

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009328	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/01/2021
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NAME OF PROVIDER OR SUPPLIER SUNSET REHABILITATION & HLTH C	STREET ADDRESS, CITY, STATE, ZIP CODE 129 SOUTH 1ST AVENUE CANTON, IL 61520
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S 000	Initial Comments	S 000		
S9999	<p>Covid 19 Focused Infection Control Survey</p> <p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.610a) 300.1210b) 300.696a) 300.696b) 300.696c)2) 300.696c)7)</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</p>	S9999	<p>Attachment A Statement of Licensure Violations</p>	

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>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 300.696 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> <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>2) Guideline for Hand Hygiene in Health-Care Settings</p> <p>7) Guidelines for Infection Control in Health Care Personnel</p> <p>These Requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to implement the Centers</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>for Disease Control and Prevention (CDC) guidance and the Facility's COVID-19 policy to prevent the potential spread of COVID-19. The facility failed to initiate isolation precautions and conduct COVID-19 testing for resident who presented with signs/symptoms of COVID-19, did not house exposed/quarantined resident in a private room or with other like residents, isolation precaution signage was not posted to designate residents on isolation or for the designated COVID-19 areas, and staff did not don/doff proper PPE (Personal Protective Equipment) and conduct hand hygiene/glove change appropriately. These failures resulted in unnecessarily potentially exposing unaffected residents and staff to a highly infectious disease. This had the potential to affect all 75 residents residing in the facility.</p> <p>Findings include:</p> <p>The CDC's Responding to COVID-19: Considerations for the Public Health Response to COVID-19 in Nursing homes, dated 4/30/20, documents, "Place signage at the entrance to the COVID-19 care unit that instructs HCP (Healthcare Professionals) they must wear eye protection and an N95 or higher-level respirator (or facemask if a respirator is not available) at all times while on the unit. Gowns and gloves should be added when entering resident rooms."</p> <p>The Centers for Disease Control and Protection (CDC) Preparing for COVID-19 in Nursing homes, dated 6/25/20, documents, "Have a plan for how residents in the facility who develop COVID-19 will be handled (e.g., transfer to single room, implement use of Transmission-Based Precautions, prioritize for testing, transfer to COVID-19 unit if positive). Have a plan for how</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>roommates, other residents, and HCP who may have been exposed to an individual with COVID-19 will be handled (e.g., monitor closely, avoid placing unexposed residents into a shared space with them)."</p> <p>The facility's Releasing COVID-19 Cases and Contacts From Isolation and Quarantine, dated 5/1/20 documents, "Cases-Symptoms: Must be isolated for a minimum of 14 days after symptom onset and can be released after afebrile and feeling well (without fever-reducing medication) for at least 72 hours or has two negative COVID-19 tests in a row, with testing done at least 24 hours apart. Close Contacts: Must be quarantined for 14 days after the last/most recent contact with the case when the case was infectious. If close contact develops symptoms, follow isolation rules for cases above. (Isolate for additional 14 days after symptom start. LTC (Long term Care) residents or Household Contacts that share a room/living quarters (i.e. have ongoing contact with or exposure to the case): quarantine during contact and for 14 days after case is released from isolation."</p> <p>The facility's Infection Control Program, no date available, documents, "PPE-Personal Protective Equipment, or PPE, as defined by the Occupational Safety and Health Administration, or OSHA, is 'specialized clothing or equipment, worn by an employee for protection against infectious materials.'"</p> <p>The facility's Cleaning and Transporting of Food Trays for Resident in Isolation policy, dated 12/17/18, documents, "Policy: To ensure proper transporting and cleaning of resident food trays and to prevent the spread of microorganisms. If entering an isolation room, don appropriate</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>document, "R3 COVID-19 positive. R3 with productive cough, increased shortness of breath, increased temperature at times. As needed nebulizers and inhalers utilized. Physician notified. R3 placed on droplet isolation."</p> <p>The facility's daily room rosters dated 5/17 to 5/19/21, document that while R3 was exhibiting signs of COVID 19, R13 remained residing in the same room as R3.</p> <p>On 5/25/21 at 10:15 a.m., V26 (Licensed Practical Nurse) stated, "(R3) was having symptoms of an URI (Upper Respiratory Infection), but he wasn't on isolation until he tested positive for COVID-19."