

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/30/2020
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NAME OF PROVIDER OR SUPPLIER EAST BANK CENTER, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 6131 PARK RIDGE ROAD LOVES PARK, IL 61111
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S 000	Initial Comments Complaint Investigation #2018355/IL127969 #2018422/IL128038 A Focused Infection Control Survey/COVID-19 Focused Survey was conducted by Illinois Department of Public Health on 10/21/2020. Survey Census: 26 Total Sample: 26	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.696a) 300.696c)6)7) 300.1020a) 300.1020b) 300.1020c) 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	S9999	Attachment A Statement of Licensure Violations	

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 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>6) Guideline for Isolation Precautions in Hospitals</p> <p>7) Guidelines for Infection Control in Health Care Personnel</p> <p>Section 300.1020 Communicable Disease 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,</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>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>c) All illnesses required to be reported under the Control of Communicable Diseases Code and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693) shall be reported immediately to the local health department and to the Department. The facility shall furnish all pertinent information relating to such occurrences. In addition, the facility shall inform the Department of all incidents of scabies and other skin infestations.</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 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 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>These regulations are not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to separate Coronavirus 19 (COVID-19) positive residents and COVID-19 negative residents and failed to keep the doors of the COVID-19 positive residents closed to prevent the spread of COVID-19. The facility failed to wear appropriate PPE (personal protective equipment) to prevent the spread of COVID-19. The facility failed to perform COVID-19 testing on all staff and residents as soon as an outbreak was identified according to their policy and the county positivity rate. The facility failed to notify the local health department of COVID-19 positive staff members and residents. Facility documentation at the time of the survey showed 21 residents and 26 staff members had contracted COVID-19. These failures had the potential to affect the health and safety of all 26 residents in the facility.</p> <p>The findings include:</p> <p>The facility's Resident Roster dated 10/21/20 shows that there are 26 residents residing in the facility. The Roster shows that 21 residents are COVID-19 positive and 5 residents are COVID-19 negative.</p> <p>The undated list provided by the facility on 10/21/20 shows that there are 26 staff members that tested positive for COVID-19.</p> <p>An email dated 10/28/20 to the Illinois Department of Public Health shows that on 10/27/20, one resident and one staff member had expired that had COVID-19.</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>1. On 10/21/20 at 9:33 AM, there was a red square tag hanging on the name plate of rooms that housed R4 and R5 and the room that housed R3. V5 (Certified Nursing Assistant) said that means those residents are COVID-19 positive. The doors to both of these rooms were open. In the same hallway, the doors to rooms that housed COVID-19 negative residents were also open. On 10/21/20 at 10:15 AM, R3 who is COVID-19 positive was sitting in her wheelchair in the doorway of her room. R3 did not have a mask on. On 10/21/20 at 9:42 AM, V5 went into a room with a COVID-19 positive resident and provided care. At 11:39 AM, V5 went into a room with a COVID-19 negative resident. At 10:12 AM, V6 (Registered Nurse) went into a room with a COVID-19 negative resident and at 10:38 AM went into a room with a COVID-19 positive resident. On 10/21/20 at 11:40 AM, the COVID-19 positive residents R3, R4 and R5 remained in rooms with their doors open. The same staff were taking care of COVID-19 negative and positive residents.</p> <p>On 10/22/20 at 9:45 AM, V9 (Infection Control Nurse) said that a resident who tests positive for COVID-19 should be immediately put on isolation and moved to the COVID-19 unit. V9 said that the door to COVID-19 positive resident rooms should be closed at all times to prevent the spread of infection. V9 said that she is unsure why R3, R4 and R5 are still on that hall. V9 said that all residents were tested on 10/17/20 and the results came back on 10/19/20 at which time all the positive residents (18 residents) were moved to the hallways designated for the COVID-19 unit. On 10/21/20 at 9:30 AM, V7 (Unit Manager) said that R3, R4 and R5 were retested on 10/20/20 and came back positive this morning (10/21/20). V7 said that she is not sure what they are going</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>to do with them yet. On 10/21/20 at 11:16 AM, V4 (Chief Operating Officer) said that R3, R4 and R5 were not positive last night but this morning, they were positive after re-testing. V4 said, "I'm not sure what the plan is for them yet."</p> <p>R3, R4 and R5's COVID-19 testing shows that they were re-tested on 10/20/20 and R4 and R5's COVID-19 positive test result were resulted at 8:29 PM on 10/20/20. R3's COVID-19 test result was resulted at 9:09 PM on 10/20/20.</p> <p>The facility floor plan shows that R3, R4 and R5 all Covid-19 positive, were in rooms at the beginning of a hallway and at the end of the hallway and the rooms in between those rooms housed R6-R10 who were all COVID-19 negative. The Resident Roster dated 10/21/20 shows that the facility COVID-19 unit has 3 open female beds and one open male bed. This was verified with V8 at 12:51 PM on 10/21/20. The Resident Roster also shows that there are 5 open beds on the hall that is located right before the shut fire doors where the COVID unit is located.