 would screaming out frequently during the day	S9999		

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S9999	Continued From page 7 when she had the rash on her hands which is not her usual behavior. On 9/5/2023 at 3:05 PM V23 (Wound Physician) stated she does not usually see residents for skin rashes but did assess R11 as a favor. V23 stated she was suspicious the rash could be scabies and her protocol are if is suspicious, she treats. 5. On 8/31/2023 at 10:50 AM R8 stated, "It (rash) is starting to go away. They are finally treating me right. Not sure what they treated me with before." R8 stated the rash is all over and lifted his shirt showing a visible rash to his arms and chest-multiple areas of this rash showed healing scratches and scabbed lesions. R8 stated, "I had it a long time...I have been suffering for a long time. I scratch and bleed, I am up all night, and I was not getting any relief." On 9/5/2023 at 9:25 AM a skin assessment completed with V7 showed R8's rash resolving. R8 stated, he is "feeling a lot better." R8's Physician Progress Notes dated 4/28, 5/8, 5/16, 6/6, and 8/3/2023 document R8 with itching and rashes to his body. R8's Order Recap Report dated 6/1-9/5/2023 documents R8 with orders 6/2/2023 for Triamcinolone Acetonide External Cream twice a day through 8/3/2023 for itching and Hydroxyzine at bedtime for itching (order continues). R8's scabies scraping lab report, dated 4/10/2023, shows R8 negative for scabies. 9/6/2023 6:59 AM V24 (Night Nurse) stated he was not sleeping well because of the itching from his rash but after the Hydroxyzine was ordered	S9999		

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S9999	Continued From page 8	S9999		

that did help. Since he was treated with Promethean he is improving.

R8's BIMS dated 7/4/2023 documents R8 as cognitively intact.

6. On 8/31/2023 at 10:56 AM R9 stated, "I have been scratching the (heck) out of them." R9 stated he has been scratching at his itchy rash for a couple of months, and since "a cream" was applied a few days ago it is now going away. R9 exposed his arms which had a resolving red rash and scratches to both his arms.

On 9/5/2023 at 9:30 AM a skin assessment completed with V7 showed R9's rash resolving. R9 stated, his rash is much better.

R9's Order Recap Report dated 6/1-9/5/2023 documents R9 with an ongoing order dated 6/23/2023 for Triamcinolone Acetonide External Cream for itching twice daily.

R9's Weekly Skin Observation Notes dated 7/5/2023 documents R9 with healing scabs to shoulder from scratching, 8/9/2023 with a rash to back and chest and scabs to lower extremities.

R9's Physician Progress Notes dated 8/1, 18 and 21/2023 document R9 with a rash to his body.

R9's scabies scraping lab report, dated 7/31/2023, shows R9 negative for scabies.

R9's BIMS dated 8/5/2023 documents R9 with moderate cognitive impairments.

7. On 8/31/2023 at 11:13 AM R12 was noted with scratches and a rash to his abdomen, entire right arm and from his left elbow up toward his

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S9999	Continued From page 9 shoulder. R12 was scratching at these areas stating he itches. On 9/5/2023 at 9:40 AM a skin assessment completed with V7 showed R12's rash was resolving but he was continuing to itch. R12's Order Recap Report dated 6/1-9/5/2023 documents R12 with orders dated 6/30/2023 for Hydrocortisone Cream to abdomen, chest, and left trunk for 10 days and Diphenhydramine for 3 days for itching, 7/18/2023 for Hydrocortisone Cream to abdomen, chest, and left truck for 10 days for itching. Another order on 8/2/2023 documents Hydrocortisone to abdomen, chest, arms for severe itching and rashes related to restlessness and agitation. An order 8/18/2023 documents R11 to receive Diphenhydramine at bedtime and Loratadine every morning for a rash. R12's Progress Notes dated 6/30-8/23/2023 do not document any assessments of R12's rash. 9/6/2023 6:59 AM V24 (Night Nurse) stated R12 had the worst time sleeping because of itching, "...I felt sorry for him. He would be up at night unable to sleep because of the scratching..." V24 stated he is much better and sleeping again. R12's BIMS dated 8/8/2023 documents R9 as severely cognitive impaired. 8. On 8/29/2023 at 12:21 PM R10 laid in bed scratching at her arms which had scabbed scratches in various stages of healing and open bleeding wounds up and down both of her upper arms and chest. On 9/5/2023 at 9:45 AM a skin assessment completed with V7 showed R10's rash to her	S9999		

