

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003404	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2021
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NAME OF PROVIDER OR SUPPLIER FRIENDSHIP VILLAGE-SCHAUMBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 350 WEST SCHAUMBURG ROAD SCHAUMBURG, IL 60194
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S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	Final Observations 1 of 2)Statement of Licensure Violations: 300.610a) 300.1210d)2) 300.1210d)5) 300.3240 a) 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 300.1210 General Requirements for Nursing and Personal Care d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 2) All treatments and procedures shall be administered as ordered by the physician.	S9999	<p style="text-align: center;">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>5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.</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.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to prevent an at risk resident from developing an unstageable pressure wound, have pressure wound dressings in place, have pressure interventions in place, and failed to assess and measure pressure wounds for 4 of 11 residents (R44, R55, R65, R97) reviewed for pressure wounds in a sample of 28. These failures contributed to a resident (R55) developing three unstageable pressure wounds that have declined and now requires intravenous antibiotics.</p> <p>The findings include:</p> <p>1. On 6/14/21 at 11:34 AM, R55 was lying in bed. R55 had a regular mattress on her bed. R55's heels were directly on the bed. On 6/16/21 at 11:33 AM, R55 was sitting up in her wheelchair. R55 requested to go to the bathroom. R55's heel</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>protectors were removed and R55 was transferred to the toilet using the sit to stand lift.</p> <p>R55's Physician's Order Sheet (POS) shows an order dated 1/25/21 for, "Heel protectors/boots to both feet at bedtime." R55's POS shows an order dated 4/9/21 for, "weekly skin/wound assessment, document in progress notes every day shift every Thu (Thursday). Include measurement, description of wound, signs of infection if applicable." R55's Skin Integrity Care Plan shows, "1/23/21-R (right) heel DTI, 2/4/21 R distal great toe DTI, 3/16/21 R bunion DTI....Apply heel protectors when in bed...Heel protectors to both feet during SST (Sit to Stand) transfer to avoid feet/toes to touch SST footboard.....wound tx (treatment) as ordered..."</p> <p>R55's Electronic Medical Record (EMR) shows a skin note dated 1/6/21 that shows skin intact with no open areas and blanchable redness on both feet. R55's progress note dated 1/26/21 shows, "Requested by staff to re-assess skin breakdown to resident's R (right) heel. Noted an intact, blood filled DTI (Deep Tissue Injury) to her right heel measuring 1 cm x 1 cm, with intact serum filled blister on DTI edges....During assessment it was noted that resident was putting more weight to her R heel towards the bed than her L (left) heel. Recommended to apply betadine to R heel DTI and continue with heel protectors. No additional measurements were documented until 2/4/21. (29 days later). R55's skin notes dated 2/4/21 shows, "Requested by staff to assess black spot on resident's R great toe. Noted an intact, dark bluish DTI in her distal great toe measuring 0.5 cm (centimeters) x 0.5 cm...Also assessed DTI/intact blister in her R heel which is now measures approx (approximately) 3 cm x 3 cm and is partially filled with serum with bluish</p>	S9999		

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S9999	Continued From page 3 edges...Resident is being transferred with a SST lift. It appears that DTI on her R distal great toe is caused by her toes hitting the food board of the SST lift during transfers....Will instruct and discuss with staff to have resident wear her heel protectors during transfers to avoid her foot/toes to touch the foot board..." No additional wound measurement was documented until 4/15/21 (70 days later). R55's 4/16/21 skin notes show, "Reassessed residents R heel, R bunion and R distal great toe eschars, and BLE (bilateral lower extremities) together with NP (Nurse Practitioner). R heel eschar is black, dry, intact and stable measuring 1.2 cm x 0.8 cm.....R bunion eschar measures 1 cm x 1.5 cm and is black, intact, with scant serous drainage and mildly macerated woundedges with minimal erythema on periwound....R distal great toe eschar is dry, intact and stable, and measures 1 cm x 1.5 cm." No additional