</p> <p>On 10/22/20 at 4:00 PM, V4 (Chief Operations Officer) said that they had plenty of staff yesterday (10/21/20) and had additional staff available. V4 said that there was two nurses and two CNAs on the COVID-19 unit and one nurse and one CNA on the other hall.</p> <p>On 10/21/20 at 10:00 AM, V6 said that there are 5 residents that do not have COVID-19 and 3 resident that are COVID-19 positive that are on her assignment today. At 10:09 AM, V5 said that she is caring for all the residents down the hall including the COVID-19 positive patients.</p> <p>The facility's COVID-19 Response Policy</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>reviewed on 4/13/20 shows, "Residents with confirmed COVID 19 or displaying respiratory symptoms should receive all services in room with door closedFacilities should use separate staffing teams for COVID 19 positive patients, to the best of their abilityFacilities should designate separate spaces within the facilities to keep COVID 19 positive patients, where possible"</p> <p>The facility's undated COVID-19 Testing Patients and Staff Policy shows, "Any resident identified to be positive for COVID-19 (symptomatic or asymptomatic) will be immediately placed on droplet/contact precautions and moved to the COVID-19 designated area."</p> <p>2. R6's census report shows that she was admitted to the facility on 10/9/20.</p> <p>On 10/21/20 at 9:33 AM, R6's room did not have a sign on the door showing that she was on a 14 day quarantine. V12 (Physical Therapy Assistant) was in R6's room. V12 was sitting on R6's bed with no gown on. At 11:37 AM, V6 (Registered Nurse) was in R6's room with no gown on and at 11:39 AM, V5 assisted R6 to the bathroom.</p> <p>On 10/21/20 at 10:40 AM, V3 (Registered Nurse-Admissions) said that new admit and re-admit residents are put on quarantine for 14 days.</p> <p>On 10/22/20 at 9:45 AM, V9 (Infection Control Nurse) said that new admissions are put on quarantine for 14 days. A sign is put on their door that says, "See nurse before entering" so staff know that they are on quarantine. Staff should be wearing a face shield or goggles, mask, gloves and gown when they enter the room.</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>The facility's COVID-19 Policy-Admissions of Patients reviewed 10/16/20 shows, "Patients admitting from area hospitals will be on a transition unit for up to 14 days after admission ...This acts as a stepdown until to allow time to pass and to monitor if patients are presenting with any COVID 19 symptomsUpon admission and if the patient is asymptomatic, they will be on the quarantine unit this is on a precautionary basis, we will observe standard precautions, including face mask and eye protection while caring for these residents."</p> <p>The Centers for Disease Control Infection Control for Nursing Homes revised on 6/25/20 shows, "Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is UnknownHCP (Health Care Personnel) 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. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission."</p> <p>3. V13's (Physical Therapy Student) Clinical Practicum Time Log shows that she worked on 10/12/20 from 8:00 AM to 5:30 PM and again on 10/14/20 from 7:30 AM to 4:15 PM.</p> <p>V13's COVID-19 testing performed on 10/12/20 at 3:26 AM (according to V13, it should be PM) was resulted positive on 10/14/20 at 3:06 PM. The report shows that the results were released to V1 (Administrator) at 3:06 PM on 10/14/20.</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>On 10/27/20 at 2:03 PM, V13(Physical Therapy Student) said that she is a student and does therapy under the direction of her preceptor with residents daily. V13 said that she did her weekly COVID-19 testing on 10/12/20 at the end of her work day. V13 said that she worked again on 10/14/20 and took care of patients on that day. V13 said that probably around 3:30 PM when she was almost done seeing patients, the facility notified her that her test from 10/12/20 came back positive and she had to leave. V13 said that the only symptom that she had was a runny nose but she attributed it to the weather changing and allergies.</p> <p>V14's (Admissions Liaison) COVID-19 rapid testing performed on 10/16/20 at 6:37 PM from a local clinic was resulted as positive.</p> <p>V2's (Director of Nursing) COVID-19 testing performed on 10/7/20 was negative. V2 did not have another COVID-19 test until 10/16/20 at 3:57 PM (9 days later) which came back positive. V2 had a rapid test done at the facility on 10/17 at 9:48 PM that came back positive (less than 48 hours from previous test). On 10/26/20 at 2:40 PM, V2 said that her last day of working was on 10/16/20. V2 verified that she had a test on 10/7 from a local clinic and on 10/16 which was a nasal swab done at the facility and no other test was done in between.</p> <p>The COVID-19 Laboratory 14-day test positivity rate for the facility's county was 10.3% for the week ending 10/7/20. The facility's COVID-19 Testing Patients and Staff policy shows that a county positivity rate above 10% requires twice a week testing.</p> <p>On 10/22/20 at 9:45 AM, V9 (Infection Control</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>Nurse) said that the first COVID-19 positive case in the facility was V13 (Physical Therapy Student). Once the test was resulted as positive, V13 was sent home. V9 said that they just continued doing the twice a week testing for the staff and did not test any of the residents. V9 said that they started facility-wide resident testing once R11 and R12's COVID-19 test came back positive on 10/17/20. V9 said that last week (10/11-10/17) they started twice a week testing for all staff due to the high county positivity rate. V9 said that staff testing should have at least 48 hours in between tests.