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	IL6008239	A. BUILDING: _____ B. WING _____	05/05/2021

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S 000	Initial Comments Annual Health Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.696a) 300.696c)6)7) 300.1020a) 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 and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code	S9999	Attachment A Statement of Licensure Violations	

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S9999	Continued From page 1 690) 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. 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): 6) Guideline for Isolation Precautions in Hospitals 7) Guidelines for Infection Control in Health Care Personnel Section 300.1020 Communicable Disease Policies a) The facility shall comply with the Control of Communicable Diseases Code (77 Ill. Adm. Code 690). Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These regulations were not met as evidenced by: Based on observation, interview and record review, the facility failed to implement effective infection control procedures to prevent the spread of COVID-19 by failing to ensure accurate	S9999		

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completion of employee screening tools to prevent employees from working while experiencing symptoms of COVID-19; failing to ensure non-vaccinated employees who report close contact with others with COVID-19 quarantine; failing to timely implement transmission based precautions for residents who were in prolonged contact with a staff member with COVID-19; and failing to ensure staff have access and utilize appropriate Personal Protective Equipment (PPE) when caring for residents who have been potentially exposed to COVID-19.

These failures resulted in V7, Certified Nurse Aide (CNA), an unvaccinated CNA, working an entire shift while experiencing symptoms of COVID-19 and exposing 14 residents (R4, R9, R10, R11, R20, R22, R27, R30, R33, R37, R39, R43, R49, R51) who reside on the 100 and 200 hallways. Four of these residents have not been fully vaccinated (R20, R30, R37, R43). This has the potential to affect all 59 residents living in the facility.

Findings include:

On 4/26/21, when entered the facility V1, Administrator, stated, "We have no active COVID-19 cases in the building. The red zone and yellow zones are both on the 300 hallways, there is also a green zone on the 300 hallway. The red zone is rooms 301-303, we have no positive COVID residents at the present time but those are the rooms they would be in. The yellow zone is rooms 303 and 304. The rest of the building is green. We did have a staff member who tested positive a couple weeks ago. The rest of the staff and residents have been tested and

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S9999	Continued From page 3 are negative. The census is 59." Entered the double doors leading into the 200 hallway, the dining room was to the right. 100 hallway was to the right of the nurses station, 200 hall was to the left of the nurses station. Rooms 100, 101, 102, 103, 104, 105, 106, 107, 108, 115, 116, 118 all had Droplet precaution signs on the doors. Room 110 had Airborne precaution sign and door was open. Rooms 109, 111, 112, 113, 114 had Enhanced Isolation Precaution sign on their doors. Room 117 had a Contact Isolation sign. On 200 hallway Rooms 201, 202, 203, 204, 205, 206, 207, 208, 209 had Droplet precaution sign on the door. On 4/26/2021 at 10:30 AM, V1 provided a typed document, dated April 26, 2021, that documents, "Regency currently has no confirmed or suspected COVID residents in the facility." On 4/26/21 at 11:15 AM, when asked why all the Droplet, Airborne Isolation signs were on each resident door, V16, CNA, stated, "It's just precautionary because a staff member tested positive a couple weeks ago." On 4/26/21 at 2:30 PM, when asked why the isolation signs are on every room, V15, CNA, stated, "I don't think anyone is in isolation." On 4/26/21 at 2:45 PM, when asked why every door on the 100 hall and 200 hall has an isolation sign, V7, CNA, stated, "I don't know why every door has an isolation sign." On 4/26/21 at 3:00 PM, when asked why all the rooms had isolation signs on the doors, V9, Licensed Practical Nurse (LPN), stated, "On 100 hall a staff member was positive for COVID, it's	S9999		

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just precautionary. (R19) is in contact isolation for Vancomycin-Resistant Enterococcus (VRE) and we have to gown and glove, but not the other rooms."

On 4/26/2021 at 3:05 PM V1, Administrator, stated that the residents on 100/200 hall were on precautions and don't require isolation. V1 stated that the residents on 300 hall in the yellow zone were on isolation. V1 stated that the residents in the yellow zone are new admissions, they are there because they have no idea what they have been exposed to, but the residents on 100/200 hall they know what the residents that live there have been exposed to. V1 stated that she would have to get the DON (Director of Nursing) to give the specifics.

On 4/26/2021 at 3:10 PM V2, DON, stated that the residents on 100/200 hall are on quarantine because of a staff that tested positive for COVID. V2 stated that the staff are not using gowns and gloves when going in and providing care for residents that are under quarantine. V2 stated that she was going to place the residents on full isolation but was told by the Administrator not to. V2 stated that V7, CNA, worked on Friday (4/9/21) and became sick midway through her shift with a headache and required V8, Scheduler/Medical Records, to take her home in her car.

