

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001309	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/21/2022
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NAME OF PROVIDER OR SUPPLIER BURT SHELTERED CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1414 MILTON ROAD ALTON, IL 62002
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Complaint Investigation: 2245216/IL148665	S 000		
S9999	Final Observations Statement of Licensure Violations : 330.790 a) 330.790 c)1)3)7)8)9) 330.790 d)1)2) 330.790 e)1)2)A)B)3)A)B)D)4)5) 330.790 f) 330.790 g) 330.794 a)1)2)3) 330.794 b)1)2)A)B)C)3)4)A)B)5)6) 330.794 c)1)2)3)4)5)6)7) 330.794 g) 330.794 h)1)2)3) Section 330.790 Infection Control (Emergency) a) Each facility shall establish and follow policies and procedures for investigating, controlling, preventing, and testing for infections in the facility . The policies and procedures must shall be consistent with and include the requirements of the Control of Communicable Diseases Code and Control of Sexually Transmissible Diseases Code. All staff shall be trained on the policies and procedures, and training records maintained for three years. Activities shall be monitored to ensure that these policies and procedures are followed. Infection control policies and procedures shall be maintained in the facility and made available upon request to facility staff, the resident and the resident's family or resident's representative, the Department, and the certified local health department.	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X8) DATE _____

Illinois Department of Public Health

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S9999	<p>Continued From page 1</p> <p>c) Depending on the services provided by the facility, 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, as applicable (see Section 330.340):</p> <ul style="list-style-type: none"> 1) Guideline for Hand Hygiene in Health-Care Settings 3) 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. 7) Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes 8) Interim Guidance for Managing Healthcare Personnel with SARSCoV-2 Infection or Exposure to SARS-CoV-2 9) Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic <p>d) Each facility shall conduct testing of residents and staff, including individuals providing services under arrangement and volunteers, for the control or detection of communicable diseases when:</p> <ul style="list-style-type: none"> 1) The facility is experiencing an outbreak; or 2) Directed by the Department or the certified local health department where the chance of transmission is high, including, but not limited to, regional outbreaks, epidemics, or pandemics <p>e) COVID-19 Testing and Documentation The facility shall test residents and facility staff, which includes any person who is employed by, volunteers for, or is contracted to provide services for a facility, or is employed by an entity that is contracted to provide services to a facility, for COVID-19. At a minimum, the facility shall:</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 2</p> <p>1) Prioritize and conduct immediate testing of residents or staff with symptoms of COVID-19; 2) If a resident or staff in the facility tests positive for COVID-19, follow either a unit-based or broad-based approach for testing residents and staff, regardless of vaccination status. Testing shall include all residents and staff who have not tested positive in the past 90 days.</p> <p>A) If a unit-based approach is used, the facility shall test all residents and staff immediately (but not earlier than two days after the exposure) in the unit (or department) where the staff worked, or the resident resided. Facilities shall continue to test every three to seven days until there are no more positive cases for 14 days.</p> <p>B) If a broad-based approach is used, the facility shall test all residents and facility staff immediately (but not earlier than two days after the exposure). Facilities shall continue to test every three to seven days until there are no more positive cases for 14 days</p> <p>3) Documentation</p> <p>A) For residents, document in each resident's record any time a test was completed, including the result of the test, or whether testing was refused or contraindicated;</p> <p>B) For staff members, document in each staff member's confidential medical file (as distinct from the staff member's personnel file) any time a test was completed, including the result of the test, or whether testing was refused or contraindicated;</p> <p>D) Facilities that are not required to report COVID-19 aggregate testing data into the National Healthcare Safety Network (NHSN) shall report this data to the Department weekly utilizing the online form available at</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 3</p> <p>https://app.smartsheet.com/b/form/fa2d7abfb102490b9d2622a2ba490744.</p> <p>4) Upon confirmation that a resident or staff member tests positive with COVID-19, or if a resident or staff member displays symptoms consistent with COVID-19, take immediate steps to prevent the transmission of COVID-19, including but not limited to cohorting, isolation and quarantine, environmental cleaning and disinfecting, hand hygiene, and use of appropriate personal protective equipment;</p> <p>5) Have written procedures for addressing residents and staff, including individuals providing services under arrangement and volunteers, who refuse testing or are unable to be tested, including a requirement that all volunteers shall agree to testing.