</p> <p>R11's COVID-19 test result showed that testing was performed on 10/17/20 at 12:54 AM and resulted positive at 11:41 AM on 10/17/20. R12's COVID-19 test result show that testing was performed on 10/17/20 at 12:51 AM and resulted positive at 11:36 AM. R1, R2, R3, R4 and R13's COVID-19 testing shows that it was performed on 10/17/20, 3 days after the first staff member had tested positive.</p> <p>On 10/22/20 at 4:00 PM, V4 (Chief Operations Officer) said that they have plenty of rapid and send out testing supplies available to use when needed. V4 said that he was unsure why residents and staff were not testing immediately after the first positive staff member was resulted positive. V4 asked, "Is that proper protocol?"</p> <p>On 10/26/20 at 11:03 AM, V8 (Assistant Administrator) said that all residents were tested on 10/17/20. V8 said that she is not sure why they were not tested on 10/14/20 after the first staff member tested positive.</p> <p>On 10/26/20 at 4:07 PM, V1 (Administrator) said that they started testing all the residents on</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>10/17/20 due to V14's (Admissions Liaison) positive test result on 10/16/20. V1 said that she was under the impression that they did not have to do resident testing after V13's (Physical Therapy Student) test came back positive on 10/14/20 because she was not in the building 48 hours prior to her test that was positive. (V13 worked on 10/12/20 and 10/14/20 when her test was positive on 10/12/20 but didn't get results until 10/14/20, which means that all the residents and staff were exposed to her during her shift on 10/14/20).</p> <p>The Centers for Disease Control (CDC) Testing Guidelines for Nursing Homes updated on 10/16/20 shows, "Perform expanded viral testing of all residents in the nursing home if there is an outbreak in the facility (i.e., a new SARS-CoV-2 infection in any HCP or any nursing home-onset SARS-CoV-2 infection in a resident). A single new case of SARS-CoV-2 infection in any HCP or a nursing home-onset SARS-CoV-2 infection in a resident should be considered an outbreak. When one case is detected in a nursing home, there are often other residents and HCP who are infected with SARS-CoV-2 who can continue to spread the infection, even if they are asymptomatic. Performing viral testing of all residents as soon as there is a new confirmed case in the facility will identify infected residents quickly, in order to assist in their clinical management and allow rapid implementation of IPC interventions (e.g., isolation, cohorting, use of personal protective equipment) to prevent SARS-CoV-2 transmission."</p> <p>The CDC's Interim Guidance on Testing Healthcare Personnel for SARS-CoV-2 updated on 7/17/20 shows, "Testing asymptomatic HCP without known or suspected exposure to</p>	S9999		
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S9999	<p>Continued From page 11</p> <p>SARS-CoV-2 for early identification in special settingsCurrently, testing asymptomatic HCP without known or suspected exposure to SARS-CoV-2 is recommended for HCP working in nursing homes is part of the recommended reopening processIn this situation, initial viral testing of all HCP in nursing homes, along with weekly viral testing thereafter is recommended. State and local officials may adjust the recommendation for weekly viral testing of HCP based on the prevalence of the virus in their community; for example, performing weekly testing in areas with moderate-to-substantial community transmission and less frequent testing in areas with minimal-to-no community transmissionHealthcare personnel (HCP): HCP refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel)."</p> <p>4. On 10/26/20 at 12:35 PM, V17 (Local Health Department Communicable Disease Supervisor) said that the facility contacted her on 10/17/20 and said that they had one positive staff member</p>	S9999		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/30/2020
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NAME OF PROVIDER OR SUPPLIER EAST BANK CENTER, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 6131 PARK RIDGE ROAD 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
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S9999	<p>Continued From page 12</p> <p>(V14, Admissions Liaison). V17 said that at that time she sent the facility an email with a link to fill out with information about the outbreak and a link that needed to be filled out and submitted with every positive staff and resident case on it. On 10/27/20 at 1:22 PM, V17 said that she still has not received any reports from the facility documenting their positive cases and did not hear from the facility on 10/14/20 when V13's (Physical Therapy Student) test result came back positive, nor have the form filled out for her.</p> <p>On 10/27/20 at 3:07 PM, V1 (Administrator) said that V2 (Director of Nursing) notified the local health department on 10/16/20 at 7:40 PM after receiving V14's (Admissions Liaison) positive test result on 10/16/20. V1 said when she heard about V13's (Physical Therapy Student) positive test result, she called the local health department but does not have any record of when she called.</p> <p>The facility's Policy Regarding Notification of Positive COVID-19 Results updated 4/29/20 shows, "Within 3 hours, the facility will notify the local health department telephonically of: Any resident or staff member who has lab confirmed COVID-19 ...Immediate written notification shall be provided to IDPH and the local health department upon the confirmation of COVID-19 infection of a resident or staff member"</p> <p>(A)</p>	S9999		
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