On 4/26/2021 at 3:15 PM V2, DON, provided documentation of what the facility is using for guidelines. IDPH (Illinois Department of Public Health) PPE (Personal Protective Equipment) use in LTC (Long Term Care) when community transmission is no to minimal transmission (less than 5%). The form documents "Residents in TBP (Transmission Based precautions) for

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suspected or Confirmed COVID: All routine care and potentially AGP (aerosol generating procedures) such as CPAP/BIPAP, nebulizers. No to minimal transmission outbreak: by definition one case puts a facility into outbreak see below for PPE requirements. No to Minimal Transmission Outbreak: N95 respirator required, face shield when the N95 is unavailable, eye protection-required, gowns- required, gloves required. Moderate to Substantial Transmission-Outbreak: N95 respirator required, Face shield when the N95 is unavailable, eye protection-required, gowns- required, gloves required."

On 4/26/2021 at 3:30 PM, the facility provided a Midnight Census report, dated 4/9/2021, identifying 12 residents cared for by V7, CNA. Of the 12 residents identified R20 was identified as having only the 1st dose if COVID vaccine. R30, R37, and R43 were not vaccinated at all.

On 4/26/2021 at 3:40 PM, V2, DON, provided V7's Current Pay Period Sheet, not dated, that documented V7 worked 2 PM to 10 PM shifts on 4/4, 4/5, 4/7, 4/8 and 4/9/2021. It also documents 4/11 felt ill. 4/12 Call off-Hospital. 4/13 LWOP (Leave without pay), 4/14 LWOP reported positive COV-2 (COVID-19 test).

On 4/26/2021 at 3:45 PM V8, CNA, stated that she came in at 8:00 PM and worked at the facility on the floor until the evening shift was over around 10 PM on 4/9/2021. V8 stated that she saw V7, CNA, outside and asked her if she needed a ride. V8 stated that she gave V7 a ride around the corner and back. V8 stated that once she found out that V7 was positive she asked to be tested and notified V2, DON, that she gave V7 a ride. V8 stated that she has not been

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S9999	Continued From page 6 quarantined and has continued to work in the facility since being in close contact with V7. On 4/27/21 at 7:30 AM, V9 was asked why all the residents rooms now had isolation carts outside the rooms when yesterday they did not, she stated, "As of late yesterday afternoon, after you and I talked we were told everyone here is in isolation and we have to wear gowns and gloves when we enter all the rooms." On 4/27/21 at 7:30 AM, V9 performed hand hygiene, put a gown on that she had gotten out of the isolation cart outside room 107 and stated, "We were told we could re-use these gowns, we have to hang them up on a hook prior to leaving the room. When asked, how do you know whose gown it is, she stated, "We need to put our initials on them, but I didn't have my marker in the room with me, so I'll have to initial it later." On 4/27/21 at 7:55 AM, V14, Activity Director, and V16 walked into R51's room, V16 was pushing R51 in the wheelchair, neither staff put a gown or gloves on. On 4/27/21 at 7:58 AM, V10, CNA, walked into Room 107 without getting a gown or gloves from the isolation cart outside of room 107. On 4/27/21 at 8:10 AM, V10 came out of room 107, when asked if she wore a gown while she was in the room she stated, "The first time I walked in I didn't, the second time I went in I did." When asked what she did with the gown, she stated it is hanging up by the door. There was only one gown hanging at the door and it was the gown V9 had used when she went in the room earlier. I told V10, that was V9's gown, she stated, "I didn't know it was (V9)'s gown."	S9999		

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S9999	Continued From page 7 On 4/27/21 at 8:15 AM, V16, Restorative CNA, when asked if he works on all the halls in the facility, V16 stated, "Yes, I'm Restorative and I go all over and help where I'm needed, When asked if he was wearing gowns and gloves in resident rooms on 4/26/21, V16 stated, "No, I wasn't wearing gowns and gloves in the rooms yesterday." On 4/27/21 at 9:35 AM, during Resident Council group meeting, R13, R16, R24 and R43 all stated that they knew that a staff member had COVID. R13, R16 and R24 all stated that the staff did not wear gowns or gloves while they were in isolation and that the staff was wearing mask and eye protection. 4/27/2021 at 2:30 PM, V7, CNA, stated that she worked Friday 4/9/2021. V7 stated that she was sneezing and coughing at work. V7 stated that she filled out her own employee screening and answered no to symptoms because she thought it was her sinuses. V7 stated that she worked her entire shift. V7 stated that V8, CNA, gave her a ride to pick up her son on 4/9/2021. V7 stated that she woke up the following day and felt worse and stayed in bed most of the day. V7 stated that she lost her taste and smell on Sunday (4/11/2021). V7 stated that on Monday (4/12/2021) she and her son were sick with the same symptoms. V7 stated that the facility called and spoke with her family and was notified of her symptoms and that she was on bed rest. V7 stated that on Tuesday (4/13/2021) she and her son went to the local clinic and received a rapid COVID test that was positive and PCR (polymerase chain reaction [test]) which would come back the following day. V7 stated that she notified V8 and V2, of her rapid test results by	S9999		