measurement was documented until 6/16/21 (61 days later). R55's skin notes dated 6/16/21 shows, "Reassessed resident's R heel, R bunion, and R distal toe eschars/ulcers. R heel black, dry eschar now measures 1 cm x 1 cm with no depth. R bunion eschar now measures 2.6 cm x 3 cm x 0.2 cm (last measurement was 1 cm x 1.5 cm) with loose unstable eschar and slough on wound bed, and minimal serous drainage. R lateral foot eschar 1.5 cm x 1.5 cm no measurable depth with thin slough on wound edges. Her R foot is ruddy red. R55's POS shows that she was started on Zyvox (antibiotic) on 6/11/21 due to right foot cellulitis. On 6/16/21 at 11:25 AM, V22 (Wound Care Nurse) said that R55 has DTI pressure ulcers on her right foot and are currently being treated with betadine and off-loading her feet. V22 said that her foot is now red and her wounds are getting worse. V22 said that R55 is compliant with	S9999		

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S9999	<p>Continued From page 4</p> <p>wearing her heel protectors. At 11:33 AM, V22 said that R55 used to have an air mattress but he does not know why she does not have one now. At 12:30 PM, V22 said that R55 does have an order for her wounds to be assessed and measured weekly but the last time that they were measured was 4/16/21. V22 said that he does not know why they were not done weekly as ordered. V22 said that her foot now has redness and she is on antibiotics.</p> <p>On 6/16/21 at 1:03 PM, V28 (Nurse Practitioner) said that R55 has redness around the right hallux DTI and on the top of her foot and is now on antibiotics. V28 said that if a wound is left unchecked, it could get infected or worsen. V28 said that if pressure relieving interventions are not in place, the wound could get worse.</p> <p>The facility's Skin Management-Pressure Ulcer (Injury) Prevention and Management Policy revised on 11/24/17 shows, "Individualized interventions will be implemented for at risk residents based on risk assessment findings...For an actual pressure injury. Physician will be notified and treatment initiated as ordered...If progress is not noted in 2 weeks or deterioration is present, Physician is notified for treatment order review." The Facility's Pressure Ulcer Treatment Procedure revised on 10/26/20 shows, "Assess the wound and surrounding skin for edema, redness, drainage, tissue healing progress and wound stage.....The following information should be recorded in the resident's medical record, treatment sheet or designated wound form...Wound appearance, including wound bed, edges, presence of drainage..All assessment data (i.e. wound bed color, size, drainage, etc) obtained when inspecting the wound."</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>2. R44's Admission Record printed June 16, 2021 showed R44 was admitted with diagnoses include: paraplegia, protein-calorie malnutrition, and type 2 diabetes.</p> <p>R44's Facility Assessment dated April 13, 2021 showed R44 to be cognitively impaired, at risk for pressure injuries, and needing extensive to total dependence of staff for activities of daily living (ADLs) which includes bed mobility and transfers.</p> <p>R44's Pressure Risk Assessment (Braden Scale) dated April 27, 2021 showed R44 to be "at risk" for developing pressure wounds.</p> <p>On June 14, 2021 at 12:15 PM, R44 stated he had developed a wound on his left heel several weeks ago in the facility. R44 stated he cannot move his legs since his back surgery and does not have good sensation due to neuropathy.</p> <p>R44's Skin/Wound Note dated May 25, 2021 showed V22 (Wound Nurse) was contacted to look at a new wound on R44's left heel. V22 noted a deep tissue injury measuring 3 centimeters (CM) by 5 cm on R44's left heel.</p> <p>R44's Wound Physician Notes dated May 27, 2021 showed R44 having a new unstageable pressure wound to the left heel measuring 3.7 cm X 5.5 cm X 0 cm with recommendations of "off-load wound...sponge boot".</p> <p>R44's Physician Order Summary printed on June 16, 2021 showed and order of "heel protectors to left heel at ALL times except for hygiene, skin monitor or tx."</p> <p>On June 15, 2021 at 12:00 PM, R44 was in his</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>wheelchair in front of his room. R44 did not have a padded boot on his left foot. R44's heel was on the footrest of the wheelchair. R44 stated he was on his way to lunch and pointed down the hall toward the nurse's station.