

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008569	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/31/2020
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NAME OF PROVIDER OR SUPPLIER SHELDON HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 170 WEST CONCORD SHELDON, IL 60966
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S 000	Initial Comments Complaint Investigation: 2069962/IL129715 Covid-19 Focused Infection Control	S 000		
S9999	Final Observations Statement of Licensure Violation: 300.610a) 300.696a) 300.696b) 300.696c)7) 300.1210b) 300.1220b) 300.3240a) 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 Control a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies	S9999	Attachment A Ststement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>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.</p> <p>b) A group, i.e., an infection control committee, quality assurance committee, or other facility entity, shall periodically review the results of investigations and activities to control infections.</p> <p>c) Each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services (see Section 300.340):</p> <p>7) Guidelines for Infection Control in Health Care Personnel</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>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>1) Assigning and directing the activities of nursing service personnel</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>Thexse requirements were not met as evidenced by:</p> <p>Identified failures required more than one deficient practice statement.</p> <p>A.) Based on observation, interview, and record review the facility failed to follow facility policy to promptly separate a COVID-19 (Human Coronavirus infection) symptomatic resident (R2) away from a non-infected resident (R3) and implement transmission-based precautions. This failure exposed an asymptomatic resident (R3) to COVID-19 infection. R3 subsequently developed COVID-19 symptoms and tested positive for COVID-19. R2 and R3 are two of five residents</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>reviewed for infection control in the sample list of five.</p> <p>. The facility is in the process of educating key management personnel and direct care staff regarding appropriate COVID-19 infection control measures and revising their policy to include cohorting of residents with COVID-19 symptoms who have not tested positive for COVID-19.</p> <p>Findings include:</p> <p>a.) The facility's COVID-19 Control Measures revised on 5/2/20 documents symptoms of COVID-19 include fever, cough, shortness of breath, nasal congestion, runny nose, sore throat, vomiting, diarrhea, fatigue, and muscle pain. This policy documents to implement contact and droplet precautions when a resident is suspected to have a fever, respiratory symptoms, sore throat, nausea, vomiting, diarrhea, or extreme fatigue. This policy documents that ill residents should be placed in a private room if available, pending COVID-19 test results, and to follow the facility's Algorithm for Cohorting residents. This policy documents that staff should wear a facemask/N95 respirator, eye protection, gown, and gloves when entering a room on droplet precautions and remove all personal protective equipment upon leaving the room.</p> <p>The facility's Algorithm for Testing and Cohorting Nursing Home Residents dated 5/28/20 documents to test (Polymerase Chain Reaction (PCR) or Antigen) residents who develop symptoms of COVID-19, implement transmission based precautions, and if roommates consider transferring to a private room while awaiting test results or consult with the local health department for guidance.</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>The facility's undated floor plan provided by V2 Director of Nursing (DON) documents the facility has the following designated areas: green zone is for asymptomatic/COVID-19 negative residents, the grey zone is for readmissions or new admissions, the yellow zone is for residents who have been exposed to COVID-19, and the red zone is for COVID-19 positive residents. This floor plan does not document an area for residents with COVID-19 symptoms who have not tested positive for COVID-19.</p> <p>On 12/28/20 at 8:00 AM R2's and R3's room doors were covered with a plastic zipped barrier and signage indicating R2 and R3 were on contact/airborne precautions.</p> <p>R2's Nursing Note dated 12/18/20 at 6:00 PM documents R2 had a dry nonproductive cough. R2's COVID-19 symptom monitoring log documents R2 had a cough 12/19-12/21/20. R2's Nursing Note dated 12/24/20 at 6:30 PM documents the facility was notified by the laboratory that R2 tested positive for COVID-19. R2's Physician Orders dated 12/16/20-1/15/21 documents an order dated 12/24/20 to initiate droplet isolation for 10 days due to testing positive for COVID-19. R2's COVID-19 test collected on 12/23/20 and reported on 12/24/20 documents R2 tested positive. There is no documentation in R2's medical record that R2 was placed on contact/droplet isolation precautions or transferred to an area away from R2's asymptomatic roommate, R3, prior to 12/24/20.