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phone around 11 AM to 12 PM (4/13/2021). V7 stated that she was told she would be on quarantine by the facility and IDPH which would start from the date of symptoms. V7 stated that she is not vaccinated, by choice. V7 stated that she had been educated on the process of the screening but put no symptoms down anyway. V7 stated that the screening is done when you first walk in the door. V7 stated that she worked on the 100/200 hall unit and was assigned to rooms 101 to 109. V7 stated they were short that evening and she had to pick up more rooms. V7 took care of 14 residents on 4/9/21 (R4, R9, R10, R11, R20, R22, R27, R30, R33, R37, R39, R43, R49, R51). V7 stated that 4/26/2021 was her first day back. V7 stated that she did not show anyone a release. V7 stated that she spoke with V8 and was told to return. V7 stated that she did not have documentation of release from isolation until she called the health department and requested it on 4/27/2021. V7 stated that no one asked her for written documentation, and she did not provide one when coming to work. V7 stated that her son was sick with COVID symptoms before she was. V7 stated that she told the facility that he was sick. V7 stated that she had to leave work early on 3/30/2021 and called off on 3/31/2021. V7 stated that her son's symptoms were fever, coughing and complaints of stomachache.

On 4/28/21 at 9:52 AM, V11, Licensed Practical Nurse (LPN), Infection Preventionist, stated, "We found out on Wednesday April 14th that V7 had tested positive, originally the facility was going to set up isolation but was directed from corporate not to because the staff had not been in the facility for 48 hours." V11 stated that 100/200 hall should be on isolation. V11 stated that she had not spoken to or had any contact with V7. V11 stated that she was not aware that V7 or her son

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had COVID symptoms and had not received any information pertaining to V7's return to the facility. V11 stated that she was aware of V8, CNA, being in close contact with V7. V11 stated that V8 should have been quarantined.

The Facility's Employee Screening Prior to Clocking in to Work Form for the following date 4/9/2021 documents V7 as "No" to the question of new symptoms: Do you have any of the following "New" symptoms- shortness of breath, cough or worsening cough, sore throat, chills or shaking with chills, muscle pain, headache, loss of smell or taste, runny nose, fatigue, nausea, vomiting, or diarrhea. For the following dates: 4/12, 4/13, 4/14, 4/15, 4/16, 4/19, 4/20, 4/21, 4/22, 4/23, 4/26, and 4/27/2021, It also documents V8, CNA, as "No" to the question of Contact: Had close contact with someone with COVID-19 infection in the prior 14 days?

On 4/29/21 at 2:50 PM, V11, Infection Preventionist, was asked who determined what isolation signs to put up and when were they put up. V11 stated, "The staff randomly put up the signs, no reason as to what sign was put up. The signs were put up on Monday 4/26/21."

The Droplet Precaution signs on the doors dated 2-2015, documents, "In addition to standard precautions. Visitors Please Report to Nurses Station Before Entering Room. 1. Wash Your Hands. 2. Gloves Should Be Worn Whenever There is Contact With: Blood, Body Fluids, Mucous Membranes, Or Non-Intact Skin, Changed After Use, Removed After Leaving the Resident's Room and Hand Hygiene Should be Completed. 3. Gowns are Indicated if Soiling is Likely. 4. Mask is Indicated for Those Who Come Within Less than or Equal to Three Feet Of The

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Resident. 5. Face Shields May be Worn During Procedures, I.E. Cough Inducing. 6. Bag Linen to Prevent Contamination. 7. Discard Infectious Trash to Prevent Contamination. 8. Wash Your Hands. Droplet Precautions Everyone Must: Clean their Hands, Including Before Entering and When Leaving the Room. Make Sure Their Eyes, Nose and Mouth are Fully Covered Before Room Entry. Or Remove Face Protection Before Room Exit."

The Airborne Precautions sign, not dated, documents, "Airborne Precautions Everyone Must: Clean Their Hands, Including Before Entering and When Leaving the Room. Put On A Fit-Tested N-95 Or Higher Level Respirator Before Room Entry. Remove Respirator After Exiting the Room and Closing the door. Door to Room Must Remain Closed."

The Enhanced Barrier Precautions sign, not dated, documents, "Enhanced Barrier Precautions Everyone Must: Clean their hands, including before entering and when leaving the room. Providers and Staff Must Also: Wear gloves and a gown for the following High-Contact Resident Care Activities. Dressing, Bathing/Showering, Transferring, Changing Linens, Providing Hygiene, Changing Briefs or Assisting with Toileting, Device Care or Use: Central Line, Urinary Catheter, Feeding Tube, Tracheostomy. Wound Care: any Skin Opening Requiring a Dressing. Do not wear the same gown or gloves for the care of more than one person."