</p> <p>f) Each facility shall make arrangements with a testing laboratory to process any specimens collected under subsections (d) and (e) and ensure that complete information is submitted with each specimen, including name, address, date of birth, sex, race, and ethnicity.</p> <p>g) Each facility shall keep a record of testing done under subsections (d) and (e), available to the Department upon request.</p> <p>Section 330.794 COVID-19 Vaccination of Facility Staff (Emergency)</p> <p>a) For the purposes of this Section:</p> <p>1) "Staff" or "staff person" means any person who is employed by, volunteers for, or is contracted to provide services for a facility, or is employed by an entity that is contracted to provide services to a facility, and is in close contact (fewer than 6 feet) with other persons in</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>the facility for more than 15 minutes at least once a week on a regular basis as determined by the facility. The term "staff" or "staff person" does not include any person who is present at the facility for only a short period of time and whose moments of close physical proximity to others on-site are fleeting (e.g., contractors making deliveries to a site where they remain physically distanced from others or briefly entering a site to pick up a shipment).</p> <p>2) "COVID-19 vaccine" means a vaccine for COVID-19 that has been authorized for emergency use, licensed, or otherwise approved by the U.S. Food and Drug Administration (FDA).</p> <p>3) An individual is "fully vaccinated against COVID-19" two weeks after receiving the second dose in a two-dose series of a COVID-19 vaccine authorized for emergency use, licensed, or otherwise approved by the FDA, or two weeks after receiving a single-dose COVID-19 vaccine authorized for emergency use, licensed, or otherwise approved by the FDA.</p> <p>b) Each facility shall require all staff to be fully vaccinated against COVID-19 or be tested in a manner consistent with the requirements of subsection (c).</p> <p>1) New facility staff shall receive or have received, at a minimum, the first dose of a two-dose vaccine series or a single dose vaccine no later than 10 days after their start date at the facility, and if applicable, the second dose of a two-dose COVID-19 vaccine series within 30 days after administration of their first dose, or be tested consistent with the requirements of subsection (c).</p> <p>2) Each facility shall require staff who are fully vaccinated against COVID 19 to submit proof of full vaccination against COVID-19. Proof of</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>vaccination may be met by providing to the facility one of the following:</p> <p>A) A Centers for Disease Control and Prevention (CDC) COVID-19 vaccination record card or photo of the card;</p> <p>B) Documentation of vaccination from a health care provider or electronic health record; or</p> <p>C) State immunization records.</p> <p>3) Each facility shall make available opportunities for staff to be fully vaccinated against COVID-19, either directly at the facility or indirectly, such as through an arrangement with a pharmacy partner, local health department, or other appropriate health entity.</p> <p>4) Each facility shall exempt individual staff members from the requirement that all staff be fully vaccinated against COVID-19 if:</p> <p>A) Vaccination is medically contraindicated, including any individual staff member who is entitled to an accommodation under the Americans with Disabilities Act or any other law applicable to a disability-related reasonable accommodation; or</p> <p>B) Vaccination would require the individual staff member to violate or forgo a sincerely held religious belief, practice, or observance.</p> <p>5) Staff that fall within the exemption in subsection (b)(4) shall undergo the testing requirements set forth in subsection (c).</p> <p>6) Facilities may adopt more stringent policies requiring all staff to be vaccinated. Nothing in the Section supersedes or modifies the date such policies are designated by the facility to take effect.</p> <p>c) Except as provided in subsection (c)(7), each facility shall require its staff who are not fully vaccinated against COVID-19 to undergo testing</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>for COVID-19, weekly, at a minimum. Staff who are not fully vaccinated against COVID-19 and not tested as required by this subsection shall not be permitted to enter or work at the facility.</p> <p>1) The COVID-19 test shall either have Emergency Use Authorization by the FDA or be operated pursuant to the Laboratory Developed Test requirements of the U.S. Centers for Medicare and Medicaid Services.</p> <p>2) Testing for staff who are not fully vaccinated against COVID-19 must be conducted on-site at the facility, or the facility must obtain proof or confirmation from the staff member of a negative test result obtained elsewhere.</p> <p>3) A laboratory RT-PCR test is the preferred test for COVID-19 infection; however, point-of-care (POC) antigen testing is acceptable. For a facility to conduct these tests with their own staff and equipment, the facility must have, at a minimum, a Clinical Laboratory Improvement Amendments (CLIA) Certificate of Waiver.