

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005292</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/30/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LENA LIVING CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1010 SOUTH LOGAN STREET</b> <b>LENA, IL 61048</b>
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S 000	Initial Comments  Complaint Investigation  2018311/IL127917	S 000		
S9999	Final Observations  Statement of Licensure Violations  300.696a) 300.696b) 300.696c)2) 300.696c)7) 300.1210b) 300.3240a)  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 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	S9999		

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>300.340):</p> <p>7) Guidelines for Infection Control in Health Care Personnel</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> <p>These failures resulted in two deficient practice statements.</p> <p>A. Based on observation, interview and record review, the facility failed to implement their Coronavirus Emergency Pandemic Policy by not isolating new admissions and not using full Personal Protective Equipment (PPE) while providing care to new admissions. The facility failed to follow contact precautions for residents with C. Dif. The facility failed to identify residents on transmission based precautions. These failures resulted in residents being unprotected from communicable disease transmission after an exposure to COVID-19 and C. Dif.</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>B. Based on interview and record review, the facility failed to perform facility wide baseline testing for COVID-19. The facility failed to perform facility wide COVID-19 testing of residents and staff immediately after an employee tested positive for COVID-19. The facility failed to identify the residents cared for by the COVID-19 positive staff member and place those residents on transmission based precautions. The facility failed to obtain test results after conducting COVID testing. The facility failed to have a policy in place to address refusal of COVID testing by residents. These failures resulted in the potential exposure of residents and staff to COVID-19.</p> <p>These failures apply to all 58 facility residents.</p> <p>Findings include:</p> <p>A. The October 22, 2020 Facility Data Sheet showed 58 residents in the facility.</p> <p>1. On October 22, 2020 at 8:05 AM, this surveyor was allowed to walk into the building to the doorway of the Administrative offices (at least 18 feet) before a temperature was taken. At 1:00 PM, V2 (Assistant Administrator) was at his desk talking with an employee within six feet of him. V2's mask was improperly placed under his nose and mouth. V2 pulled his face mask over his mouth and nose when this surveyor came to the doorway.</p> <p>2. R1's face sheet showed admittance to the facility on October 21, 2020 from an acute care hospital. R1's hospital record showed a history of radiation fibrosis of the lung, stage 5 chronic kidney disease, recurrent renal cell carcinoma of the right kidney, metastatic bone tumor, stroke, left nephrectomy, Type II diabetes, and high blood</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>pressure. R1's nursing progress note dated October 21, 2020 showed R1 had a dialysis graft to his right forearm and a central line to the right chest.</p> <p>On October 22, 2020 at 8:54 AM, R1's room door was open and R1 was in bed not wearing a mask. There was no COVID or contact isolation precaution signage outside of the room entrance and no isolation cart or supplies outside R1's room. There was no isolation trash receptacle in R1's room. At 9:20 AM, two ambulance personnel entered the facility wearing a face mask and gloves. They entered R1's room (new admission) accompanied by V11 (Certified Nursing Assistant/CNA). V11 wore a surgical mask and no gloves. The ambulance staff and V11 assisted R1 to a standing position and transferred R1 to the ambulance cart. R1 was not wearing a mask. R1 had an indwelling urinary catheter, a central line to the right chest, and a hinged brace to the right leg. V11 told the ambulance staff that R1 had a broken right leg and left arm. V11 did not tell the ambulance staff that R1 was on COVID precautions or that R1 was on contact precautions for C. Dif. R1 was taken out of the facility for a scheduled dialysis appointment.</p> <p>On October 22, 2020 at 8:05 AM, V2 stated the facility had an adequate supply of PPE and received three new admissions on October 21, 2020 (identified as R1-R3). V2 said V1 (Administrator) monitors the PPE supply. At 8:58 AM, V10 (CNA) said she knows who is on isolation if there is an isolation cart outside the resident's room and if there's a sign that says "please see nurse" on the door. V10 walked down E hall with this surveyor and said R1 was not on isolation.</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>R1's physician order sheet showed an order dated October 21, 2020 for COVID precautions and dialysis on Tuesday, Thursday and Saturday.