

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003552	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/13/2024
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NAME OF PROVIDER OR SUPPLIER GIBSON COMMUNITY HSP ANNEX	STREET ADDRESS, CITY, STATE, ZIP CODE 430 EAST 19TH GIBSON CITY, IL 60936
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S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 1 of 3: 300.650c) Section 300.650 Personnel Policies c) Prior to employing any individual in a position that requires a State license, the facility shall contact the Illinois Department of Financial and Professional Regulation to verify that the individual's license is active. A copy of the license shall be placed in the individual's personnel file. This failure was not met as evidenced by: Based on interview and record review, the facility failed to ensure employee personnel files contained a copy of the nurses license. This failure has the potential to affect all 29 residents residing at the facility. V21 LPN (Licensed Practical Nurse) and V22 RN (Registered Nurse)'s personnel file did not contain a copy of their nursing license. On 3/13/24 at 12:20 pm, V23 Human Resource Executive Director confirmed the facility did not have a copy of V21 and V22's nursing license. On 3/13/24 at 12:35 pm, V1 Administrator stated V21 and V22 both work at the facility, are nurses, and have the possibility of providing care to all residents.	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 03/29/24
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S9999	<p>Continued From page 1</p> <p>The facility Census List dated 3/11/24 documents there are 29 residents who reside at the facility.</p> <p>(C)</p> <p>Licensure Findings 2 of 3 300.696b)3) 300.696d)13) 300.696f)1)4)</p> <p>Section 300.696 Infection Prevention and Control</p> <p>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.</p> <p>3) Facility activities shall be monitored on an ongoing basis by the Infection Preventionist to ensure adherence to all infection prevention and control policies and procedures.</p> <p>d) 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):</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>13) Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes</p> <p>f) Infectious Disease Surveillance Testing and Outbreak Response</p> <p>1) The facility shall have a testing plan and response strategy in place to address infectious disease outbreaks. Pursuant to the plan and response strategy, the facility shall test residents and facility staff for infectious diseases listed in Section 690.100 of the Control of Communicable Diseases Code in a manner that is consistent with current guidelines and standards of practice.</p> <p>4) Upon confirmation that a resident, staff member, volunteer, student, or student intern tests positive with an infectious disease, or displays symptoms consistent with an infectious disease, each facility shall take immediate steps to prevent the transmission by implementing practices that include but are not limited to cohorting, isolation and quarantine, environmental cleaning and disinfecting, hand hygiene, and use of appropriate personal protective equipment.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to restrict employees with respiratory symptoms from working while ill and test symptomatic employees for COVID-19 (Human Coronavirus Infection). These failures affect five (R101, R104, R105, R106, R107) of five residents reviewed for infection control in the sample list of seven residents. This failure has the potential to affect all 29 residents in the facility.</p> <p>Findings include:</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>The facility's undated COVID-19 outbreak log documents the outbreak began on 1/14/24 when V12 Certified Nursing Assistant (CNA) tested positive. This log documents R104, R105, R106 tested positive on 1/15/24, R107 tested positive on 1/18/24, and R101 tested positive on 1/25/24.</p> <p>The employee illness logs with date range 6/12/23-1/23/24 document V13 CNA "URI" (Upper Respiratory Infection) on 1/12/24 and 1/15/24, and V12 CNA "URI" on 1/13/24 and returned to work on 1/14/24. There is no documentation that these CNAs were tested for COVID-19 when symptoms began or prior to returning to work. V12's Rapid COVID-19 test dated as collected on 1/14/24 at 4:06 PM and resulted at 4:30 PM documents V12 tested positive.</p> <p>V12's Time Card dated 1/7/24-1/20/24 documents V12 worked on 1/14/24 from 6:09 AM until 4:30 PM. V13's Time Card dated 1/7/24-1/20/24 documents V13 worked on 1/10/24 from 6:08 AM until 6:09 PM.