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S9999	Continued From page 10 arms almost gone and the rash to the chest improving. R10's Order Recap Report dated 7/1-9/5/2023 documents R10 with orders dated 7/22/2023 for Alclometasone Dipropionate External Cream for 7 days and Claritin daily (current order) for a rash, 8/18/2023 for Diphenhydramine and Loratadine for 5 days for a rash and 8/23/2023 for Alclometasone Dipropionate Cream for 7 days for a rash. R10's Progress Notes dated 7/22-8/23/2023 do not document assessments of R10's rash. 9. R29's Order Recap Report dated 6/1-9/5/2023 documents R29 with a current order dated 6/20/2023 for DermaCerin External Cream twice a day for itching to left abdominal area. R29's Progress Notes dated 6/20/2023 documents R29 with complaints of itching and a rash to her trunk. A note dated 7/10/2023 documents R29 with a rash and complaints of itching with no new orders. 10. R36's Order Recap Report dated 7/1-9/5/2023 documents R36 with orders dated 7/22/203 for Triamcinolone Acetonide External Cream for 7 days to a rash to his right underarm and face, and 8/8/2023 for Cephalexin Oral Capsule and Mupirocin (antibiotics) for 7 days for a rash. R36's Physician Progress Notes dated 7/12/2023 document R36 with a rash and on 8/7/2023 with itching and rash to his bilateral arms. 11. R35's Order Recap Report dated 7/1-9/5/2023 documents R35 with an order dated	S9999		

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7/22/2023 for Hydrocortisone to bilateral leg rash twice a day for 7 days.

R35's Progress Notes dated 7/22-8/23/2023 do not document any assessments of R35's rash.

12. On 8/31/2023 at 10:05 AM R15 stated she had a rash to her arms and legs with itching for about a month. On 8/31/2023 at 10:10 AM R14 stated he had a rash to his legs with itching for about over a month. Both these residents reside in the behavior health area at the facility.

On 8/31/2023 at 10:05 AM R20 stated he had a rash to his entire body with itching for about a month. R20 residents on the main resident living area.

On 9/1/2023 at 12:54 PM, V7 (Nurse) stated rashes were consistently present after being identified for R9, R10, R12, and R35 and intermittent for R21 and R36. V7 stated if the resident ran out of their ordered treatment cream, she would place the resident on the physician list for renewal. V7 further stated, if she still had some treatment cream left, she would apply it as needed when the nursing assistants reported the rash or itching and confirmed she was applying these treatments, even if the order was not currently in place.

On 8/29/2023 11:03 AM V2 (Director of Nursing) stated the facility noted rashes in the building the 2nd week of July and did a sweep through the building between 7/11-13/2023, with the main focus on the dementia area. V2 confirmed direct care staff also reported rashes but continued working.