</p> <p>On June 16, 2021 at 9:15 AM, V22 stated R44 developed a new pressure wound to his left heel. After R44's surgery to his back he had to lay flat. V22 stated R44's inability to move his legs and poor sensation are contributing factors in his development of his heel wound. R44 had a habit of putting his heel on the edge of his wheelchair footrest. V22 stated R44 is now to wear his left padded boot at all times to prevent further injury to the wound.</p> <p>3. R65's Admission Record shows she was admitted to the facility on 2/5/19 with diagnoses including: Parkinsons disease, pressure injury of sacral region, and need for assistance with personal care. R65's Scale for Predicting Pressure Ulcer Risk dated 5/12/21 shows, R65 is at high risk for developing pressure injuries.</p> <p>On 6/14/21 at 12:46 PM, V6 CNA (Certified Nursing Assistant) was providing incontinence care to R65. Two skin areas were identified during incontinence care. V6 said incontinence care was last done before breakfast. R65 had stool and dark urine in her incontinence brief. There was a quarter size reddened opened area to R65's right buttock and a pencil eraser sized area to R65's sacrum that was filled with slough. V22 Wound Care Nurse said the wound to R65's right buttock was healed and now it is a stage 3 and R65's sacrum wound is unstageable. V22 asked V25 RN (Registered Nurse) to clean the wounds with normal saline and put cream on them. V25 then wiped R65's wounds with a peri</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>care wet wipe (not normal saline) and placed cream on them.</p> <p>R65's Skin/Wound noted dated 6/14/21, done by V22 shows, "requested by staff to assess resident's pressure injuries on the right buttock and sacrum that have previously closed and resolved. Noted reopened stage 3 pressure injury in the right buttocks now measuring 2 cm (Centimeters) X 1.5 cm with no measurable depth and has beefy red granulating wound bed, with scant bleeding, and irregular wound edges. The sacrum stage 3 pressure injury that had previously closed and resolved has also reopened, this time with thin slough (unstageable) on wound bed, scant serous drainage, and defined and intact wound edges. Will have resident be seen again by wound doctor on next wound doctor visit. Resident is on tube feedings, incontinent of bowel and bladder, and is dependent on staff with ADLs (Activities of daily living)." V25's RN (Registered Nurse) skin/wound note dated 6/14/21 shows, "Resident skin assessment was made in presence of wound nurse, old wound reopen-sacrum pressure injury measures 1 cm X 0.8 cm X 0 cm. Right buttock pressure injury measures 2 cm X 1.5 cm X 0 CM."</p> <p>R65's Care Plan revised on 5/1/19 shows, "Observe for any skin impairment and report to nurse/supervisor." Care Plan initiated 3/26/21 and revised on 6/14/21 shows, "4/1/21 right buttock unstageable, stage 2 coccyx/sacrum. 4/26/21 sacrum resolved. 4/26/21 right buttock unstageable. 6/14/21 right buttock stage 3 reopened. 6/14/21 sacrum unstageable reopened."</p> <p>4. On 6/14/21 at 2:13 PM, V6 CNA perform</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>incontinence care to R97. There was urine and stool in R97's incontinence brief. R97 had a foam dressing to her left lower buttock that was not intact. The dressing was saturated, and the wound and treatment packing was visible. V6 performed peri care, placed R97's incontinence brief on and positioned R97 in bed. V6 said incontinence care was last done to R97 at 9 or 10 AM.</p> <p>On 6/14/21 at 2:47 PM, V25 RN said she was not aware R97's dressing was not intact.</p> <p>R97's Care Plan revised on 5/10/21 shows R97 has a stage four pressure injury to her left ischium 4/15/21. Follow facility protocols for treatment of injury. Treatment to left gluteal area as ordered.</p> <p>R97's Order Summary Report shows an order to change R97's dressing daily and as needed.</p> <p>On 6/16/21 at 12:45 PM, V25 said if a CNA sees that a dressing is no longer intact, then the CNA should tell the nurse right away so a new dressing can be placed.</p> <p>The facility's Skin Management-Pressure Injury Prevention and Management Policy dated 11/24/17 shows, "Individualized interventions will be implemented for at risk residents based on risk assessment finding.