</p> <p>R1's hospital record showed R1 was admitted on October 7, 2020, had surgery on the right distal femur on October 7 and 11 days later developed an elevated white blood cell count, abdominal pain, nausea, diarrhea and a fever of 101.1. R1's hospital discharge summary dated October 21, 2020 showed to continue with contact precautions.</p> <p>3. R2's face sheet showed admittance to the facility on October 21, 2020. R2's hospital record showed diagnoses of asthma, obesity, hypertension, sleep apnea, obesity, a fractured radius, cellulitis of the right leg, peripheral vascular disease, coronary artery disease and atrial fibrillation.</p> <p>On October 22, 2020 at 8:58 AM, V10 (CNA) walked down E hall with this surveyor and identified R2 (new admission) as having isolation for C. Dif. R2's room door was open and R2 was in the room without a mask on. There was no isolation signage outside of R2's room for COVID or C Dif. precautions.</p> <p>On October 22, 2020 at 2:15 PM, V13 (Housekeeper) told V12 (Housekeeping Supervisor), "The therapist told me I need a gown on when I'm in R2's room." V12 told V13, "You do not need a gown on. You're not touching the toilet; the brush is touching the toilet."</p> <p>R2's physician order sheet showed orders dated October 21, 2020 for COVID precautions and contact precautions. R2's hospital discharge instructions showed for R2 to remain on contact</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>precautions while he has C-Dif. (clostridium difficile) infection (infection transmitted through feces).</p> <p>4. R3's face sheet showed admittance to the facility on October 21, 2020 from an acute care hospital. R3's hospital records showed a history of oxygen dependent chronic obstructive pulmonary disease, chronic respiratory failure, obstructive sleep apnea, obesity, heart failure, hypertension, stage 4 chronic kidney disease, Type 2 diabetes, and inability to ambulate due to knee pain.</p> <p>On October 22, 2020 at 8:58 AM, V10 walked down E hall with this surveyor. R3's room door was ajar and R3 was in the room without a mask on. There was no COVID precaution signage or isolation supplies outside of R3's room. There was no isolation trash receptacle in the room.</p> <p>On October 22, 2020 at 9:00 AM, V10 said she didn't know why R3 (new admission) was on isolation. R3's physician order sheet showed an order dated October 21, 2020 for COVID precautions.</p> <p>5. On October 22, 2020 at 8:58 AM, V10 walked down E hall with this surveyor and identified R5 as on isolation for a wound infection. There was no contact precaution isolation signage outside R5's door.</p> <p>On October 22, 2020 at 9:05 AM, V11 (CNA) said R5 is on isolation for C. Dif. At 9:10 AM, V6 (Registered Nurse/RN) could not identify why R5 was on isolation. V6 stated, "I only work Wednesday and Thursdays. R5 goes in and out of the facility frequently, so we restart 14-day isolation each time." V6 asked V3 (Director of</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>Nursing/DON) why R5 is on isolation. V3 stated that R5 had C. Diff. V3 and V6 began looking in the computer to identify why R5 is on isolation. V3 stated, "I don't want to tell you the wrong thing."</p> <p>At 1:00 PM, V1 (Administrator) stated, "Residents get their vital signs checked three times a day. If they're new admissions on COVID-19 precautions, this includes checking for additional symptoms every shift and a pulse oximetry is checked every shift. COVID precautions include wearing a mask and gloves only, not full PPE (gowns, eye protection and N95) because they've had a negative COVID test." At 1:15 PM, V5 (Infection Control Nurse) stated, "I just started reviewing infection control policies. V1 is in charge of the COVID policies. COVID Precautions include a surgical mask and gloves. I suggested staff wear full PPE, but V1 was concerned about our supply. COVID isolation should include shoe protectors, gowns, masks, face shield and gloves. COVID isolation should be a combination of contact and droplet isolation. I haven't seen a policy on quarantine for new admissions. The facility prefers to put a sign on the door directing staff to 'see the nurse before entering' (as opposed to signage indicating type of isolation and type of PPE required). There isn't a need for isolation carts outside a resident room because PPE is readily available. I'm not sure if our policy requires isolation specific signage. Residents on COVID isolation should have an isolation cart outside their room for additional PPE, such as gowns, goggles, and face shields."</p> <p>The facility-provided supply list of Personal Protective Equipment (PPE) showed the following stock: face masks - 3,750; N95 masks - 1,643; gowns - 1,770; safety glasses - 124; face shields - 186; gloves - 65,000.