</p> <p>R3's Cumulative Diagnosis log documents R3 has diagnoses of Dementia, Hypertension, Asthma, and Anemia. R3's COVID-19 test</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>collected on 12/18/20 and reported on 12/19/20 documents R3 tested negative. R3's COVID-19 symptom monitoring log documents R3 had a cough on 12/23 and nasal congestion on 12/24/20. R3's Nursing Note dated 12/24/20 at 3:30 AM documents R3 sounded "hoarse" and "nasally." There is no documentation in R3's medical record that R3 had observed or reported symptoms of COVID-19 prior to 12/24/20. R3's COVID-19 test collected on 12/23/20 and reported on 12/24/20 documents R3 tested positive for COVID-19.</p> <p>The facility's December 2020 Resident Screening For COVID-19 log documents R2 had a cough on 12/18/20 and R3 had new or changed cough, sore throat, or shortness of breath on day shift on 12/24/20. These logs document R2 and R3 shared a room located in the green zone between 12/18/20 and 12/24/20, and the facility had vacant rooms between 12/18/20 and 12/24/20.</p> <p>On 12/28/20 at 9:27 AM V3, LPN (Licensed Practical Nurse) stated R2 had a dry cough for about a week prior to testing positive for COVID-19 on 12/24/20. V3 stated R2 shared a room with R3 while R2 had COVID-19 symptoms. V3 stated R3 initially didn't have any symptoms of COVID-19, but then R3 later developed a cough and tested positive for COVID-19 on 12/24/20. V3 stated R2 and R3 were not on isolation and continued to reside in the green zone until 12/24/20 when R2 and R3 tested positive and were transferred to the facility's red zone. On 12/29/20 at 10:15 AM V3 stated staff were wearing N95 masks and were not wearing gowns, gloves, and eye protection when entering R2's/R3's room prior to 12/24/20.</p> <p>On 12/28/20 at 1:12 PM V5 LPN stated R2 had a</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>B.) Based on observation, interview, and record review the facility failed to implement transmission based precautions and facility staff failed to remove and disinfect Personal Protective Equipment per facility policy for five of five residents (R1, R2, R3, R4, R5) reviewed for infection control in the sample list of five.</p> <p>Findings include:</p> <p>B 1.)The facility's December 2020 Resident Screening For COVID-19 log document R1 had new or changed cough, sore throat, or shortness of breath on 12/20, 12/23, and 12/24/20. This log documents R1 resided in the facility's green zone (where asymptomatic/COVID-19 negative residents reside) in a private room between 12/20 and 12/24/20.</p> <p>R1's COVID-19 symptom monitoring log documents on 12/20/20 R1 had a poor appetite, nasal congestion, and loss of taste. This log documents on 12/24 R1 had lethargy and gastrointestinal symptoms.</p> <p>R1's Nursing Note dated 12/23/20 at 7:30 AM documents R1 had clear nasal drainage and V2 Director of Nursing was notified. R1's Nursing Note dated 12/23/20 at 11:30 AM documents R1's lung sounds were diminished, R1's oxygen saturation (measurement of oxygen in the blood) was 88 percent on room air and oxygen was initiated. R1's Nursing Note dated 12/24/20 at 3:00 AM documents R1 complained that R1's "stomach didn't feel good." R1's Nursing Note dated 12/24/20 at 8:00 AM documents R1's lung sounds were diminished and R1 complained of feeling hot and refused breakfast. R1's Nursing Note dated 12/24/20 at 11:15 AM document R1 had increased lethargy. R1's Nursing Note dated</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>12/25/20 at 12:15 AM documents the facility was notified by the laboratory that R1 tested positive for COVID-19.</p> <p>R1's COVID-19 test collected on 12/23/20 and reported on 12/25/20 documents R1 tested positive.</p> <p>R1's Physician Orders dated 12/16/20-1/15/21 documents an order dated 12/25/20 to initiate droplet/contact isolation precautions for 10 days due to testing positive for COVID-19.</p> <p>On 12/28/20 at 8:18 AM V6 Certified Nursing Assistant (CAN) stated R1 had been showing symptoms of COVID-19 since 12/20/20. V6 stated R1 resided in the green zone while R1 was having COVID-19 symptoms of decreased appetite, decreased oxygen saturation and the use of oxygen. R1 was not placed on isolation precautions until R1 tested positive for COVID-19 on 12/25/20 and R1 was moved to the facility's designated area for COVID-19 positive residents.</p> <p>On 12/28/20 at 9:27 AM V3 LPN stated R1 had new onset of COVID-19 symptoms of cough, lethargy, congestion and overall not feeling well on 12/20/20. V3 stated V3 conducted a COVID-19 rapid test and R1 tested positive. V3 stated V3 reported R1's test results and symptoms to V2 DON, and V2 did not want R1 moved to the red zone until a PCR (Polymerase Chain Reaction) test was done. V3 stated R1 was not placed on isolation precautions until R1 tested positive for COVID-19 on 12/25/20 and R1 was moved to the red zone. V3 stated residents who have COVID-19 symptoms should be moved to the yellow zone and placed on isolation precautions pending COVID-19 test results. V3 confirmed nurses and CNAs provide care for both</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>COVID-19 negative and positive residents and the facility does not have dedicated staff to care for only COVID-19 positive residents.