

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014872	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/17/2021
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NAME OF PROVIDER OR SUPPLIER BETHANY REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 3298 RESOURCE PARKWAY DEKALB, IL 60115
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S 000	Initial Comments Licensure & Certification Survey	S 000		
S9999	Final Observations Statement of Licensure Violations (Violation 1 of 2) 300.610a) 300.696a) 300.1210b) 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 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	S9999	Attachment A Statement 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>Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed.</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>These Requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to implement infection control policies and recommendations from the Centers for Disease Control (CDC) for COVID-19 regarding the isolation of residents under investigation for COVID-19 and ensuring staff wore the appropriate PPE (Personal Protection Equipment) to prevent the spread of COVID-19. These failures have the potential to infect high risk residents with COVID-19 and spread the disease of COVID-19 to negative residents.</p> <p>This has the potential to affect all 68 residents residing in the facility.</p> <p>Findings include:</p> <p>The facility's Census Report dated March 15, 2021, showed 68 residents resided in the facility. The report also showed R213 and R214 were</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>listed as a PUI residents (under investigation for COVID-19).</p> <p>1. On March 15, 2021 at 11:02 AM, R214 was in the hallway of the PUI unit, without a mask on. R214 wheeled himself down the hallway in his electric wheelchair and into the unit lounge with V15 (Occupational Therapist/OT) walking behind him.</p> <p>On March 15, 2021 at 11:05 AM, V15 (OT) provided therapy services to R214 in the central lounge area of the PUI unit.</p> <p>On March 15, 2021 at 11:25 AM, V15 (OT) was seated in R214's room, directly across from R214 as he lay in bed. V15 did not have an isolation gown on but was wearing eye protection and an N-95 mask. A droplet isolation sign hung on 214's door with an isolation cart noted outside the door.</p> <p>On March 16, 2021 at 9:41 AM, V15 (OT) stated, "I treat residents all over the building. My case load is currently 43 residents. For the PUI unit, I treat the PUI residents in their rooms and also pull some (PUI) residents out in the hallway for therapy if appropriate as long as they wear a mask. I don't treat my residents in clusters anymore. I used to treat my PUI residents at the end of the day but don't anymore because we are no longer in outbreak status. Now I do resident treatments throughout the facility as they are scheduled per day."</p> <p>2. On March 15, 2021 at 10:10 AM, V13 (Nurse Practitioner/NP) and V14 (Nurse Practitioner Student) were standing in R213's room, directly next to R213's bed, speaking to R213. V14 (NP Student) did not have an isolation gown on but was wearing eye protection and an N-95 mask.</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>V13 (NP) was wearing eye protection, an N-95 mask, and an isolation gown on backwards. V13's gown was open in the front, not tied, with her clothing exposed. A droplet isolation sign hung on R213's door with an isolation cart noted outside the door.</p> <p>On March 15, 2021 at 10:20 AM, V16 (Registered Nurse/RN) stated, "(R213) is on droplet isolation due to her possible exposure to COVID-19. She is a new admit. All staff that enter her room must wear a gown that is tied in the back, an N-95 mask, eye protection, and gloves."</p> <p>3. On March 16, 2021 at 9:28 AM, R214 was seated in his electric wheelchair outside of his room in the PUI hallway with no mask on.</p> <p>On March 16, 2021 at 9:05 AM, V2 (Director of Nursing/DON) stated, "New admissions are admitted to the transition/PUI unit if their last hospital COVID-19 test was negative. These residents are placed under droplet isolation precautions for 14 days. We treat these residents as they have been exposed to COVID-19. Staff that enter these rooms must wear a face shield, gown that is tied in the back, an N-95 mask, and a face shield. These residents are not to come out of their rooms for therapy or for any reason. If they have to come out, they must wear a mask."</p> <p>On March 17, 2021, at 9:00 AM, V1 (Administrator) stated that as of March 17, 2021, 15.9 % of residents had been partially vaccinated, 13% had refused the vaccination, and 17.4% were of unknown vaccination status. V1 stated 12 residents residing on the PUI/transition unit are of unknown status as they are new admits to the facility. V1 stated the facility's last vaccination clinic for residents was February 23, 2020.</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>The facility's COVID-19 Action Plan dated December 10, 2020, showed for residents on the transition/PUI unit, "2. Immediately place on droplet precautions. 3. Isolation set up with gowns, facemasks with shield or goggles, gloves and door signage (N95 or higher-level respirator is required in this area)...14. Restrict resident to room as much as possible, except for medically necessary purposes. a) Resident will be provided with and encouraged to wear a mask at all times. b) Services provided should be with the room door closed. c) Not eligible for outdoor or indoor visitation, communal activity, communal dining, or communal therapy..."