</p> <p>On 5/26/21 at 9:44 a.m., V2 (Director of Nursing) stated, "(R3) was routine tested on 5/13/21, and we were awaiting the results. We did not do anything different testing wise when (R3's) symptoms arose on 5/17/21. We waited for his results to come back that we didn't get until 5/20/21. If a resident is showing symptoms I have them stay in their room. If their temperature is high I have them stay in their room as well. Once they test positive, they are put in isolation in the red zone." V2 also stated, "(R3) was not put into isolation when his symptoms started; he was just encouraged to stay in his room. (R3) had a roommate, (R13) who never left the room. All (R13) likes to do is stay in bed. (R3) requires frequent nebulizer treatments. (R3) was put into isolation after we rapid COVID tested him on 5/20/21 and it came back positive."</p> <p>On 5/26/21 at 8:45 p.m., V27 (Registered Nurse) stated, "(R3) has COPD (Chronic Obstructive Pulmonary Disease), so he frequently gets nebulizer treatments as needed. (R3) was</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>her test results were positive for COVID-19 on the same day. The list also documents that R6 had signs/symptoms of a cold.</p> <p>The facility's daily room roster, dated 5/19/21, document that while R6 was exhibiting signs/symptoms of COVID 19, R16 remained residing in the same room as R6.</p> <p>On 5/26/21 at 3:30 p.m., V2 (Director of Nursing) stated that R6 displayed signs/symptoms of a cough prior to being tested on 5/20/21.</p> <p>E. R7's Nurse's notes, dated 5/11/21 at 11:45 p.m., document, "R7 warm to touch. Temperature 101 degrees Fahrenheit."</p> <p>R7's Nurse's notes, dated 5/14/21 at 9:20 a.m., document, "R7 positive for COVID-19. R7 transferred to COVID unit."</p> <p>The Facility COVID positive list, no date available, provided 5/24/21 by V1 (Administrator) documents that R7 was tested on 5/9/21 and the test results were positive for COVID-19 on 5/13/21. The list also documents that R7 had the sign of a fever.</p> <p>The facility's daily room rosters dated 5/11 to 5/13/21, document that while R7 was exhibiting signs of COVID 19, R18 remained residing in the same room as R7.</p> <p>The Facility COVID positive list, no date available, provided 5/24/21 by V1 (Administrator) documents that R18 later tested positive for COVID-19 on 5/20/21.</p> <p>F. R8's Nurse's notes, dated 5/9/21 at 7:45 p.m., document, "Increased temperature of 100.9</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>degrees Fahrenheit. Complaining of not feeling well."</p> <p>The Facility COVID positive list, no date available, provided 5/24/21 by V1 (Administrator) documents that R8 was tested on 5/11/21 and the test results were positive for COVID-19 on the same day. The list also documents that R8 displayed signs/symptoms of a cold.</p> <p>R8's Physician's order, dated 5/11/21, documents, "Admit to skilled care for COVID-19. Initiate contact/droplet precautions."</p> <p>R8's Nurse's notes, dated 5/20/21 at 2:45 a.m., document, "R8 in bed with no respirations. No heartbeat noted."</p> <p>The facility's daily room rosters dated 5/9 to 5/11/21, document that while R8 was exhibiting symptoms of COVID-19, R14 and R19 remained residing in the same room as R8.</p> <p>The Facility COVID positive list, no date available, provided 5/24/21 by V1 (Administrator) documents that R19 later tested positive for COVID-19 on 5/15/21.</p> <p>R1, R3, R5, R6, R7, and R8's medical records have no documentation of these residents being placed on isolation precautions when they started displaying signs/symptoms of COVID-19, nor of immediate COVID-19 testing being completed.</p> <p>On 5/26/21 at 3:30 p.m., V2 confirmed that R1, R3, R5, R6, R7, and R8 were displaying signs/symptoms of COVID-19 prior to testing positive, they were not tested once they began displaying signs/symptoms, and isolation precautions did not start until after the residents</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>tested positive for COVID-19. V2 also stated, "If a resident is symptomatic, we don't remove their roommates if there isn't any extra beds available. We did not put the residents in isolation when the symptoms occurred, only when they tested positive."</p> <p>On 5/27/21 at 12:00 p.m., V1 (Administrator) stated, "If a resident tests positive we are going to test their roommate as well for COVID. If both residents are positive, they stay together in their room. If the roommate isn't positive, they would stay in the room, and we would move the positive resident to the designated COVID area. The exposed resident is on isolation precautions at this point. I can relocate another resident into that room that has been exposed as well, but not someone who hasn't been exposed. If a resident is symptomatic, they make sure they stay in their room, initiate isolation precautions, COVID test, and continue until results come back. If the resident has a roommate, I would leave them together to monitor them both. I wasn't aware that while we were awaiting test results the residents were not isolated."</p> <p>2. A. The facility's COVID Positive list, no date available, provided 5/24/21 by V1 documents that R24 tested positive for COVID-19 on 5/4/21.</p> <p>The facility's Daily Roster, dated 5/4/21, documents that R24's roommate was R21, who was now considered exposed to COVID-19.</p> <p>The facility's Daily Roster, dated 5/5/21, documents that R21 was moved into a room with R22, who had not been exposed to COVID-19.</p> <p>The facility's COVID Positive list, no date available, provided 5/24/21 by V1, documents</p>	S9999		