The Facility's COVID-19 Testing and Response policy, revised 3/22/21, documents "Screen staff (includes vendors, volunteers and visitors): This includes but is not limited to screening all staff for

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temperatures and "new" symptoms (shortness of breath, cough or worsening cough, sore throat, chills or shaking with chills, muscle pain, headache {new or unusual onset not related to dietary reasons such as hunger or history of migraines, cluster, or tension headaches, or headaches typical of the person} or loss of smell or taste prior to shift." The Policy documents " Follow Respiratory Protection Program and ensure staff are educated on and correctly performing hand hygiene, donning, and doffing of PPE, and using appropriate products for environmental cleansing/disinfection. Ensure PPE (personal protective equipment) supplies are easily accessible to staff when available." The Policy documents "All employees should promptly notify supervisor of any symptoms of illness in themselves or individual in their care." The Policy documents "Employees who are ill are to exclude themselves from work environments and are to seek the advice of their health care provider." The facility policy documented "Facility has developed a plan for positive COVID-19 residents and/or PUI (Persons under investigation). Isolation plan is in place." The Policy documents "Facility-associated case of COVID-19 infection in a staff member: "A staff member who worked at the facility for any length of time two calendar days before the onset of symptoms (for a symptomatic person) or two calendar days before the positive sample was obtained (for an asymptomatic person) until the day that the positive staff member was excluded from work."

The Centers for Disease Control (CDC) Guidelines, Updated Feb. 23, 2021, for Interim Infection Prevention and Control (IPC) Recommendations for Healthcare Personnel (HCP) During the Coronavirus Disease 2019

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S9999	Continued From page 12 (COVID-19) Pandemic, document, "The IPC recommendations described below also apply to patients who have met criteria for a 14-day quarantine based on prolonged close contact with someone with SARS-CoV-2 infection. Patients in this 14-day quarantine period should be isolated in a single-person room and cared for by HCP using all PPE recommended for a patient with suspected or confirmed SARS-CoV-2 infection. However, these patients should NOT be cohorted with patients with SARS-CoV-2 infection unless they are also confirmed to have SARS-CoV-2 infection through testing. This strategy maximally reduces post-quarantine transmission risks and is the strategy with the greatest collective experience at present. Personal Protective Equipment HCP who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and use a NIOSH-approved N95 or equivalent or higher-level respirator, gown, gloves, and eye protection. Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes Nursing Homes & Long-Term Care Facilities Updated Mar. 29, 2021, document, Residents who have had close contact with someone with SARS-CoV-2 infection should be placed in quarantine for 14 days after their exposure. HCP should wear an N95 or higher-level respirator, eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. Because of the high risk of unrecognized infection	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008239	A. BUILDING: _____ B. WING _____	05/05/2021

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S9999	Continued From page 13 among residents, a single new case of SARS-CoV-2 infection in any HCP or a nursing home-onset SARS-CoV-2 infection in a resident should be evaluated as a potential outbreak." The CDC Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes, updated 3/29/21, under Evaluate and Manage Healthcare Personnel, document, "Establish a process to ensure HCP (including consultant personnel and ancillary staff such as environmental and dietary services) entering the facility are assessed for symptoms of COVID-19 or close contact outside the facility to others with SARS-CoV-2 infection and that they are practicing source control. Options could include (but are not limited to): individual screening on arrival at the facility; or implementing an electronic monitoring system in which, prior to arrival at the facility, HCP report absence of fever and symptoms of COVID-19, absence of a diagnosis of SARS-CoV-2 infection in the prior 10 days, and confirm they have not had close contact with others with SARS-CoV-2 infection during the prior 14 days. Fever can be either measured temperature > or = 100.0°F or subjective fever. People might not notice symptoms of fever at the lower temperature threshold that is used for those entering a healthcare setting, so they should be encouraged to actively take their temperature at home or have their temperature taken upon arrival. HCP who report symptoms should be excluded from work and should notify occupational health services to arrange for further evaluation. In addition, asymptomatic HCP who report close contact with others with SARS-CoV-2 infection might need to be excluded from work. If HCP develop fever (Temperature > or =	S9999		

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S9999	Continued From page 14 100.0°F) or symptoms consistent with COVID-19 while at work they should inform their supervisor and leave the workplace. Have a plan for how to respond to HCP with SARS-COV-2 infection who worked while ill (e.g., identifying exposed residents and co-workers and initiating an outbreak investigation in the unit or area of the building where they worked)." The Resident Census and Conditions of Residents, CMS (Centers for Medicare and Medicaid Services) Form 672, dated 4/26/2021, documents there are 59 residents living in the facility. "A"	S9999		