

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009716	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/05/2022
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NAME OF PROVIDER OR SUPPLIER WALTER LAWSON CHILDREN'S HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1820 WALTER LAWSON DRIVE LOVES PARK, IL 61111
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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
Z 000	COMMENTS Complaint Investigation: 2219352/IL153638	Z 000		
Z9999	FINDINGS Statement of Licensure Violation: 390.620a) 390.760a) 390.760b) 390.1010a) 390.1130a) Section 390.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. These written policies shall be formulated with the involvement of the medical advisory committee and representatives of nursing and other services in the facility. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually. Section 390.760 Infection Control a) A facility shall have an infection prevention and control program for the surveillance, investigation, prevention, and control of healthcare-associated infections and other infectious diseases. The infection prevention and control program shall also include an antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use. b) Written policies and procedures for	Z9999	<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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Z9999	<p>Continued From page 1</p> <p>surveillance, investigation, prevention, and control of infectious agents and healthcare-associated infections in the facility shall be established and followed, including the appropriate use of personal protective equipment as provided in the Centers for Disease Control and Prevention's Guideline of Isolation Precautions, Hospital Respiratory Protection Program Toolkit, and the Occupational Safety and Health Administration's Respiratory Protection Guidance. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code and Control of Sexually Transmissible Infections Code.</p> <p>Section 390.1010 Service Programs</p> <p>a) The facility shall provide, either directly or through arrangements with an outside resource, as needed by the individual resident, all services necessary to maintain and promote good physical health and development.</p> <p>Section 390.1130 Communicable Disease Policies</p> <p>a) The facility shall comply with the Control of Communicable Diseases Code (77 Ill. Adm. Code 690)</p> <p>These Regulations are not met as evidenced by:</p> <p>Based on observations, record review and interview, the facility failed to implement the Centers for Disease Control (CDC) guidelines for isolation and quarantine for clients who tested positive for the COVID 19 infection and the facility's COVID 19 Infection Control Plan. This applies to 1 of 1 client (R1) who is unvaccinated and tested negative for COVID 19 infection on</p>	Z9999		
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Z9999	<p>Continued From page 2</p> <p>11/26/22. R1 resides in the room with both R2 and R3 who tested positive for COVID 19 infection.</p> <p>Findings include:</p> <p>R1's diagnoses emailed to surveyor on 11/26/22 includes the following: Respiratory failure of newborn; Atrial Septal Defect; Other Neonatal Aspiration with Respiratory Symptoms; Feeding Problem with Newborns and Other Disorders of Psychological Development.</p> <p>The facility's list of clients positive for COVID 19 infection and their rooms were reviewed. Surveyor noted that R1 was negative for COVID 19 infection but resides in the same room as R2 and R3.</p> <p>E1, Administrator was interviewed on 11/26/22 at 1:21pm. E1 verified that R1 did not test positive for COVID 19 infection however both roommates had tested positive for COVID 19 infection, R2 on 11/22/22 and R3 on 11/20/22. E1 added, "The reason is because she is on pulmonary isolation for influenza." Surveyor stated to E1 that influenza and COVID 19 are different viruses. E1 answered, "I know." Surveyor then asked E1, if R1 is vaccinated. E1 answered, "No, R1 is unvaccinated." E2, Residential Services Director, added, "R1 also has a play area in her room that is surrounded by plexiglass so she can play safely, and that is one of the reasons she wasn't moved." Surveyor asked if R1 has any tracheostomy. E2 answered, "R1 has tracheostomy."</p> <p>Observation was conducted in the room that R1, R2, and R3 reside on 11/26/22 at approximately 2:30pm. Surveyor noted that R1 and R2 were</p>	Z9999		
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Z9999	<p>Continued From page 3</p> <p>behind privacy curtains however, R3's privacy curtain was open, and he was sitting on his wheelchair closer to the door of the bedroom. A corner near the front of the room was observed to have a mat on the floor and surrounded by plexiglass approximately 3 feet in height.</p> <p>The current CDC guideline includes under patient placement; "Place a patient with suspected or confirmed SARS-CoV-2 infection in a single-person room. The door should be kept closed (if safe to do so). Ideally, the patient should have a dedicated bathroom. If Cohorting, only patients with the same respiratory pathogen should be housed in the same room...."</p> <p>The facility's COVID 19 Infection Control Plan revised 10/5/22 was reviewed. Under source and environmental control, it includes; "...May cohort positive resident with only another positive resident for COVID-19..."</p> <p>On 11/28/22, surveyor received an email from E1 informing surveyor that R1 tested positive for COVID 19 infection with the PCR (polymerase chain reaction) test they collected from R1 on 11/26/22.</p> <p>(A)</p>	Z9999		