Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
IL6009542		B. WING		C 01/05/2021		
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	TATE, ZIP CODE		
WALLEY!	ULAU ADRINIC HOME	2406 HAR	TLAND ROA	D		
VALLEY	HI NURSING HOME	WOODST	OCK, IL 600	98		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDENCY)	D BE COMPLETE	E
S 000	Initial Comments		S 000			
	Focused Survey wa	n Control Survey/COVID-19 as conducted by Illinois lic Health on 12/29/2020.			1	
S9999	Final Observations		S9999			
	Statement of Licen	sure Violations:				
9 2	300.696.a)c)7) 300.1210b)d)3) 300.3240a)					
	Section 300.696	nfection Control				
	controlling, and preshall be established and procedures shall be include the required Communicable Diseases Code (77 Activities shall be in policies and proced c) Each facility shall guidelines of the Conters for Diseas United States Publiof Health and Hum 300.340):	redures for investigating, wenting infections in the facility d and followed. The policies all be consistent with and ments of the Control of eases Code (77 III. Adm. Code f Sexually Transmissible III. Adm. Code 693). Honitored to ensure that these dures are followed. If adhere to the following enter for Infectious Diseases, the Control and Prevention, inc. Health Service, Department an Services (see Section fection Control in Health Care				
	Section 300.1210	General Requirements for		Attachment A Statement of Licensure Violation	s	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

PRINTED: 03/18/2021 FORM APPROVED

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: __ C IL6009542 01/05/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2406 HARTLAND ROAD **VALLEY HINURSING HOME** WOODSTOCK, IL 60098 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE **PRÉFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 1 S9999 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. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 3)Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. 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) These Requirements were Not meet evidenceed by: Based on observation, interview, and record

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review, the facility failed to implement infection

Illinois D	epartment of Public	Health				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009542			(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED C 01/05/2021	
		IL6009542				
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
VALLEY HI NURSING HOME 2406 HARTLAND ROAD						
VALLET	HINOKSING HOME	WOODST	OCK, IL 600			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.DBE	(X5) COMPLETE DATE
S9999	Continued From pa	nge 2	S9999			
	control policies and local health departr disease control reg residents. This fail high risk residents disease to COVID- applies to 10 of 21	I recommendations from the ment and the centers for arding isolation of COVID-19 ure has the potential to infect with COVID-19 and spread the 19 negative residents. This residents (R1 through R8, d for infection control practices				
	The findings includ	e:				
	Requisition (Point of	COVID-19 POC Lab Test of Care; commonly referred to -19 test) showed she tested M.				Addition to the opposite state of
	R5's 12/24/2020 Pi "Resident expired a	rogress Notes showed, at 11:18 AM"				
		d 12/10/2020 COVID-19 POC on showed she was negative.				
	R6's 12/13/2020 Poshowed she was posson showed she was posson show showed she was posson showed she was posson showed she was poss	OC Lab Test Requisition ositive.				
	separated from R5 day R6 tested posi	m Census showed that R6 was on 12/13/2020. (The same tive. R6 was exposed to her e roommate for 5 days prior to				
	sent to a local area	rogress Note showed she was a hospital due to her oxygen g from 87 percent to 85		-		

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PRINTED: 03/18/2021 FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ B. WING 01/05/2021 IL6009542 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2406 HARTLAND ROAD **VALLEY HINURSING HOME** WOODSTOCK, IL 60098 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 3 S9999 R6's 12/23/2020 Progress Note from 10:28 AM. showed "Called (local area hospital) for resident status update. Spoke with nurse...who stated that resident has very thick mucus and is at risk for aspiration. Resident is on high flow...warmed oxygen and a CT of the chest has been ordered to r/o (rule out) a PE (pulmonary embolism). Resident is on several antibiotics, and will be evaluated by ST (Speech Therapy) due to swallowing problems from thick blood tinged mucus." On 12/29/2020 at 11:20 AM, V4 Assistant Director of Nursing/Infection Preventionist stated. "When (R5) tested positive we moved her and her roommate onto the COVID unit ... We did keep them in the same room when we moved them to the COVID unit. (R6) was her roommate at that time. After the second round of testing she (R6) was then moved to separate room and then she tested positive. (R6's second negative was on 12/10/2020, she was not moved till 12/13/2020) If a roommate tests positive and the other roommate tests negative, we keep them together because they (negative resident) are exposed. We are pulling the curtain, changing PPE (personal protective equipment) between residents and wiping down surfaces between the two residents. I talked to (V6 County Health Department Public Health Nurse in Communicable Disease) at the local health