</p> <p>4) If a staff person tests positive for COVID-19, the facility shall exclude the staff person from the facility, and the staff person shall be subject to all applicable isolation and quarantine rules and facility policies.</p> <p>5) In the event COVID-19 RT-PCR or POC antigen testing is not available, staff may use at-home or self-tests if the tests are observed and verified by a health care provider, and reportable as required in subsection (g).</p> <p>6) Staff who are not fully vaccinated may be permitted to enter or work at the facility while they are waiting to receive the results of their weekly test.</p> <p>7) When the facility is located in a county of high or substantial transmission, as indicated by the CDC COVID 19 Integrated County View, available at https://covid.cdc.gov/covid-data-tracker/#county-v</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>law, the facility shall require its staff who are not fully vaccinated against COVID-19 to undergo testing for COVID-19, twice weekly, with tests administered at least two days apart as long as the county in which the facility is located remains in a high or substantial transmission status.</p> <p>g) Each facility shall maintain a record of fully vaccinated staff, unvaccinated staff, and weekly testing. Facilities that are not required to report COVID-19 aggregate vaccination and testing data into the National Healthcare Safety Network (NHSN) shall report this data to the Department weekly utilizing the online form available at https://app.smartsheet.com/b/form/fa2d7abfb102490b9d2622a2ba490744.</p> <p>h) The facility shall maintain documentation in each staff person's confidential medical file, in accordance with federal and State privacy laws, regarding COVID-19 vaccinations and tests, including the following:</p> <ol style="list-style-type: none"> 1) Proof of vaccination for the staff person; 2) The results of COVID-19 tests for each staff person; and 3) Written declination of the vaccination if offered by the facility. <p>These requirements were NOT met evidenced by:</p> <p>Based on interview, observation and record review, the facility failed to test twice weekly for COVID-19, document and report twice weekly testing and vaccination status of employees and residents to the State of Illinois Department of Public Health to prevent/control the spread of COVID-19. This has potential to affect all 19 residents living in the facility.</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>Findings include:</p> <p>1. R1's undated Face Sheet, documents R1 is 58 years old.</p> <p>On 7/21/2022 at 10:25 AM, R1 lay in bed with his eyes open. R1 did not respond to the IDPH surveyor's questions regarding COVID-19 vaccination status.</p> <p>R1's Physicians Order Sheet (POS), dated July 2022, documented he was admitted to the facility on 3/26/2019.</p> <p>R1's Progress Note, dated 8/19/2021, documents "his family reported she has the covid virus. Resident will be quarantined for 10 days."</p> <p>R1's Progress Note, dated 8/23/2021, documents "resident remains the same at this time. He continues to isolate himself in his room watching reruns of (Trade name), playing (Trade name game) and word puzzles. He will joke around with staff."</p> <p>R1's Progress Note, dated 8/30/2021, documents "resident is out of quarantine, he did not show any signs or symptoms of COVID."</p> <p>R1's COVID-19 Vaccination Record documented that he received Moderna vaccine on 1/15/2021, the second dose was dated 2/16/2021 and the booster dated 12/2/2021. No second booster was documented. There was no documentation in his medical record that he was tested at any time in the facility for COVID-19.</p> <p>On 7/21/2022 at 12:15 PM, V1 (Owner) stated R1's family took him out of the facility for a haircut (date unknown) and his family called the next day</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>stating they tested positive for COVID-19. V1 quarantined R1 for 10 days, she did not test him for COVID-19 because the facility did not have any COVID-19 tests at that time and R1 had already received his first and second vaccination and the booster by that time. R1 did not have any symptoms of COVID-19.</p> <p>2. R2's undated Face Sheet, R2 is 66 years old.</p> <p>On 7/21/2022, at 9:40 AM, R2 stated he recalled he had 3 COVID-19 shots and would take another booster, but no staff have offered it to him. R2 couldn't recall if he was ever tested for COVID-19.</p> <p>R2's COVID-19 Vaccination Record documented that he received Moderna vaccine on 1/15/2021, the second dose was dated 2/16/2021 and the booster dated 12/2/2021. No second booster was documented. There was no documentation in his medical record that he was tested at any time in the facility for COVID-19.</p> <p>3. R3's undated Face Sheet, R3 is 64 years old.</p> <p>On 7/21/2022 at 9:55 AM R3 stated he has had his COVID-19 vaccination and first booster. He was not offered the second booster yet but would like it if it was offered. R3 stated he could not recall being tested for COVID-19.</p> <p>R3's COVID-19 Vaccination Record documented he received Moderna vaccine on 1/15/2021, the second dose was dated 2/16/2021 and the booster dated 12/2/2021. No second booster was documented. There was no documentation in his medical record that he was tested any time in the facility for COVID-19.</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>4. On 7/21/2022 at 9:00 AM, V2 (Certified Nurse Aide (CNA) Supervisor) stated she had COVID in December 2021. V2 stated since she already had COVID she didn't need to have a vaccination for it. V2 didn't have an exemption and stated she didn't need one.