</p> <p style="text-align: center;">(B)</p> <p>2 of 2)Statement of Licensure Violations:</p> <p>300.610 a) 300.696 a) 300.696 c)7)</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>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> <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</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>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>A)Based on observation, interview, and record review the facility failed to follow recommended guidelines from Centers for Disease Control (CDC) by not wearing N95 masks and Personal Protective Equipment (PPE) for persons under investigation (PUI) to rule out COVID-19 who are on transmission based precautions (contact/droplet precautions). The facility failed to initiate isolation and maintain transmission-based precautions for PUI residents. These failures have the potential to infect high risk residents with COVID-19 and spread the disease of COVID-19 to negative residents. This applies to all 141 residents residing in the facility.</p> <p>B) Based on interview and record review the facility failed to immediately perform COVID-19</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>testing on residents who showed signs and symptoms (fever/cough) 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. This applies to all 141 residents residing in the facility.</p> <p>The findings include:</p> <p>A)The Resident Census and Conditions Report (Form 672) dated June 14, 2021 shows that there are 141 residents residing in the facility.</p> <p>The facility provided PUI list dated June 14, 2021, shows that R5, R13, R50, and R145 are on the PUI list and are on contact/droplet isolation. R20 is not listed on the PUI list. On June 14, 2021 at 1:35 PM, V2 said at this time 6 out of 141 residents are not vaccinated and 28 out of 135 staff are not vaccinated.</p> <p>On June 14, 2021 at 11:00 AM, V2 Director of Nursing (DON) said in PUI rooms staff are required to wear a surgical mask, goggles or a facemask, gown, and gloves. Residents in PUI rooms are on contact/droplet isolation due to a high risk of exposure, are displaying signs and symptoms of COVID-19, and or are not vaccinated or have no proof of vaccination for COVID-19. V2 said these residents on PUI are not allowed out of their rooms.</p> <p>On June 14, 2021 at 11:53 AM, V2 stated "we are on a contingency basis since we only have a certain amount of N95 masks. We are only using surgical masks for the PUI rooms instead of the N95 masks. For droplet precaution, if not in contingency basis, we follow the CDC and IDPH guidelines and use the N95 mask, goggles</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>or face shield, gown, and gloves. As long as the residents are not positive for COVID-19 we use the surgical mask. We have had trouble getting N95 masks from suppliers. We have 4 varieties of N95 masks, and we have not enough of one of the 4 varieties."</p> <p>On 06/14/21 at 12:33 PM, V2 said R13 and R5 are running temperatures so our procedure is to put them in PUI isolation. R50 goes out for dialysis so is a high-risk exposure and is on PUI. R145 has been running fevers so we put him on PUI isolation today. Are purchasing department handles ordering supplies. V8 (Purchasing) is the gate keeper for PPE, she places orders every week.</p> <p>1. On June 14, 2021 at 10:21 AM, R50 was outside of his room getting mail from staff without wearing a mask, and then wheeled himself back into his room. The sign on R50's door said droplet contact precautions quarantine and R50's door was open.</p> <p>On 06/14/21 at 02:10 PM, V6 Certified Nursing Assistant (CNA) wearing a surgical mask only, walked into R50's room to deliver R50's lunch tray and did not put any Personal Protective Equipment (PPE) on.</p> <p>R50's Physician Orders shows an order for R50 dated 11/19/20 for droplet isolation.</p> <p>2. On June 14, 2021 at 11:57 AM, V9 CNA said to go into a contact/droplet isolation room (PUI room), you have to wear a surgical mask, face shield, gloves and a gown before entering the room.</p> <p>On June 14, 2021 at 12:01 PM, V10 CNA went</p>	S9999		

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S9999	<p>Continued From page 13</p> <p>into R145's room wearing gloves, gown, face shield, and a surgical mask. When V10 opened R145's door, V11 Speech Therapist was standing at R145's bedside wearing only a surgical mask.</p> <p>3. On June 14, 2021 at 11:04 AM, R13's isolation sign was located outside of his room and said "Quarantine" droplet/contact precautions. V4 Registered Nurse (RN) said R13 is on isolation for bronchitis.</p> <p>On June 14, 2021 at 12:56 PM, V5 (CNA) entered R13's room only wearing a surgical mask. V5 did not don PPE before entering R13's room.</p> <p>R13's Physician Order Sheets dated through June 2021 shows he is on isolation for droplet/contact precautions due to a cough and fever.</p> <p>The nurse's note dated June 5, 2021 documents R13 has a temperature of 100.4 F (Fahrenheit).</p> <p>4. On June 14, 2021 at 12:15 PM, R20 was in the dining room with several other residents. R20 did not have any mask on.