</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>At 6:00PM, V15 (Local Health Department Director of Public Health Services) stated V16 (Infection Control Consultant/IDPH) and herself visited the facility on October 16, 2020. V15 stated that V2 was verbally aggressive toward them and difficult to approach with the assistance they were there to provide. V1 kept interrupting V16 and asking if there was anything else. V1 was not receptive to the hands-on guidance they were there to provide and would not allow a tour of the facility. V15 said she emailed V1 Long Term Care Guidance as far back as March and sent guidance updates as they became available throughout the pandemic. V15 provided copies of the emails that were sent to V1. V16 sent an email to V1 on October 20, 2020 with seven additional links to important facility guidance. A copy of this email was provided to this surveyor. "Residents who are new admissions need to be cared for in full PPE even if they had a negative COVID test prior to admission" and that is what I told V1. Symptoms can be delayed up to 14 days later so the residents need to be quarantined for 14 days."</p> <p>On October 23, 2020 at 9:16 AM, V1 (Administrator) stated, "COVID Precautions are recognized by the Illinois Department of Public Health (IDPH) and the Centers for Disease Control and Prevention (CDC). We follow the guidelines. We don't make up our own." V1 was asked if wearing only a mask and gloves was effective against the transmission of COVID-19. V1 stated, "It will decrease transmission. We don't have any positive cases in the building, and we don't admit COVID positive residents."</p> <p>The Centers for Disease Control and Prevention (CDC) current guidance showed if a health care</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>provider (HCP) is diagnosed with COVID-19, residents should be cared for using all recommended PPE until 14 days after last exposure and prioritized for testing if they develop symptoms.</p> <p>The facility provided two lists of residents currently on isolation. List #1 showed R1 (new admission) on COVID precautions, R2 (new admission) on contact precautions, R5 on contact precautions and R6 on COVID precautions. R3 (new admission) and R4 (refused COVID testing) were not listed. List #2 showed R2 on contact precautions, R3 on COVID precautions, R5 on contact precautions, and R6 on COVID Isolation. R1 (new admission) was not on the list.</p> <p>The CNA report sheet printed October 22, 2020 by V8 (CNA) showed R2 was on isolation for C, Dif. This report sheet did not show any isolation precautions for R1, R2, R3, R4 or R5. This sheet did not identify R1, R3, R4, and R5 had precautions in place for COVID.</p> <p>IDPH's Personal Protective Equipment (PPE) Guidance for COVID-19 in Long Term Care Settings showed observation units for new admissions/readmission require the following PPE: surgical masks, unless N95 is warranted, eye protection (face shield or goggles) for the care of all patients/residents, gloves for each patient/resident interaction and prioritization of gowns.</p> <p>The World Health Organization (WHO) brief dated July 9, 2020 showed COVID-19 is spread through contact and droplets with an infected person. The incubation period of COVID-19, which is the time between exposure to the virus and symptom onset, is on average 5-6 days, but</p>	S9999		
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S9999	<p>Continued From page 9</p> <p>can be as long as 14 days. The Centers for Disease Control and Prevention (CDC) recommendations dated April 30, 2020 showed new admissions whose COVID status is unknown and are being observed should be cared for using all recommended COVID-19 PPE, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, (i.e., goggles or a disposable face shield that covers the front and sides of the face, gloves, and gowns. New residents could be transferred out of the observation area or from a single to a multi-resident room if they remain afebrile and without symptoms for 14 days after their last exposure (e.g., date of admission). The facility's undated Transmission Based Precautions policy showed the facility will take appropriate precautions to prevent transmission of infectious agents. This policy showed healthcare personnel caring for residents on Contact Precautions wear a gown and gloves for all interactions that may involve contact with the resident or potentially contaminated areas in the resident's environment. This policy showed for Severe Acute Respiratory Syndrome (SARS) (an infectious disease with symptoms including fever and cough and in some cases progressing to pneumonia and respiratory failure. It is caused by a coronavirus.) to wear eye protection.</p> <p>The facility's Infection Control Policy dated October 15, 2020 showed when it is determined that a resident requires isolation to prevent the spread of infections, the facility must isolate the resident in order to ensure that infection is not spread.</p> <p>The facility's September 17, 2020 Coronavirus Emergency Pandemic Policy Addendum showed the center's Coronavirus program includes</p>	S9999		