</p> <p>On 3/12/24 at 12:00 PM V12 CNA stated V12 had symptoms of headache, cough, and runny nose that began on 1/13/24. V12 stated V12 reported V12's symptoms to the nurse that day, when V12 called off. V12 stated V12 did not test for COVID-19 on 1/13/24, but tested the following day while V12 was at work. V12 stated V12 waited for V12's test results and was sent home once V12 test resulted positive. V12 stated V12 thought V12 was "ok" to work on 1/14/24 since V12 was feeling better, but V12 decided to test later that day when V12's symptoms returned while at work. V12 stated on 1/14/24 V12 worked on the East hall of the facility (where R101, R104,</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>R105, and R106 reside).</p> <p>On 3/12/24 at 2:45 PM V13 CNA stated V13 recalled calling off from work in January 2024 with URI symptoms of green mucus, fever of 101.8., headache, coughing, and sneezing. V13 stated V13 had symptoms of body aches, shortness of breath, and feeling tired when V13 was working on 1/10/24, but V13 thought it was "just a cold." V13 stated V13 took cold medication that day, worked from 6:00 AM until 6:00 PM, and did not report V13's symptoms. V13 stated on 1/10/24 V13 worked on the East hall.</p> <p>On 3/12/24 at 3:15 PM V1 Administrator stated we were not requiring surgical masks to be worn in the facility prior to the outbreak that began on 1/14/24. V2 Director of Nursing stated V2 can't prove that V13 was not COVID-19 positive since V13 was not tested. V2 confirmed there is no documentation that V13 was tested in January 2024 prior to 1/17/24. V2 stated the staff should tell V2 or the nurses when they are having symptoms so that they can be tested. V2 confirmed V12 should have tested for COVID-19 prior to working on 1/14/24. V2 stated V12 was sent home from work on 1/14/24 after testing positive and that was when the facility identified the outbreak. V2 stated staff who are COVID-19 positive are restricted from work for five days, and if they are negative and symptomatic they are allowed to return to work once fever free for 24 hours without medication use.</p> <p>The facility's Census List dated 3/11/24 documents 29 residents reside in the facility.</p> <p>The Centers for Disease Control and Prevention "Symptoms of COVID-19" dated October 26, 2022 documents COVID-19 symptoms include</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>fever/chills, cough, shortness of breath, difficulty breathing, fatigue, body/muscle aches, headache, new loss of taste/smell, sore throat, congestion, runny nose, nausea, vomiting and diarrhea; and recommends testing if you are symptomatic.</p> <p>The facility's Infection Prevention policy revised June 2021 documents the infection prevention program incorporates surveillance and prevention of infections, which includes monitoring and investigating exposures and infectious disease outbreaks. This policy documents that actions taken and recommendations to address opportunities for improvement will be documented, and performance improvement and infection prevention activities is determined through information gathering and clinical analysis. This policy documents that positive cultures are investigated to identify clusters of pathogens, location, and staff involved.</p> <p>The facility's COVID-19 Testing Policy and Response Strategy revised September 2023 documents healthcare workers are educated on reporting positive COVID-19 tests, symptoms of COVID-19, and/or exposure to COVID-19 to their direct supervisor. This policy documents testing is required for symptomatic healthcare workers.</p> <p>(A)</p> <p>Licensure Findings 3 of 3 Findings</p> <p>300.610a) 300.1210b) 300.1210c) 300.1210d)6</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>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:</p> <p>6) All necessary precautions shall be taken to</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>These Requirements were NOT MET as evidenced by:</p> <p>Base on observation, interview and record review, the facility failed to complete a fall risk assessment quarterly and failed to ensure safety equipment was in use during a transfer for one of one residents (R5) reviewed for falls on the sample list of 12. This failure resulted in R5 falling and sustaining a four centimeter laceration requiring seven sutures to the forehead and a fractured humerus.</p> <p>Findings Include:</p> <p>R5's Fall Risk Assessments dated 8/16/23 and 1/29/24 document R5 is a high risk for falls.</p> <p>On 3/12/24 at 10:40 AM, V3 MDS (Minimum Data Set)/CP (Care Plan) Coordinator stated fall risk assessments are to be completed upon admission, with significant changes and quarterly. V3 confirmed R5 only has an August and January assessment completed. V3 is unsure why one was not completed in November stating, "that was before my time", but one should have been completed in November 2023.