

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008049	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2021
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NAME OF PROVIDER OR SUPPLIER ROCK RIVER HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 707 WEST RIVERSIDE BOULEVARD ROCKFORD, IL 61103
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S 000	Initial Comments	S 000		
	Annual Licensure Survey			
S9999	<p>Final Observations</p> <p>1)Statement of Licensure Violations:</p> <p>300.610 a) 300.696 a)c)7) 300.1020 a)b)</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 300.696 Infection Control</p> <p>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.</p>	S9999	<p>Attachment A Statement of Licensure Violations</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</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 300.1020 Communicable Disease Policies</p> <p>a) The facility shall comply with the Control of Communicable Diseases Code (77 Ill. Adm. Code 690).</p> <p>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.</p> <p>These requirements are not meet 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 of Disease Control (CDC) regarding staff donning personnel protective equipment (PPE) when entering Person Under Investigation (PUI) resident rooms to prevent exposure to COVID-19</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>and failed to identify residents on transmission based precautions (TBP) for two of two residents (R320 & R318) reviewed for transmission based precautions. This failure has the potential to infect high risk residents with COVID-19 and spread the disease of COVID-19 to negative residents.</p> <p>Findings include:</p> <p>R320's Resident Information sheet printed on May 12, 2021 showed R320 was admitted to the facility on April 30, 2021; there were no diagnoses listed that showed she has had Covid-19. The Covid-19 Vaccination Record Card for R320 showed she received the Johnson and Johnson Vaccine on May 7, 2021 (5 days prior).</p> <p>R318's Resident Information sheet printed on May 12, 2021 showed R318 was admitted to the facility on May 7, 2021; there were no diagnoses listed that showed he has had Covid-19. There were no vaccination records available for R318.</p> <p>The Centers for Disease Control Preparing for Covid-19 in Nursing Homes-Create a Plan for Managing New Admissions and Readmissions updated 11/20/2020 shows, "HCP (Healthcare personnel) should wear an N95 or higher-level respiratory, eye protection, gloves, and gown when caring for new admissions and readmissions. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission."</p> <p>On May 10, 2021 at 8:18 PM, V8 Registered Nurse (RN) entered R320's room wearing only a surgical mask. V8 did not don a PPE gown, gloves, or surgical mask over an N95. V8 administered medication to R320, exited R320's</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>room and walked down the hall. The sign on the door of R320's door stated, "Please see nurse before entering." There were no signs posted for droplet precautions, contact precautions, donning or doffing of PPE. The isolation cart outside of the room did not have any signs for the type of isolation/precautions, donning or doffing.</p> <p>On May 10, 2021 at 8:26 PM, V8 stated R320 was on isolation because she was a new admission to the facility and is a PUI for fourteen days. V8 stated, "For a resident that is a PUI you are supposed to put on an isolation gown, gloves, and mask. I know you got me. I thought about it when I came out."</p> <p>On May 11, 2021 at 9:38 AM, V24 Certified Nursing Assistant Supervisor (CNA) stated when staff go into PUI rooms they are to put on a gown, N95 mask, gloves, and sometimes shoe covers but right now the shoe covers are not available. V24 stated staff know what to put on because they are given an in-service once a week. There are signs (isolation precautions) posted somewhere."</p> <p>On May 11, 2021 at 9:49 AM, V9 Certified Nursing Assistant (CNA) had a surgical mask on barely covering the tip of her nose. V9 donned an N95 mask over the surgical mask. The N95 mask did not cover her nose and was under her nose. V9 donned a disposable gown and did not tie the gown. V9 had her glasses on but did not have goggles and/or a face shield on. The sign on the door of R318's door stated, "Please see nurse before entering." There were no signs posted for droplet precautions, contact precautions, donning or doffing of PPE. The isolation cart outside of the room did not have any signs for the type of isolation/precautions, donning or doffing.