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S9999	<p>Continued From page 10</p> <p>transmission-based precautions. The program incorporates Administrative procedures and infection control methods to prevent and reduce the generation of infectious droplet nuclei. Symptoms may appear anywhere from 2 to 14 days after exposure. Section 14. Admission of this policy showed "new admissions will be quarantined for 14 days in the designated area of the center." Section 15. Admission/Readmission Quarantine Hall showed "staff should wear full PPE (gowns, gloves, mask, N95 (if possible)/KN95 and eye protection). Residents to wear cloth mask or cover nose and mouth with tissue when staff enter the resident's room." Section 19. Prevention showed "ensure all healthcare personnel wear a facemask or cloth covering for source control while in the facility."</p> <p>The facility's nursing in service documentation showed no employee in-services for the months of September and October 2020.</p> <p>An undated facility posting showed residents that have been newly admitted/returned will be under COVID-19 Precautions. This is an order in Point Click Care called "COVID monitoring" and should be a duration for 14 days. It is important that you use a surgical mask, cloth masks are not acceptable, and gloves with the care of these residents. Additionally, it is recommended that ALL residents wear masks outside of their room and in their rooms with staff care, as tolerated.</p> <p>B. 1. On October 22, 2020 at 8:05 AM, V2 (Assistant Administrator) stated all facility residents and staff had been tested for COVID-19. The first round of baseline testing was completed last week and the second round was being done today. The facility's testing consent forms were dated October 12-14, 2020 (10-12</p>	S9999		

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S9999	<p>Continued From page 11 days ago).</p> <p>On October 22, 2020 at 12:00 PM, V1 stated he is trying to get access to obtain COVID test results from last week. V1 stated V18 (Medical Director) has access to the results, but he (V1) does not. V1 said he reached out to V18 but was unable to reach him. At 12:11 PM, V18 stated, "I'm not sure I know how to access the COVID test results from last week and was not aware of any test results yet."</p> <p>On October 22, 2020 at 6:00 PM, V15 (Local Health Department/LHD/Director of Public Health Services) stated, "The facility probably only tested half of their staff, as they ran out of testing supplies. I told them I would disqualify the testing as they didn't test all residents and staff within 24 hours of each other and so they needed to retest. They did not complete their facility baseline testing because all staff and residents were not tested within 24 hours of each other." As of October 22, 2020 the facility did not complete facility wide baseline testing of all staff, or testing of all staff after a possible exposure to a COVID-19 positive staff member.</p> <p>2. At 12:25 PM, V3 (Director of Nursing/DON) stated, "V17, an agency CNA, tested positive for COVID-19 and has been in isolation." V3 stated, "V17 has not been in the facility for two weeks."</p> <p>On October 26, 2020 at 10:47 AM, V17 stated she usually works at the facility 3-4 days a week. She began to experience fever, chills, body aches, nausea and diarrhea on October 13, 2020. V17 stated she tested positive for COVID-19 on October 15, 2020 and had pneumonia. V17 stated she notified the agency she is employed by of her test results. V17 stated most of the staff at</p>	S9999		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005292</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/30/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>LENA LIVING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1010 SOUTH LOGAN STREET LENA, IL 61048</b>		
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S9999	<p>Continued From page 12</p> <p>the facility were not compliant with wearing their masks. V17 stated she was never tested for COVID-19 by the facility or her staffing agency. V17 stated, "You'd think the facility would test the people working in their building." V17 stated she filled out a screening questionnaire at the beginning of her shift and took her temperature. V17 stated she was not required to rescreen halfway through her shift.</p> <p>The facility's staff assignment sheet dated October 13, 2020 (the day the employee began having symptoms) showed V17 worked day shift (6:00 AM-2:30 PM) on the E hall with two other CNAs. An undated facility-provided document identifies V17 as having worked in the facility and having a COVID-19 positive diagnosis. An email dated October 27, 2020 from V17's agency showed they were notified the early morning of October 15, 2020 that V17 was getting tested for COVID-19. After verifying V17's positive COVID test result the agency notified the facility. Documentation from the staffing agency dated October 15, 2020 at 3:04 PM, showed V5 (Infection Control Nurse) contacted the agency to voice concerns of V17 not wearing her PPE properly (after facility became aware of V17's positive COVID test). The document showed V17 often wore her face mask around her chin and not over her nose and mouth. The agency advised V5 that there should be a concern for the residents and coworkers to be direct exposures.</p> <p>3. On October 22, 2020 at 12:25 PM, V3 (DON) stated R4 has dementia and is "set in her ways."4 refused COVID-19 testing last week. R4's room is not on the quarantine hallway. The facility provided list of residents on isolation does not include R4. There is no isolation signage or isolation bin outside of R4's room.</p>	S9999		



