Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001630	A. BUILDING: ______ B. WING ______	C 10/13/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSITY REHAB	500 SOUTH ART BARTELL ROAD URBANA, IL 61802

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S 000	Initial Comments Complaint Investigation 2067762/IL127325	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.696a) 300.696b) 300.696c)7) 300.1210b) 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	S9999	Attachment A Statement of Licensure Violations	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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S9999	Continued From page 1 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. 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. 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): 7) Guidelines for Infection Control in Health Care Personnel Section 300.1210 General Requirements for Nursing and Personal Care 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 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. 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)	S9999		

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These Requirements are not met as evidenced by:

Based on interview and record review, the facility failed to follow local Health Department guidance for weekly COVID-19 {Human Coronavirus Infection} testing for all residents and staff for two weeks after having a staff member test positive for COVID-19. The facility also failed to submit COVID-19 specimen swabs of three employees for COVID-19 testing until a month after swabbing was completed. Upon testing of the swabs, the same three employees tested positive for COVID-19. This failure resulted in R1 through R117 being directly and unnecessarily exposed to a highly contagious infectious disease for an extended time period. This has the potential to impact all 160 residents in the facility. The facility also failed to follow their COVID-19 policy on visitor restriction for one (R2) of two residents reviewed for communicable disease on the sample list of 117

Findings include:

1. The facility COVID-19 Policy and Procedure dated March 2020 documents the facility will conduct education, surveillance and infection control and prevention strategies to reduce the risk of transmission of COVID-19. The facility will follow and implement recommendations and guidelines in accordance with the Centers for Disease Control and Prevention, the World Health Organization, the Illinois Department of Public Health, and the local Public Health Department to include identification and isolation of any suspected cases. Due to previous COVID-19 at the facility, "all staff will be tested weekly per recommendations of the IDPH (Illinois Department of Public Health). If a staff member

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S9999	Continued From page 3 has not been tested, he/she will not be scheduled to work until testing for COVID has been completed and results have been verified." The policy also documents, prompt detection and triage is essential to prevent unnecessary exposures among residents, healthcare personnel, and visitors at the facility. On 9/30/20 at 9:14 am, V3 (Infection Preventionist) stated that the facility had a staff member (V7/facility cook) test positive for COVID-19 on 8/19/20 and the facility called V3 on 8/19/20 for instructions on what to do. V3 stated V3 instructed V8 (Minimum Data Set/MDS Coordinator) to swab all residents and staff. V3 stated V3 thought the swabbing of all residents and staff had been completed until V3 started getting phone calls from facility staff between 8/14/20 and 9/14/20 asking why they were not getting their weekly testing. V3 stated V3 called V2 (Director of Nursing) and was told that the facility was in contractual negotiations with the laboratory and looking for a new laboratory to complete the processing of the swabs. V3 stated by the time the facility found a new laboratory to process the COVID-19 tests, the facility missed weekly swabbing of residents and staff on 8/21/20, 8/28/20, and 9/4/20. On 9/30/20 at 9:14 am, V3 stated at this point in time, the facility has only received COVID-19 test results for 57 of the 207 resident and staff tests that were submitted to the new laboratory the week of 9/14/20. V3 stated V22 (Certified Nursing Assistant/CNA) reported testing positive for COVID-19 by an offsite laboratory on 9/28/20. V3 stated the facility does not have a copy of that laboratory report.	S9999		

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S9999	Continued From page 4 V7's Laboratory Report dated 10/1/20 documents V7's COVID-19 swab was collected on 8/4/20 and tested COVID-19 positive on 8/5/20. On 9/30/20 at 10:17 am, V2 stated V7 tested positive for COVID-19 on 8/19/20. V2 stated V2 was not at the facility on 8/19/20 so V2 instructed the facility to test all residents and staff and to reach out to V15 (Investigator with the local Public Health Department) for guidance. V2 stated there were several calls made to the facility after getting the positive COVID-19 results, so V2 is not able to recall who V2 talked to when instructing to complete COVID-19 testing on all staff and residents. V2 stated there were several phone calls made back and forth during that time period. V2 stated on 8/21/20, V2 reached out to V15 to get clarification of what the facility needed to do for testing of residents and staff, but after several phone calls back and forth, V2 left V15 a message stating that the facility nurses were going to test all residents and staff weekly for two weeks, and if that was not acceptable, asked for V15 to return V2's call. V2 stated the facility was not able to complete the two weeks of swabbing of residents and staff due to contractual difficulties with the laboratory. V2 stated the facility went three weeks without testing residents or staff until finding a new laboratory to run the COVID-19 tests. V2 stated when the new laboratory started, the facility "threw in" some swabs that had been in the refrigerator from a previous swabbing. V2 stated on 9/17/20, when the facility received the results from the COVID-19 swabs, three staff members (V4 CNA, V5 CNA, and V6 Housekeeper) had all tested positive, and those were the samples that had been kept in the refrigerator since August 2020. V2 stated V4, V5 and V6 had been working at the facility from when they were swabbed for COVID	S9999		