On 8/29/2023 at 10:20 AM V3 (Acting Infection

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S9999	Continued From page 12 Control Preventionist) stated she started employment at the facility on 8/22/2023, on 8/23/2023 an in-service was completed with staff to ensure rashes were identified and reported; we in-service staff because the rashes were prevalent and noticeable. On 8/24/2023 she was notified by employees that they had rashes that they reported have been present anywhere from 10 days to 3 months. 8/29/202 11:19 AM V7 (Nurse) confirmed she is the nurse on the dementia area and is working on this date providing direct care to residents. V7 was wearing short sleeve shirt and had a rash visible to her arms, stating she also has the same rash behind her knees, abdomen, and feet for approximately 1- 2 months. V7 stated she reported this rash to V8 (Wound Care Nurse) at the time she noticed it. V7 stated after V6 (Medical Director) came and assessed the residents on 8/24/2023, V4 (Quality Assurance Nurse) instructed staff to apply Promethean cream, but she has not because the cream was not available on 8/24/2023, on 8/25/2023 she was off, there was nobody present at the facility on 8/26-27/2023 to issue her the Promethean cream and still has not yet received it as of the time of this interview. V7 stated the facility did not tell her she could not work with her rash and has worked 8/26, 27, and 29/2023 without being treated. V7 stated she primarily works on the dementia area and first noted R11 with a rash approximately 2 months prior and reported R10 currently has the worst rash. V7 further stated R11, R29 and R35 have been placed on the physician list for a few weeks related to their rashes which are not resolving. On 8/29/2023 at 11:51 V10 (Nursing Assistant) confirmed she is primarily assigned to the	S9999		

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S9999	Continued From page 13 dementia area and is working on this date providing direct care to residents. V10 was wearing short sleeve shirt and had a rash visible to her arms stating she also had the same rash to her legs and abdomen. V10 stated her primary assignment is the dementia area and she has not been treated because they told her they were out of Promethean and needed to order more; V10 was off 8/25-28/2023. V10 stated she reported her rash to a nurse a while back but does not remember who. V10 stated there was a facility meeting approximately 8 weeks ago with V2 and V4 and during this meeting the staff were asked to put up hand if they had a rash which multiple staff did. V10 stated some residents have had a rash for 2-3 months and some have creams ordered which are being applied by nurses. V10 stated she has reported and observed rashes to R8, R9 and R41. On 8/29/2023 at 12:10 PM V9 (Nursing Assistant) confirmed she is a nursing assistant assigned to work on the dementia area and is providing direct care to residents on this date. V9 had on a short sleeved and had a visible rash to her hands but stated she also has a rash to her stomach, feet, and back for approximately 2 months. V9 stated she treated herself 3 weeks ago with a bottle of Promethean provided by V8 (Former Wound Nurse) in the past but has not received treatment since. V9 stated she has reported these rashes multiple times to multiple people, including V2, V4 and the regular floor nurses. V9 stated she has never been taken off work. V9 stated the first resident she noted with a rash was R8 about 3 months ago, then after that she saw R11. On 8/31/2023 at 11:20 AM V9 stated she worked 8/30/2023 until approximately 8:30 AM when they sent her home instructing her to treat her rash and report back to work 8/31/2023. V9 said she	S9999		

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S9999	Continued From page 14 on occasion will work on other units in the facility. On 8/29/2023 11:30 AM V11 (Nursing Assistant) confirmed she is a nursing assistant assigned to work on the dementia area and is providing direct care to residents on this date. V11 was wearing short sleeves and had a visible rash to her arms, and reported she also has the rash to her wrists, stomach, and underarms. V11 stated R9 and R41, who reside in the same bedroom, had rashes approximately 1 month after her return from medical leave. V11 stated she reported the resident rashes which was reported to V7 who would apply treatments, but the rashes were not resolving. V11 stated on 8/22/2023 she noted rashes to R9, R36, R40 and R12 while providing care. V11 stated she told V4 on 8/24/2023 that she had a rash, and he did not remove her from directly providing care to the residents but offered her to see the company workers compensation nurse. V11 stated she treated herself with Promethean cream she purchased herself on 8/25/2023 after working her shift. On 9/5/2023 12:37 PM V1 confirmed V11 returned from medical leave on 9/5/2023. On 8/30/2023 at 1:10 PM V14 (Nursing Assistant) stated she primarily works in the dementia area and routinely takes care of R8, R11, R29, and R10 who all have had rashes for the past 2 months. V14 stated she will occasionally work on other units in the facility. V14 had a rash visible to her arms and stated she is providing direct care to residents on the dementia area on this date. V14 stated she has reported her ongoing rash to V1, V2, V4, V7, V8, and V15 (Wound Care Nurse). V14 stated, V15 scraped her for scabies in June and it came back negative and gave her Promethean cream. V14 stated she	S9999		