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NAME OF PROVIDER OR SUPPLIER SUNSET REHABILITATION & HLTH C	STREET ADDRESS, CITY, STATE, ZIP CODE 129 SOUTH 1ST AVENUE CANTON, IL 61520
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S9999	<p>Continued From page 12</p> <p>that R21 tested positive for COVID-19 on 5/10/21.</p> <p>B. The facility's COVID Positive list, no date available, provided 5/24/21 by V1, documents that R25 tested positive for COVID-19 on 5/5/21.</p> <p>The facility's Daily Roster, dated 5/4/21, documents that R25's roommate was R23, who was now considered exposed to COVID-19.</p> <p>The facility's Roster, dated 5/5/21, documents that R15, who had not been exposed to COVID-19, was moved into R23's room.</p> <p>The facility's Roster, dated 5/11/21, documents that R23 was then moved into a room with R26, who had not been exposed to COVID-19.</p> <p>The facility's COVID Positive list, no date available, provided 5/24/21 by V1 documents that R23 tested positive for COVID-19 on 5/15/21.</p> <p>C. The facility's COVID Positive list, no date available, provided 5/24/21 by V1 documents that R27 tested positive for COVID-19 on 5/11/21.</p> <p>The facility's Roster, dated 5/11/21, documents that R27's roommate was R28, who was now considered exposed to COVID-19.</p> <p>The facility's Roster, dated 5/12/21, documents that R28 was moved into a room with R29, who had not been exposed to COVID-19.</p> <p>The facility's COVID Positive list, no date available, provided 5/24/21 by V1 documents that R28 tested positive for COVID-19 on 5/15/21 and R29 tested positive on 5/13/21.</p> <p>D. The facility's Roster, dated 5/13/21,</p>	S9999		

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S9999	<p>Continued From page 13</p> <p>documents, that R19, who had been exposed to COVID-19 on 5/11/21, was moved into a room with R3, who had not been exposed to COVID-19. The roster also documents that R20 was relocated into R22's room. R22 had been previously exposed to COVID-19 on 5/10/21, and R20 had not been exposed to COVID-19</p> <p>The facility's COVID Positive list, no date available, provided 5/24/21 by V1 documents that R3 and R19 later tested positive for COVID-19 on the following dates, 5/15/21 (R19) and 5/20/21 (R3).</p> <p>E. The facility's Roster, dated 5/14/21, documents that R2 and R30, both who were unexposed to COVID, were moved into a room with R31, who had been exposed to COVID-19 on 5/13/21.</p> <p>The facility's COVID Positive list, no date available, provided 5/24/21 by V1 documents that R2, R30, and R31 later tested positive for COVID-19 on the following dates, 5/15/21 (R31) and 5/20/21 (R3 and R30).</p> <p>On 5/26/21 at 3:30 p.m., V2 (Director of Nursing) stated, "Exposed residents should be housed with exposed residents, and COVID positive residents should be housed with other positive residents. We had to put (R13), who had been exposed to COVID, with (R20), who had not been exposed, in a room together because I knew (R13) doesn't leave his bed. I put R21, who had been exposed to COVID, with R22, who technically had not been exposed to COVID, but because (R22) wanders and touches everything, technically he would be considered exposed. At the beginning of the COVID outbreak, I did not have any part in moving residents. Many residents were put into rooms they should not have been put into. (R15),</p>	S9999		