</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>On May 11, 2021 at 10:39 AM, V3 Registered Nurse/Infection Control Preventionist stated, "For PUI rooms staff are to wear full PPE which is an isolation gown, gloves and N95 mask. The N95 goes on first and then a surgical mask goes on over the N95. The N95 mask is used only for that resident and is not able to be used in other resident rooms. The N95 mask is stored in a paper bag in the drawer of the isolation bin outside the door. Goggles and face shield are not required because the resident is not a true Covid -19 case. That's how it was communicated to me. The purpose of PUI is meant to help control and prevent the spread of Covid. In case they were symptomatic or have another other illness then the resident is isolated, and it is controlled to that room.</p> <p>On May 12, 2021 at 10:08 AM, V3 Registered Nurse/Infection Control Preventionist stated, "R318 was placed as a PUI upon admit to the facility. I think he has had the first shot for the Covid 19 vaccination and has an appointment for the second one. I don't know if he has had his second shot or not. As far as I know residents are to be PUI in the facility for 14 days if they are a new admission to the facility and have not been vaccinated. They are also to be a PUI if they are a new admit and/or readmission to the facility for two weeks after they have been fully vaccinated. So they need to be fully vaccinated and will be on isolation for 14 days afterwards as a PUI."</p> <p>On May 12, 2021 at 3:30 PM, V2 Director of Nursing (DON) stated there is more than enough PPE in the facility.</p> <p>On May 14, 2021 at 11:13 AM, V1 (Administrator) stated 318 has not been vaccinated for Covid-19.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>The facility is using the State of Illinois Updated Interim Guidance for Nursing Homes and Other Long-Term Care Facilities Incorporating Covid-19 Vaccination guidance dated 3/19/21 as part of their policy and showed a fully vaccinated (new): The vaccination status of a person who is greater than or equal to two weeks following receipt of the second dose in a valid two dose series, or greater than/equal to two weeks following receipt of one dose of single-dose vaccine. PPE supply: As specified in the guidance for PPE, a NIOSH-approved N95 equivalent or higher-level respirator is recommended when caring for suspected or confirmed patients with Covid -19. If the facility has sufficient PPE, it is not operating at crisis capacity, as defined by CDC. All staff must wear appropriate PPE when indicated. Newly admitted or Readmitted Residents (New) residents who are not fully vaccinated must quarantine for 14 days upon admission or readmission to the facility in transmission- based precautions. Core principles of Covid-19 Infection Prevention: Instructional signage throughout the facility and visitor education on Covid-19 signs and symptoms, infection control precautions, other applicable facility practices. Appropriate staff use of PPE."</p> <p>The facility's PPE during Covid-19 policy (5/8/21) showed, "The facility will utilize NIOSH approved N95 equivalent or higher-level respirator when caring for suspected or confirmed patients with Covid 19 All persons entering isolation rooms are required to wear appropriate PPE for the type of isolation."</p> <p>2)Statement of Licensure Findings: 300.675b)1)A)B)C)D)E)</p>	S9999		
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S9999	<p>Continued From page 6 300.675b)4)</p> <p>Section 300.675 COVID-19 Training Requirements EMERGENCY</p> <p>b) Required Frontline Clinical Staff Training</p> <p>1) All frontline staff employed by establishments shall complete the following portions of CMMS Training:</p> <ul style="list-style-type: none"> A) Module 1: Hand Hygiene and PPE; B) Module 2: Screening and Surveillance; C) Module 3: Cleaning the Nursing Home; D) Module 4: Cohorting; and E) Module 5: Caring for Residents with Dementia in a Pandemic. <p>4) Facilities shall require, within 14 days after hiring, CMMS Training for all frontline clinical staff hired after January 31, 2021.</p> <p>These requirements are not meet as evidenced by:</p> <p>Based on interview and record review the facility failed to ensure frontline staff hired after January 31, 2021 completed CMMS Targeted COVID-19 Training for Frontline Nursing Home Staff. This applies to all facility residents.</p> <p>The findings include:</p> <p>The facility's form 672 (Resident Census and Conditions of Residents) dated 5/12/21 showed 71 residents in the facility.</p> <p>On 5/12/21 at 1:38 PM, V1 Administrator said V3 Registered Nurse (RN) started at the facility on 3/23/21 as a prn (as needed) nurse. V3 was hired as the facility's Infection Preventionist on 4/4/21.</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>The mandatory COVID-19 training is required for all health care personnel within of 14 days of employment. I knew it was required for all employees. It's important they have the training so they're aware of transmission basics and (COVID) policies.</p> <p>V3's certificate of completion for the CMS targeted COVID-19 training for frontline nursing home staff showed a completed date of 5/11/2021.</p> <p style="text-align: center;">(B)</p>	S9999		