</p> <p>At 1:01 PM, V5 CNA wheeled R20 into her room. R20 did not have an isolation sign outside of her room. R20 is residing in a room with R61.</p> <p>On June 15, 2021 at 8:58 AM, R20 is in her room with R61, both residents were observed eating in their rooms. R20 did not have an isolation sign/cart located outside of her room.</p> <p>On June 14, 2021 at 2:32 PM, V4 (RN) said R20 is on an antibiotic for a cough and fever. V4 said R20's isolation was discontinued. V4 said if a resident has a fever they are placed on droplet/contact precautions for 14 days.</p> <p>The nurse's note dated June 8, 2021 documents R20 has a temperature of 99.8 F.</p>	S9999		

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S9999	<p>Continued From page 14</p> <p>R20's vital report shows a temperature of 99.0 F. R20's Physician Order Sheets dated through June 2021 shows she is on droplet precautions per IDPH guidelines due to a cough and fever (ordered on 6/8/21). The P.O.S shows no orders to discontinue her isolation.</p> <p>5. On June 14, 2021 at 11:54 AM, R5's isolation sign located outside of his room said "Quarantine" droplet/contact precautions. R5 was observed self-propelling himself down the hall with no mask on and wheeled himself back into his room.</p> <p>At 11:58 AM, R5 wheels himself down the hall and back to his room with no mask on.</p> <p>At 12:08 PM, R5 wheeled himself outside of his room halfway down the hall. V4 (RN) approached R5 wearing only a surgical mask and administered his noon medications in the hall. V7 (CNA) wheeled R5 into his room only wearing a surgical mask and did not put on PPE.</p> <p>On June 14, 2021 at 10:44 AM, V4 said R13, R5, R54, and R195 are on droplet/contact precautions. V4 said staff should wear gown, gloves, face shield/goggles and a mask.</p> <p>The Physician Order Sheets dated through June 2021 shows he is on droplet/contact precautions for a cough (order date 6/7/21).</p> <p>On 06/14/21 at 02:19 PM, V8 along with V2 showed this surveyor the facility's PPE supply room. The supply room contained numerous boxes of N95 masks and other PPE. V8 stated "we have 9000 N95 masks right now. One of the 4 varieties we use we were down to about 60 total but we have just started receiving them. I calculated our burn rate to be about 4800 so we are about 20% over that. I do not have any masks on order right now because I am comfortable with the supply we have. I do have a back-up company to order N95 masks from. I</p>	S9999		
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S9999	<p>Continued From page 15</p> <p>have not received any correspondence from my suppliers about N95 masks not being available."</p> <p>The facility's COVID-19 Interim Infection Control Prevention and Control for residents with Suspected or Confirmed COVID-19 dated 3/21/21 shows "associates who enter the room of a resident with known or suspected COVID-19 should use an N95 or higher respirator or facemask, gown, gloves, and eye protectionresident with known or suspected COVID-19 will be placed in a single-occupancy room with the door closedTransmission based precautions will be followed at all times when entering the residents' room."</p> <p>The CDC's preparing for COVID-19 in nursing homes last updated November 20, 2020 shows, "Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown: Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. HCP (healthcare professional) should wear an N95 or higher-level respirator (or facemask if a respirator is not available), 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 ..."</p> <p>B) The facility's undated map shows R13, R20 and R54 all reside on the same wing (Forest Wing).</p> <p>1. The Physician Order Sheets dated through June 2021 shows R54 is on droplet isolation due to a fever (order dated 6/3/21).</p>	S9999		

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S9999	<p>Continued From page 16</p> <p>The nurse's note dated 6/3/21, documents R54 had a fever of 100.6 degrees and the physician was notified and R54 was placed on droplet isolation.</p> <p>The nurse's note dated 6/6/21 documents R54 is complaining of difficulty breathing and a temperature of 99.9 degrees.</p> <p>R54's Vitals report shows: 6/3/21- 100.6 degrees (temperature) 6/5/21- 99.9 degrees 6/6/21- 99.9 degrees at 4:30 PM, 9:48 PM</p> <p>R54's Laboratory COVID-19 test was last performed on 6/2/21.</p> <p>On June 14, 2021 at 3:15 PM, V2 (DON) said if a resident shows signs/symptoms of COVID-19 we would do a rapid COVID test and PCR (Polymerase chain reaction) immediately to rule out COVID-19.</p> <p>2. The Physician Order Sheets dated through June 2021 shows R13 is on droplet precautions for a cough and fever (order date 6/7/21).</p> <p>The nurse's note dated 6/5/21 documents R13 had a temperature of 100.6 degrees.</p> <p>R13's Vitals report for June 2021 shows: 6/4/21- 100.0 degrees (temperature) 6/5/21- 100.4 degrees</p> <p>R13's Laboratory COVID-19 test was last performed on 5/26/21. (There was no evidence of testing after this date).</p> <p>3. The Physician Order Sheets dated through June 2021 shows R20 has orders for droplet</p>	S9999		