</p> <p>R5's MDS dated 1/29/24 documents R5 is alert and oriented, and requires substantial/maximal assistance when transferring from a sit to stand position and for chair/bed to chair transfers.</p> <p>On 3/11/24 at 9:41 AM, R5 was sitting up in a</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>recliner with R5's right arm in sling. R5 stated R5 fell when transferring from the chair and sustained a fractured shoulder.</p> <p>R5's CP dated 1/29/24 documents R5 needs extensive assistance of one for transfers using a gait belt and walker and up to extensive assist of two using a gait belt (changed from assistance of 1 which was on the original care plan dated 8/17/23) and walker to ambulate and transfer. R5 is to be encouraged to walk during the day, and staff are to bring a wheelchair behind R5 for long distances so that R5 can take a break if needed. R5 has a history of knees buckling so please be cautious of this during ambulation and transfers.</p> <p>R5's Progress Notes dated 2/16/24 by V9 LPN (Licensed Practical Nurse) documents at 1750 on 2/16/24, the CNA (Certified Nursing Assistant) notified the nurse that R5 had fallen in R5's room. The CNA stated she was assisting R5 and turned to unlocked R5's wheel chair to move it out of R5's way when resident fell forward. Upon entering room, R5 was noted to be lying with the right side with R5's face down on the floor with blood coming from a laceration to the right side of the head and R5's right arm was tucked up under R5's body. 911 called and transferred to the ER (Emergency Room). R5 returned to the facility with a diagnosis of a Fractured right humerus and has an immobilizer in place. Per the ER nurse, R5 has 7 sutures to the right forehead. R5 has a pressure dressing to the forehead. Bruising is noted to the right forehead under the dressing pooling down to R5's right eye and back behind the right ear. R5 also has a skin tear with bruising to the right wrist. . R5 is alert and able to answer questions appropriately.</p> <p>An undated and untitled summary into R5's fall by</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>V2 DON (Director of Nursing) documents on 2/15/24 R5 was ambulating with the walker in R5's room and experienced a fall. R5 had painful ROM (Range of Motion) to the right upper extremity as well as a laceration to the right forehead. An x-ray of the right arm revealed a fracture of the proximal right humerus and the laceration was repaired with sutures. This summary also contained a witness statement from V10 CNA that documents V10 went into R5's room to let R5 know that the facility needed to collect a urine sample. V10 then set up the equipment in the bathroom. R5 had stood up out of the wheelchair and was beginning to ambulate to the bathroom. V10 unlocked the wheelchair to move it out of the way and as V10 turned back from moving the wheelchair, R5 was falling.</p> <p>The Hospital ED (Emergency Department) Summary Report dated 2/15/24 documents R5 had a fall at the nursing home due to R5's legs giving out and sustained a 4 cm (centimeter) jagged laceration above the right eyebrow and pain to the right upper extremity. R5's X-ray report dated 2/15/24 documents an "impacted fracture of the proximal right humerus extending through the humeral neck and greater tuberosity."</p> <p>On 3/12/24 at 10:35 AM, V7 CNA stated prior to R5's fall, R5 was a one or two assist with gait belt, depending on the day, for transfers and a one assist with walker and gait belt for ambulation. V7 explained R5 would hold onto the walker and staff were to hold onto the gait belt.</p> <p>On 3/12/24 at 10:45 AM, V2 DON stated V10 did not have a gait belt on R5 at the time of the fall. V2 confirmed R5 has a history of falls but wants to be independent.</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>On 3/13/24 at 1:45 pm R5 stated, staff normally use a gait belt with R5 during transfers but at the time of R5's fall, R5 did not have a gait belt in place. R5 stated at the time of the fall, R5 didn't realize staff had not placed a gait belt onto R5 and also did not realize that staff was not next to and holding onto R5 when R5 began to walk to the bathroom.</p> <p>The facility's Gait Belt Use Policy dated March 2023 documents gait belts are provided to secure a grasping surface to aid with resident transfer and ambulation and to prevent injury during transfer and ambulation and to prevent injury during transfer and ambulation of the resident. A gait belt must be used, if there are no contraindications, every time a resident is transferred or ambulated with assistance. When a gait belt is used, staff must have at least one hand on the gait belt supporting the resident at all times.</p> <p>(B)</p>	S9999		