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S9999	<p>Continued From page 14</p> <p>who had been exposed to COVID, should not have been put into a room with (R23), who had not been exposed."</p> <p>3. On 5/24/21 at 10:25 a.m., V24 (Helping Hand) applied a gown and gloves and entered R11's room. R11's door had two yellow signs stating, "Yellow Zone" and "Donning." V24 came out of R11's with the same PPE supplies on, carrying two plastic water pitchers. Using her gloved hands, R11 opened a closet door. Once the door was opened, V24 set both water pitchers on the ice cooler cart that was inside of the closet. V24 removed her right-hand glove, and scooped ice into the pitchers using the ungloved hand. V24 applied a new glove to her right hand, and reentered R11's room setting the pitchers on a bedside table. V24 exited R11's room wearing all of her PPE. As V24 was walking up the hallway to the nurses' desk, V24 began removing her gloves and gown in the hallway bundling them in her hands and throwing them in the trash. Without washing/sanitizing her hands, V24 then entered R12's room that had no signage posted on the door.</p> <p>On 5/24/21 at 10:40 a.m., V24 stated, "I am a helping hand, so I assist the CNAs (Certified Nursing Assistant) with handing out ice water and snacks and checking call lights. When I enter an isolation room, I apply gown, glove, mask, and face shield, and I remove them and wash my hands before leaving the room. When the sign 'Doffing' is on a room door that means they are on isolation. I didn't remove my gloves when I came out of (R11's) room because I was going right back in there with the pitchers of ice water."</p> <p>On 5/24/21 at 1:10 p.m., a designated COVID positive hallway had a keypad entrance with red</p>	S9999		

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S9999	<p>Continued From page 15</p> <p>sign stating, "Red Zone." No signage was posted designating that active COVID cases were located on this hallway nor specific PPE precautions. Also, all the rooms on this hallway did not have specific isolation precautions prior to entering resident rooms.</p> <p>On 5/24/21 at 1:15 p.m. V10 (Housekeeper) was wearing a gown, mask and goggles. V10 entered R6's room that had a red sign that stated, "Red Zone," with no gloves on and removed the soiled dishes from the room placing them on a dirty dish cart. A bucket with liquid was located on V10's dish cart. V10 removed a washcloth from the bucket and returned to R6's room to wipe off R6's bedside table. V10 exited R6's room and placed the washcloth back into the bucket. Then, without performing hand hygiene or applying gloves, entered R10's room and removed the soiled dishes from that room as well placing them on the dish cart. At 1:25 p.m. V10 stated, "These resident rooms are positive for COVID. I'm supposed to wear gown, gloves, mask, and goggles in every room. I put a new pair of gloves on when I enter each room."</p> <p>On 5/24/21 at 1:40 p.m., V9 (Certified Nursing Assistant/CNA) entered R7's room that had a red sign that stated, "Red Zone," wearing a gown, mask, and goggles. V9 did not apply gloves upon entry into R7's room. V9 was touching R7's bedside table, closet door, and R7's back. R7 was sitting up in her wheelchair. V9 proceeded to push R7 into the bathroom still not wearing gloves.</p> <p>On 5/24/21 at 2:00 p.m., V9 stated, "In the red zone, I should be wearing a gown, mask, goggles, and gloves when I enter these rooms that are on isolation."</p>	S9999		

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S9999	<p>Continued From page 16</p> <p>On 5/26/21 at 2:00 p.m., V6 (Infection Preventionist) stated, "Specific isolation precaution signage is not posted on the resident room doors nor the entrance of the hallways."</p> <p>The facility's room roster dated 5/24/21 and provided by V1, documents that 75 residents reside in the facility.</p> <p style="text-align: center;">(B)</p>	S9999		
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