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S9999	Continued From page 15 also worked 8/28/2023 and has not treated or been removed from resident contact. On 8/29/2023 at 12:23 PM V12 (Nursing Assistant) stated she has been employed at the facility for 3 weeks. V12 stated she worked 8/24, 8/25, and 8/28/2023 and was first treated after work on 8/28/2023 after she went to the emergency room. V12 stated she reported her rash to her stomach, arms, and chest to the nurses and V4 last week when first noted it and was not told to remain off work. On 8/31/2023 at 11:00 AM V28 (Agency Nursing Assistant) stated he is agency and works at other facilities, only working at this facility a several days per month. V28 stated when he works, he is scheduled in all the different areas within the facility. V28 showed a visible rash to both his forearms stating it stared on 8/28/2023. He stated when he arrived to work on 8/29/2023 he was sent home and has since been treated. On 8/29/2023 at 1:07 PM V13 (Nursing Assistant) stated she started at the facility on August 1, 2023, and trained and worked throughout the facility. V13 stated she has a rash for a week and a half and received treatment outside of the facility on 8/24/2023. V13 stated when she started there were multiple residents in the facility with rashes, but she can only remember, R9 and R12 had rashes while she cared for them. The Daily Staffing Schedules show on 8/22/2023 V13 worked the main residential unit, 8/25 and 28/2023 working the dementia unit and 8/29/2023 working the regular unit but escorted a R36 to an appointment in the community. On 9/1/2023 at 1:55 PM V25 (Restorative Nursing Assistant) stated she had a rash which she did	S9999		

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not report to the facility and treated herself on 8/21/2023 with Promethean cream the facility provided her last year. V25 stated her rash resolved after she treated herself. V25 confirmed she provides care to residents throughout the facility.

On 8/31/2023 at 11:35 AM V20 (Human Resources) stated a couple of months ago there was a staff meeting and some staff, including V10 and V14, reported they had rashes. An in-service sheet dated 7/14/2023 document V10 and V14 attended this meeting.

On 8/31/2023 at 11:48 AM V2 (Director of Nurses) stated she has been employed at the facility since October 2022. V2 stated she did not notify or involve V6 (Medical Director) of the outbreak of employee and resident rashes until their corporate office contacted the facility. V2 stated she was unaware a negative skin scraping did not necessarily indicate a resident did not have a scabies infestation. V2 stated she has an ongoing argument with wound care nurses as to who should track and monitor rashes, stating the wound care nurses state they do not track or monitor rashes. V2 stated currently there is no specific facility protocol to track and monitor rashes but the nurses and herself are responsible for tracking, monitoring, and reporting these rashes. V2 confirmed there was no facility infection control surveillance being completed at the facility prior to June 2023 to monitor resident infections and outbreaks, except for Covid, and no employee tracking at all. V2 stated the employees did report itching and rashes in July and the staff affected were instructed to go through their dermatologist or they were informed they could see the facility workers compensation nurse. No employees were removed from direct

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resident care. V2 stated she had no direction, and she was doing the best she could. V2 stated she has since become aware V8 had provided some employees with cream to treat scabies while he was employed at the facility.

The Employee Rash Survey provided 9/6/2023 at 9:04 AM additionally documents V26-34 (Nursing Assistants) and V35 (Nurse) with rashes.

The Monthly Infection Log was provided on 8/31/2023 for the months June-August 2023 for residents. No rashes which were identified between June-August were present on these logs and no logs were provided for employees.

The facilities Daily Staffing Schedules showed on 8/25/2023 V11, V12 and V14 worked at the facility, on 8/26 and 27/2023 V7 worked on 8/28/2023 V7, V12, and V14 worked, and on 8/29/2023 V7, V9, V10 and V14 worked.

The Daily Staffing Schedules show V34 (Nursing Assistant) worked the main residential unit on 8/23/2023, the dementia area on 8/25 and 8/28/2023; V33 (Nursing Assistant) worked the behavior health unit on 8/22 and 8/24/2023 and the dementia area on 8/26-27/2023.