</p> <p>The Centers for Disease Control Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination dated March 10, 2021 showed, "Health care personnel (HCP) should continue to follow all current infection prevention and control recommendations, including addressing work restrictions, quarantine, testing, and use of personal protective equipment to protect themselves and others from SARS-CoV-2 infection."</p> <p style="text-align: center;">(B)</p> <p>(Violation 2 of 2)</p> <p>600.675</p> <p>Section 300.675 COVID-19 Training Requirements EMERGENCY a) Definitions. For the purposes of this Section,</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>the following terms have the meanings ascribed in this subsection (a):</p> <p>1) "CMMS Training" means CMMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Management, available at https://QSEP.cms.gov.</p> <p>2) "Frontline clinical staff" means the medical director of the facility, facility treating physicians, registered nurses, licensed practical nurses, certified nurse assistants, psychiatric service rehabilitation aides, rehabilitation therapy aides, psychiatric services rehabilitation coordinators, assistant directors of nursing, directors of nursing, social service directors, and any licensed physical, occupational or speech therapists. Any consultants, contractors, volunteers, students in any training programs, and caregivers who provide, engage in, or administer direct care and services to residents on behalf of the facility are also considered frontline clinical staff.</p> <p>3) "Management staff" means any facility staff who:</p> <p>A) Assign and direct nursing activities;</p> <p>B) Oversee comprehensive assessment of residents' medical needs and care planning;</p> <p>C) Recommend numbers and levels of nursing personnel;</p> <p>D) Plan nursing service budgeting;</p> <p>E) Develop standards of nursing practice;</p> <p>F) Supervise in-service education and skill training for all personnel;</p> <p>or</p> <p>G) Participate in the screening of prospective residents and resident</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>placement.</p> <p>b) Required Frontline Clinical Staff Training</p> <p>1) All frontline staff employed by facilities shall complete the following portions of CMMS Training:</p> <p>A) Module 1: Hand Hygiene and PPE;</p> <p>B) Module 2: Screening and Surveillance;</p> <p>C) Module 3: Cleaning the Nursing Home;</p> <p>D) Module 4: Cohorting; and</p> <p>E) Module 5: Caring for Residents with Dementia in a Pandemic.</p> <p>2) Facilities shall ensure at least 50% of frontline clinical staff have completed the CMMS Training by January 31, 2021 December 31, 2020.</p> <p>3) Facilities shall ensure 100% of the frontline clinical staff have completed the CMMS Training by February 28, 2021 January 31, 2021.</p> <p>4) Facilities shall require, within 14 days after hiring, CMMS Training for all frontline clinical staff hired after January 31, 2021.</p> <p>c) Required Management Staff Training</p> <p>1) All management staff employed by facilities shall complete the following portions of CMMS Training:</p> <p>A) Module 1: Hand Hygiene and PPE;</p> <p>B) Module 2: Screening and Surveillance;</p> <p>C) Module 3: Cleaning the Nursing Home;</p> <p>D) Module 4: Cohorting;</p> <p>E) Module 5: Caring for Residents with Dementia in a Pandemic;</p> <p>F) Module 6: Infection Prevention and Control;</p> <p>G) Module 7: Emergency Preparedness and Surge Capacity;</p> <p>H) Module 8: Addressing Emotional Health of Residents and Staff;</p> <p>I) Module 9: Telehealth for Nursing Homes; and</p> <p>J) Module 10: Getting Your Vaccine Delivery System Ready.</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>2) Facilities shall ensure at least 50% of management staff have completed the CMMS Training by January 31, 2021 December 31, 2020.</p> <p>3) Facilities shall ensure 100% of management staff have completed the CMMS Training by February 28, 2021 January 31, 2021.</p> <p>4) Facilities shall require, within 14 days after hiring, CMMS Training for all management staff hired after January 31, 2021.</p> <p>d) By January 31, 2020 December 31, 2020, all facilities shall certify compliance, in the form and format specified by the Department, with subsections (b)(2) and (c)(2).</p> <p>e) By February 28, 2021 January 31, 2021, all facilities shall certify compliance, in the form and format specified by the Department, with subsections (b)(3) and (c)(3).</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to ensure 100% of front line staff and 100% of management staff had completed the Centers for Medicare and Medicaid Services - CMMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Management, available at https://QSEP.cms.gov before March 1, 2021. This affects all 68 residents in the facility.</p> <p>Findings include:</p> <p>On 03/15/21 at 10:53 AM, V9 (Registered Nurse/RN) stated, "I have not completed the [CMMS] COVID-19 Training. I started working here three years ago."</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>On 03/17/21 at 1:30PM, V1 (Administrator) stated, "Fifty-one percent of our staff have completed the CMMS COVID-19 Training before March 1, 2021."</p> <p>The Illinois Department of Public Health CMMS Targeted Covid-19 Training - Final Facility Certification attestation form completed by V1 shows as of 02/28/2021 44 of 86 (51%) employees completed the training.</p> <p>The Facility's CMS-672 Form dated 03/15/2021 shows Total Residents (in the facility): 68.</p> <p style="text-align: center;">(C)</p>	S9999		
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