</p> <p>On 12/28/20 at 1:12 PM V5 LPN stated prior to R1 testing positive for COVID-19, R1 had new symptoms of requiring oxygen and "just not feeling well." V5 stated R1 resided in the green zone and was not on isolation precautions at the time R1 was having COVID-19 symptoms. V5 stated V3 and V5 reported R1's symptoms to V2 DON on 12/20/20 and V2 stated there was no need to move R1 to an isolation room at that time.</p> <p>On 12/28/20 at 2:15 PM V2 stated V2 was notified on 12/20/20 when R1 required oxygen. V2 stated V2 informed V3 LPN to place R1 on isolation and keep R1's door shut. V2 confirmed R1 was not placed on isolation until R1 transferred to the facility's red zone on 12/25/20 after testing positive for COVID-19. V2 stated the facility does not have an area dedicated for residents with COVID-19 symptoms who have not tested positive. On 12/29/20 at 8:35 AM V2 confirmed the facility had vacant rooms between 12/18 and 12/24/20, which could have been used to separate and cohort residents.</p> <p>b2.)The facility's Optimizing Supply of PPE (Personal Protective Equipment) policy dated 3/27/20 documents for contingency phase extend the use of N95 masks and eye protection by wearing the same eye protection and N95 for repeated contact with symptomatic residents who reside in the same room or cohorted area. This policy documents "Use a full face shield or face mask over an N95 respirator to reduce contamination." This policy documents to use an EPA (Environmental Protection Agency) approved</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>disinfectant to wipe down the eye protection, then wipe down with clean water or alcohol and allow to air dry.</p> <p>On 12/28/20 at 12:08 PM V2 stated surgical masks are to be worn over top of N95 masks when entering isolation rooms as part of the facility's PPE crisis strategy, and the surgical masks should be removed upon leaving the room. V2 stated face shields should be wiped down with alcohol or washed with soap and water at the end of each shift. V2 staff should be changing PPE (Personal Protective Equipment) worn in isolation rooms prior to entering the green zone (where COVID-19 negative/asymptomatic residents reside), with the exception of N95 masks as long as a surgical mask was worn over top. On 12/28/20 at 8:00 AM R1's, R2's and R3's room doors were covered with a plastic zipped barrier and signage indicating R1, R2 and R3 were on contact/airborne precautions.</p> <p>On 12/28/20 at 8:18 PM V6, Certified Nursing Assistant (CNA) stated R1's, R2's, and R3's rooms were located in the red zone where COVID-19 positive residents reside. On 12/28/20 at 8:50 AM V6 entered R1's/R3's room wearing an N95 mask, eye protection, gown, and gloves. On 12/28/20 at 9:07 PM V6 left R1/R3's room wearing the same potentially contaminated N95 mask and eye protection. V6 did not disinfect V6's eye protection or change V6's N95 mask and entered the green zone.</p> <p>On 12/28/20 at 9:35 AM V6 left R2's room wearing potentially contaminated eye protection and N95 mask and entered the green zone while still wearing the eye protection and N95 mask worn in R2's room. V6 did not disinfect V6's goggles and did not change V6's N95 mask prior to entering the green zone.</p>	S9999		
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S9999	<p>Continued From page 11</p> <p>On 12/28/20 at 11:20 AM V6 confirmed V6 did not change V6's N95 mask or disinfect V6's eye protection after leaving R1's/R3's and R2's rooms prior to entering the green zone. V6 stated V6 provided care to R4 and R5 (residents in the green zone) while wearing the N95 and eye protection that was worn in COVID-19 positive rooms. V6 stated V6 was not aware that staff should wear a surgical mask over top of the N95 mask "until just a few minutes ago." V6 stated the nurses and CNAs work throughout the facility providing care to both COVID-19 negative and positive residents.</p> <p>R1's, R2's and R3's COVID-19 tests with a collection date of 12/23/20 document R1, R2, and R3 tested positive for COVID-19.</p> <p>R4's Physician Orders dated 12/16/20-1/15/21 documents R4 has diagnoses of Hypertension and Congestive Heart Failure. R4's COVID-19 tests dated 12/18 and 12/23/20 document R4 tested negative.</p> <p>R5's Physician Orders dated 12/16/20-1/15/21 documents R5 has diagnoses of Hypertension, Coronary Artery Disease and Noninsulin Dependent Diabetes Mellitus. R5's COVID-19 tests dated 12/18 and 12/23/20 document R5 tested negative.</p> <p>(A)</p>	S9999		
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