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department and (V6) said it was okay to keep them in the same room... CDC guidelines recommend to try and cohort the positive and separate the COVID positive and negative residents. Our thought was because they (COVID negative roommates) have been

exposed to keep them together (with their COVID positive roommate). We don't have the space to separate the residents. There are currently 3

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high risk of exposure."

way of separating the residents if that were the case; that is not something I would recommend. That is far reaching. I would not have said that an exposed resident should be kept with the positive roommate because that person is likely positive anyway... It is possible to be exposed to COVID but not contract the disease. Pulling the curtain would be a last resort. I assumed they would know what to do with the positive and negative roommates, I guess I'm going to have to call them and talk to them...Keeping the residents in the same room puts that negative resident at a

On 12/29/2020 at 2:43 PM, V6 stated, "I reviewed my emails and notes and on a form (the facility) sent to me it indicated they did not have the LTC (Long-Term care) COVID Guidance so I emailed

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and other pathogens, including

Nursing Homes updated 11/20/2020 showed, "Given their congregate nature and resident population served (e.g., older adults often with underlying chronic medical conditions), nursing home populations are at high risk of being affected by respiratory pathogens like COVID-19

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recommendation."

negative and COVID positive roommates are

The facility's COVID-19 Response Plan drafted 9/13/2020 showed, "Serious illness occurs in 16

being separated, that would be my

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING 01/05/2021 1L6009542 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2406 HARTLAND ROAD VALLEY HINURSING HOME WOODSTOCK, IL 60098 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 7 percent of cases. Case fatality rate for people over 70 years old is approximately 8 percent. Case fatality rate for people over 80 years old is approximately 15 percent." (R6's Face Sheet showed her to be 96 years old.) The Response Plan showed for "widespread cases" at the facility to "follow all CDC/IDPH recommendations and guidelines in addition to applicable local health department recommendations and guidelines...' The facility's COVID-19 Positive Residents Outbreak Plan drafted 12/20/2020 showed, "Establish a dedicated COVID unit..." 2. R15's 12/23/2020 COVID-19 POC Lab Test Requisition showed she tested positive. R16's 12/23/2020 COVID-19 Lab Test Requisition showed she tested negative. R16's 12/28/2020 COVID-19 POC Lab Test Requisition showed she tested positive. R15 and R16's Resident Census showed they were roommates on 12/23/2020 and were never separated prior to R16 testing positive on 12/28/2020. (R16 was exposed to her COVID-19 positive resident for 5 days prior to testing positive.) 3. R7's 12/14/2020 COVID-19 POC Lab Test Requisition showed he tested positive. R8's 12/14/2020 and 12/17/2020 COVID-19 POC Lab Test Requisition showed he tested negative. R8's 12/20/2020 COVID-19 POC Lab Test Requisition showed he tested positive.

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R7 and R8's Resident Census showed they were

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approximately 9 feet apart, facing each other, and not wearing masks. (Floor tiles are 1 foot by 1 foot and were used to determine distance.)

R2's Face Sheet printed on 12/29/2020 showed diagnoses to include: congestive heart failure, chronic atrial fibrillation, chronic obstructive pulmonary disease (COPD), and chronic

respiratory failure with hypoxia.

STATE FORM

(X3) DATE SURVEY

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPI	LETED
		IL6009542	B. WING		01/0	; 5/2021
NAME OF PROVIDER OR SUPPLIER STREET ADD VALUE VILLUPSING HOME 2406 HAR			DDRESS, CITY, STATE, ZIP CODE RTLAND ROAD FOCK, IL 60098			
(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	Continued From pa	nge 9	S9999			!
	Requisition showed R4's 12/17/2020 Correquisition showed R3 and R4's Reside 12/17/2020 they we separated. On 12/29/2020 at 1 observed in the sar (left bed) and R3 w (right bed). The diffect from its most of exposed to her CO 12 days.) On 12/29/2020 at 1 Preventionist stated negative residents some units had CO negative on the sar have to remove per (PPE) after exiting staff were going to positive resident, eresidents were on the communicable Disnot have a dedicate have COVID positive units, PPE should be removed in the residents residents were covided to the covided t	2:05 PM, V6 County Health Health Nurse in lease stated if the facility does led COVID unit/area and they led and negative on the same led donned in the hallway and lident's room. V6 stated this list spread of COVID-19 to				

(X2) MULTIPLE CONSTRUCTION

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