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S9999	<p>Continued From page 17</p> <p>precautions due to a cough and fever.</p> <p>The Physician Note dated 6/9/21, documents R20 had a fever last evening with a cough.</p> <p>R20's vitals report for June 2021 shows: 6/8/21- 99.2 degrees 6/13/21- 99.0 degrees</p> <p>R20's Laboratory COVID-19 test was last performed on June 4, 2021. (There was no evidence of testing after this date).</p> <p>On June 15, 2021 at 3:08 PM, V17 (Medical Director) said if a resident is having signs and symptoms of COVID-19 including cough and fever they should be tested for COVID-19 within 1-2 days and placed on isolation.</p> <p>On June 15, 2021 at 3:00 PM, V2 Director of Nursing said currently based on the county positivity rate we are testing staff and residents monthly, our next scheduled testing is June 28, 2021.</p> <p>On June 15, 2021 at 1:06 PM, V3 (Infection Control Preventionist) said if a resident has a change in their vitals or any change that is not their norm including fever they are placed on "quarantine." We look at the "whole" picture before we test them for COVID-19 and we would not test the residents immediately for COVID-19 first. V3 said the only way to rule out COVID-19 is to perform a COVID-19 test. V3 said we did test one resident who had an elevated temperature after a pattern of three residents had similar symptoms.</p> <p>The facility's COVID-19 testing Plan dated March 25, 2021 states, "Residents in congregate</p>	S9999		
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S9999	<p>Continued From page 18</p> <p>settings such as in Nursing Homes are at a high risk for infection, serious infection, serious illness, and death from COVID-19. Viral testing for SARS-CoV-2, the virus that causes COVID-19, in respiratory specimens can detect current infections among residents and associates. Viral testing for COVID-19 aims to aid in: the prevention of the virus from entering the community, the detection of COVID-19 cases in the community quicklyAsymptomatic infection with SARS-CoV-2 has been reported. Most residents with confirmed COVID-19 develop fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty, and breathing)DetectionThe community will continue to actively screen all residents for COVID-Like illness (CLI)Any resident who exhibits symptoms consistent with COVID-19 with a high degree of suspicion will be testedconsider testing of any resident or associate who subsequently develops fever or symptoms consistent with COVID-19.</p> <p>The Centers for Disease Control (CDC) Testing Guidelines for Nursing Homes updated on January 7, 2021 states, Nursing home residents are at high risk for infection, serious illness, and death from COVID-19. Testing for SARS-CoV-2, the virus that causes COVID-19, in respiratory specimens detects current infections (referred to here as viral testing) among residents in nursing homes. Viral testing of residents in nursing homes, with authorized nucleic acid amplification tests or antigen detection assays, is an important addition to other infection prevention and control (IPC) recommendations aimed at preventing SARS-CoV-2 from entering nursing homes, detecting cases quickly, and stopping transmission. This guideline is based on currently available information about COVID-19</p>	S9999		

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S9999	<p>Continued From page 19</p> <p>and will be refined and updated as more information becomes available. Testing conducted at nursing homes should be implemented in addition to recommended IPC measures. Facilities should have a plan for testing residents for SARS-CoV-2. Additional information about the components of the testing plan are available in the CDC guidance titled Preparing for COVID-19 in Nursing Homes.</p> <p>The CDC's Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination dated April 27, 2021 shows</p> <p>SARS-CoV-2 Testing</p> <p>" Anyone with symptoms of COVID-19, regardless of vaccination status, should receive a viral test immediately.</p> <p>(A)</p>	S9999		