</p> <p>5. On 7/21/2022 at 11:00 AM, V4 (Maintenance) stated he was unvaccinated and completes a COVID symptoms check list and gets his temperature taken prior to every shift at the facility. V4 didn't give a reason why he refused to get the COVID vaccination. V4 didn't know what a COVID vaccination exemption was and said because he didn't know what an exemption was, he was certain he didn't have one.</p> <p>Review of the facility's Staff Daily COVID Check list and temperature Binder, dated 7/21/2022 showed no COVID check list or temperature documented for V4.</p> <p>6. On 7/21/2021 at 11:30 AM, V3 (Housekeeper) stated she was not vaccinated for COVID. She didn't have a reason for not being vaccinated and didn't have an exemption. She completes the COVID-19 symptom check list and gets her temperature checked before she starts her shift every day. She didn't give a reason for being unvaccinated and stated she didn't have an exemption. V3 recalled they stopped testing staff and resident for COVID-19 in December 2021.</p> <p>7. On 7/21/2022 at 9:35 AM, V1 (Owner) stated "shelter homes are the stepchild of long-term care facilities, and no one gave them guidance for COVID-19 including when to test staff and residents, how to report the testing, and when the second booster was available, and which residents would be eligible for it. She called the</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>Madison County Health Department and begged them for COVID-19 tests and for support during the outbreak, but her calls and concerns landed on deaf ears. No one called her back from the health department and this is a small facility, we don't have money to be purchasing COVID-19 testing kits weekly. V1 stated she didn't receive the updated guidance dated 3/22/2022 and said she wasn't aware she should be testing unvaccinated staff twice a week and reporting it. V1 didn't have a list of staff vaccination status or any exemptions for the unvaccinated staff, off the top of her head she stated there were 3 unvaccinated staff. Unvaccinated staff complete a COVID-19 symptoms check list and get the temperature taken prior to working their shift, the forms are kept in the staff daily COVID check list and temperature binder. There have been multiple staff that got COVID-19 but no residents at the facility got COVID-19."</p> <p>8. The Facility's Staff Daily COVID Check list and temperature Binder documented 5 staff V2, V3, V4, V6 and V7 completed the COVID-19 symptom check list. These staff refused the COVID-19 vaccination, but no exemptions were documented. The facility did not have documentation of employees being tested weekly or twice a week nor did they have documentation on file of reporting results or vaccination status to the Illinois Department of Public Health (IDPH.)</p> <p>The Centers for Disease Control (CDC) website, "https://covid.cdc.gov/covid-data-tracker/index," documented that from 7/6/2022 to 7/12/2022 the Community Transmission rate was high for the county the facility was located in.</p> <p>The State of Illinois, Illinois Department of Public</p>	S9999		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 12</p> <p>Health, "Updated Interim Guidance for Nursing Home and Other Licensed Long-Term Care Facilities", dated 03/22/2022, documented, "Reporting of Staff and Resident COVID-19 Vaccinations and Testing. Facilities that are not required to report COVID-19 aggregate vaccination and testing data into the National Healthcare Safety Network (NHSN) shall report this data to IDPH weekly utilizing the online form at LTC Weekly Reporting COVID-19 Vaccinations and Testing. The required information matches that submitted by CMS-certified facilities to NHSN." It continues, "For those residents not suspected to have COVID-19, (Health Care Professionals) should use community transmission levels to determine the appropriate (Personal Protection Equipment) to wear. When community transmission levels are substantial or high: At a minimum, HCP must always wear a well-fitted mask and eye protection while present in resident care areas. Facilities might consider always having (Health Care Professionals) wear N95 respirators while in the facility. (Health Care Professionals) are not required to wear eye protection for COVID-19 when working in non-resident care areas (e.g., offices, main kitchens, maintenance areas) when there are substantial or high community COVID-19 transmission levels. HCP should wear eye protection when entering the resident care areas. It continues, "In accordance with Executive Order 2021-22 and per the most recent emergency rules (77 Ill. Admin Code Sections 295.4047, 330.794, 370.4, and 380.643), assisted living and shared housing facilities, sheltered care facilities, community living facilities, and SMRFs must test staff who are not fully vaccinated at a minimum of weekly or twice weekly based on the community transmission level. (See Table 2)."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001309	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/21/2022
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NAME OF PROVIDER OR SUPPLIER BURT SHELTERED CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1414 MILTON ROAD ALTON, IL 62002
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S9999	Continued From page 13 "A"	S9999		