On 9/1/2023 1:29 PM V6 (Medical Director) stated he was at the facility to assess the residents last week. V6 stated the rashes he saw appeared to be an infectious rash and he is treating those rashes as suspicious for scabies. V6 stated the big picture is to prevent this from happening again and he has discussed protocol going forward so an outbreak at this level can be prevented in the future. V6 stated he was not aware of the number of resident and employee rashes further stating he does expect the facility

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S9999	Continued From page 18 to let him know, follow the protocol, and monitor and report to the physicians as they should. V6 stated employees with rashes need to be assessed to determine if it is infectious and removed from work if infectious to prevent spreading. V6 confirmed scabies is worse at night and if the scraping is negative, it does not rule out scabies as the cause of the rash. V6 confirmed delay in treatment can cause spread of the rash and residents experiencing symptoms, but each resident needs to be assessed and evaluated individually. On 9/5/2023 at 11:56 AM V21 (Local Health Department Epidemiologist) stated any new onset rash that appears to be spreading or affecting more than one resident should be suspected as possibly contagious and investigated to determine the diagnosis and medically investigated to determine if it is infectious. Until the rash can be ruled out as not infectious, residents should be isolated, and employees should not provide direct care. V21 stated the County Health Department expects the facility to follow Center for Disease Control (CDC) guidelines, monitor their infectious diseases at the facilities, report their outbreaks, and follow protocols to prevent outbreaks. V21 stated failure to contain the spread is up to the facility to monitor and work with their Medical Director to determine the cause of the rash, establish a treatment plan, and implement of measures to prevent the spread. V21 confirmed if a scraping resulted as negative that does not mean the resident does not have scabies, stating it is up to the facility and the Medical Director to diagnose and treat accordingly. V21 confirmed if treated for scabies and symptoms resolve, the rash is likely from scabies, particularly if there have been recent exposures. V21 confirmed, if an affected person is treated and the rash	S9999		

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S9999	Continued From page 19 resolves, and then re-occurs, there is likelihood they were re-exposed again and re-infected. V21 stated untreated scabies can lead to further spread within the facility, in the community and to the family of employees. V21 stated if a person with scabies goes untreated, they will continue with symptoms, including an itching rash, often more prevalent at night, and potential infection of the wounds from scratching. V21 stated, it is negligent for the facilities not to take the proper care to prevent the spread and to follow CDC guidelines and lack of surveillance and delay of treatment causes ongoing transmittal and spread. Email correspondence dated 8/24/2023 at 4 PM between V1 and V5 includes direction from V5 that all residents and employees (symptomatic and asymptomatic) should be treated on the same day. This email includes an attached document titled, Management of Scabies in Illinois Healthcare and Residential Facilities. This document includes guidance including, healthcare workers should immediately report any signs of infestation to themselves or residents to the infection control practitioner and should have process in place to identify and controlling a scabies outbreak. Signs and symptoms include rash to the skin which may vary greatly in appearance according to pre-existing skin conditions and the site, and secondary bacterial infections may develop because of intense scratching caused by the mites. The Scabies Control policy dated 2/15/2018 documents scabies is a highly communicable disease of the skin caused by the itch mite. The purpose is to eliminate and treated irritated skin areas and prevent the spread of infection. Signs include intense itching and eruptions of burrows which is transmitted by physical contact. The	S9999		

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S9999	Continued From page 20 physician is to be notified promptly upon identification and the physician will provide an examination. Treatment for residents infected or being considered for prophylactic treatment will be provided and all affected individuals will be completed at the same time. Contact isolation will be initiated until after initial treatment. The Infection Surveillance, Tracking and Reporting policy dated 2/14/2018 documents the purpose is to identify, monitor, track and report infections and monitor adherence to infection control practices. Infection tracking includes but is not limited to completing infection tracking logs for all residents with an infection, monitor for trends by unit/location, clusters of the same infection, outbreaks and employee illnesses, track resident and staff outbreaks and complete outbreak line-listing report/investigation. "B"	S9999		