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S9999	<p>Continued From page 13</p> <p>At 12:45 PM, V1 stated all the resident and staff test results were negative. At 1:00 PM, V1 was asked why a resident COVID testing refusal plan was not in place. V1 stated the facility "didn't plan for that," when asked about what should be done if a resident refuses COVID testing as R4 did. At 1:50 PM, V1 stated he was waiting on the Local Health Department (LHD) to get back to him on the resident refusal piece for the policy. V1 stated, "It's not currently in our policy." On October 22, 2020 at 6:00 PM, V15 stated, "I never discussed resident or staff refusal of testing or to preserve the supply of PPE with V1." On October 23, 2020 at 11:30 AM, V16 (Illinois Department of Public Health/IDPH/Infection Control Consultant) stated the facility had not completed baseline testing per guidance. V16 stated she had "serious concerns about the facility not paying attention to current guidance and they may only respond to regulatory intervention."</p> <p>The facility's county COVID positivity rate as of October 21, 2020 was 9.2% which dictates weekly testing of staff.</p> <p>The facility-provided employee list compared to the staff that had baseline testing for COVID-19 the week of October 12 showed 52 employees were not tested. Ten employees (V13 and V19-27) tested were not on the facility-provided list of employees.</p> <p>The Centers for Disease Control and Prevention (CDC) current guidance showed the facility should determine which residents received direct care from and which health care provider (HCP) had unprotected exposure to HCP who worked with symptoms consistent with COVID-19 or in</p>	S9999		
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S9999	<p>Continued From page 14</p> <p>the 48 hours prior to symptom onset. The residents cared for by these HCP should be restricted to their room and be cared for using all recommended COVID-19 PPE until results of HCP COVID-19 testing are known. If the HCP is diagnosed with COVID-19, residents should be cared for using all recommended PPE until 14 days after last exposure and prioritized for testing if they develop symptoms.</p> <p>The facility's September 24, 2020 COVID-19 Testing and Response Plan showed it shall be the policy of the facility to guard against the introduction and spread of SARS-CoV-2 (COVID-19) within its community of residents and staff. The facility uses available and current guidance from the Centers for Disease Control and Prevention (CDC), Center for Medicare and Medicaid Services (CMS), the Illinois Department of Public Health (IDPH), and Local Health Department (LHD) officials to instruct the development and implementation of policies and procedures that comprise its strategy to prevent, respond to, and mitigate the presence of SARS-CoV-2. Under this plan, Section III. B 2 Testing Capacity and Protocol, the facility failed to identify how they will protect residents from an exposure if a resident refuses testing. Under the plan's III. F Test Kit Supply, it showed the facility calculates the total number of test kits necessary to have in inventory and on order to complete testing. Under the plan's III. G Baseline Testing, it showed the facility will complete baseline testing of all residents and staff by October 20, 2020.</p> <p>A list of facility staff who were not tested for COVID-19 during the initial testing was requested from V1 on October 23, 2020, again by email on October 25, 2020, again by voicemail on October 26, 2020 and lastly on October 27, 2020 from V2. A list was received on October 27, 2020 at 11:25</p>	S9999		
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S9999	<p>Continued From page 15</p> <p>AM and included 33 employees. This list was inconsistent with the named staff whose testing consents were reviewed and neither list includes V1 or V2. An email received from V1 on October 27, 2020 acknowledges all staff were not tested for COVID-19 during the initial baseline testing.</p> <p>Illinois Department of Public Health (IDPH) Guidance effective August 14, 2020 and revised October 21, 2020 showed a written COVID-19 testing plan and response strategy is in place and includes initial testing of all residents and staff and a policy is in place for addressing residents and staff that refuse testing in each of the following: (a) symptomatic, or (b) asymptomatic. A facility produced letter showed as of October 22, 2020, none of the facility staff had tested positive for COVID-19 but adds an agency staff person who had been in the facility tested positive.</p> <p style="text-align: center;">(B)</p>	S9999		
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