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S9999	Continued From page 5 in August 2020 up until they received the positive test results on 9/17/20. V4's undated Laboratory Report documents V4's COVID-19 swab was collected on 8/14/20, received by the laboratory on 9/15/20 and reported SARS-Cov-2 was "detected" on 9/17/20. V4's ongoing time clock punches document V4 worked on units 1, 2, and 3 where R1 through R117 have resided according to their ongoing computerized Census and Patient Room List dated 9/30/20, on 8/17/20, 8/19/20, 8/21/20, 8/22/20, 8/23/20, 8/25/20, 8/28/20, 8/31/20, 9/1/20, 9/2/20, 9/3/20, 9/5/20, 9/6/20, 9/8/20, 9/10/20, 9/13/20, 9/14/20, 9/15/20, 9/16/20, and 9/17/20. V5's undated Laboratory Report documents V5's COVID-19 swab was collected on 8/21/20, received by the laboratory on 9/15/20 and reported SARS-Cov-2 was "detected" on 9/17/20. V5's time clock punches document V5 worked on unit 1 and 3 where R1 and R4 through 46 reside as documented on the Patient Room List dated 9/30/20, on 8/22/20, 8/26/20, 8/29/20, 8/30/20, 9/1/20, 9/2/20, 9/5/20, 9/9/20, and 9/15/20. V6's undated Laboratory Report documents V6's COVID-19 swab was collected on 8/14/20, received by the laboratory on 9/15/20 and reported SARS-Cov-2 was "detected" on 9/17/20. V6's time clock punches document V6 worked on unit 1, where R4 through R46 reside as documented on the Patient Room List dated 9/30/20, on 8/15/20, 8/17/20, 8/18/20, 8/19/20, 8/23/20, 8/25/20, 8/26/20, 8/27/20, 8/28/20, 8/31/20, 9/1/20, 9/2/20, 9/3/20, 9/5/20, 9/6/20, 9/8/20, 9/9/20, 9/10/20, 9/11/20, 9/12/20, 9/14/20, 9/15/20, 9/16/20 and 9/17/20.	S9999		

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On 9/30/20 at 1:09 pm, V15 stated the facility had an employee test positive for COVID-19 on the 8/18/20. At that time, V15 talked with V3, V2, and V1 (Administrator) and instructed all three of them that all residents and staff would need to be tested for COVID-19 weekly for two weeks. V15 stated, "The facility did not do any of the weekly testing that was requested of them until (V3) returned to work." The facility went three to four weeks without completing any COVID-19 testing. On 9/14/20, after finding out that testing was not completed as instructed, V15 instructed the facility to do weekly testing of all residents and staff from this point {9/14/20} forward, for two weeks.

On 10/5/20 at 7:53 am, V21 (Laboratory Manager at the local hospital laboratory) stated the laboratory and facility has had an active contract this entire time and that if the laboratory had received specimens on residents, "We ran them. They were never held. The only specimens that could not be ran are the ones for employees that had not signed the consent and the agreement for us to release their results to the facility, so we would have worked with the facility on that."

On 10/5/20 at 12:35 pm, V2 provided an undated listing that documents residents were swabbed for COVID-19 on 9/17/20 and that the facility is still waiting on 36 test results, and staff COVID-19 swabbing was completed throughout the week of 9/13 - 9/19/20 and the facility is still waiting on 69 test results. This listing also documents the second week of COVID-19 testing was completed on residents on 9/24/20 and the facility has not received any test results and staff COVID-19 testing was completed throughout the week of 9/20 - 9/26/20 and are still waiting on 27 test results.

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S9999	Continued From page 7 On 10/6/20 at 2:25 pm, V26 (Security Officer) stated, "We were supposed to be getting tested weekly and we went three or four weeks without being tested while (V3 Infection Preventionist) was off work. It's scary walking around here not knowing if staff or residents are positive or not." On 10/8/20 at 10:30 am, V2 clarified V2's statement on 10/5/20 regarding staff and resident testing. V2 stated V2 was not aware that residents were not tested for COVID-19 the week of 9/27/20 - 10/3/20, so the facility has to start over with weekly testing of all residents. V2 stated on 10/6/20, all residents were swabbed. However as of this time {10:30 am on 10/8/20}, the facility has not received the results for any of those tests. V2 also stated all staff were tested the week of 9/27/20 - 10/3/20, and all staff were negative for COVID. V2 also stated the facility is in the process of testing all staff for their second round of testing the week of 10/4/20 - 10/10/20 but has not received any results of staff COVID-19 testing as of this time {10:30 am on 10/8/20}. The facility continues to employ individuals with an unknown COVID-19 status who deliver care to all 160 residents residing at the facility per the Patient Room List dated 9/30/20 and the facility September Nursing Schedules. 2. R2's undated Face Sheet documents the following Diagnoses: Dementia with Behaviors, Seizures, Hypertension, Pain, Depression and Hyperkalemia. R2's Progress Notes document: 8/25/20 - R2 "was not acting" like R2's self today. V32 (Nurse Practitioner) notified and new orders	S9999		

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received.

8/31/20 by V2 (Director of Nursing/DON) - spoke with resident family regarding "instructions to come into building due to the COVID precautions since {R2} is actively dying." Family in agreement and understands precautions.

On 10/6/20 at 2:25 pm, V26 (Security Officer) stated when R2 had R2's EOL (End of Life) visit, R2's family of seven, including two children under the age of 18, showed up wanting to see R2. V26 stated V26 explained the facility policy on limited number of visitors due to COVID-19 but that R2's family was insistent. V26 stated V26 reached out to V1 (Administrator) so V1 could talk with R2's family and confirm V26's statements of limited visitors, but V1 "allowed all of them in to visit, including the kids."

On 10/6/20 at 3:00 pm, V1 stated R2 was dying and family came from out of town. V1 stated V1 knew there was more than two visitors but really didn't know how many but did know that there was one child at the facility to visit with R2. V1 confirmed V1 let more than two visitors, including a child, into the facility to see R2. V1 stated, "I guess my heart got involved. I know what the policy says. Only two visitors and no children."

The facility COVID-19 Policy and Procedure dated March 2020 documents the facility restricts visitation of all visitors and non-essential health care personnel, except for certain compassionate care situations such as an EOL situation. In EOL situations, there will not be more than two visitors in the room at any given time and no one under the age of 18 will be allowed in the facility.

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