

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009765 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 12/08/2020 |
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| NAME OF PROVIDER OR SUPPLIER WATSEKA REHAB & HLTH CARE CTR | STREET ADDRESS, CITY, STATE, ZIP CODE 715 EAST RAYMOND ROAD WATSEKA, IL 60970 |
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| S 000 | Initial Comments A Focused Infection Control Survey-COVID-19 Focused Survey was conducted by the Illinois Department of Public Health on 12/8/20. | S 000 | | |
| S9999 | Final Observations Statement of Licensure Violation: 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 | S9999 | | |

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| 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>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>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.</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>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> | S9999 | | |
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| S9999 | <p>Continued From page 2</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to implement infection control procedures to prevent the potential spread of a highly contagious disease to residents and staff. The facility failed to follow facility policy and local health department guidance to develop a COVID-19 Unit, move residents (R1-R4, R9-R30, and R40) testing positive away from asymptomatic residents (R5-R8, and R31-R57) testing negative and failed to designate staff to care for residents testing positive for the virus. This failure affects 31 residents (R5-R8, R31-R57) and all residents (57) at the facility. An additional 21 residents (R31-R44, R48, and R52-57) subsequently tested positive for COVID-19 after being exposed to COVID-19 at the facility.</p> <p>Findings include:</p> <p>The facility's COVID-19 Cohorting of Residents policy dated 8/26/20 documents "Purpose: To minimize interactions of infectious individuals from non-infected individuals. 1. Identify space within the facility to be dedicated to monitor and care for residents with COVID-19. Ideally this space should be physically separated from other rooms that house residents without confirmed COVID-19. (Separate floor, wing or cluster of rooms) 2. Identify HCP (Health Care Providers) who will be assigned to work only within the dedicated area, when in use." The policy also documents, "Move resident to COVID-19 designated area if test results are positive for SARS-CoV2 (COVID-19)." This policy documents "Counsel all residents to restrict themselves to their room, as much as possible." This policy</p> | S9999 | | |

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| S9999 | <p>Continued From page 3</p> <p>documents the facility may determine it is safest for residents on the memory care unit with COVID-19 to remain on the memory care unit with dedicated staff.</p> <p>1. The facility's undated floor plan documents D Hall is the facility's designated COVID-19 unit. The facility's Nurses Midnight Census dated 11/18/20 documents a census of 57 residents. The facility's Line List for COVID-19 Outbreaks in Long Term Care Facilities documents between 11/1 and 11/27/20 the facility has had a total of 25 staff and 47 residents test positive for COVID-19.</p> <p>The COVID-19 laboratory test report provided by V1, Administrator on 12/2/20 documents COVID-19 test results as follows: On 11/13/20 R5, R7, R8, R31, R32, R36, R37, R42, R43, R45, R55 and R56 tested negative. On 11/18/20 R1-R3 and R9-R30 tested positive. On 11/16/20 R6, R33-R35, R38, R41, R44, R48, R49, R52-R54, and R57 tested negative. On 11/20/20 R45-R48 and R57 tested negative. On 11/23/20 and 11/30/20 R45 and R49 tested negative. On 11/24/20 R5-R8, R31-R39, R41-R44, R52-R56 tested positive. On 12/1/20 R48 and R57 tested positive.</p> <p>R4's COVID-19 test dated 11/13/20 documents R4 tested positive. R40's COVID-19 Laboratory Results dated 11/19/20 documents R40 tested positive.</p> <p>The facility's Nurses Midnight Census dated 11/18, 11/22-11/24, 11/26, 11/29, and 11/30/20 document: Between 11/18 and 11/24/20 COVID-19 positive residents R1-R3, R9, R11, R13-R24, R26, R30, and R40 resided on the A, B, and C Halls with negative residents R5-R8, R31-R39, R41-R57. Between 11/24 and 11/30/20</p> | S9999 | | |
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| S9999 | <p>Continued From page 4</p> <p>COVID positive residents R1-R3, R8, R13-R24, R26, R30-R44, and R52-R56 resided on the A, B, and C Halls with negative residents R45-R49 and R57. Between 11/18 and 11/30/20 COVID-19 positive residents R4, R9-R12, R25, and R27-R30 resided on the D Hall. The facility's Midnight Census dated 11/29/20 provided by V1 Administrator documents R50 and R51 refuse COVID-19 testing. There is no documentation in R50's or R51's medical record that R50 or R51 have symptoms of COVID-19.</p> <p>R55's Death Certificate signed by V20, Physician, documents R55's date of death as 11/22/20 and cause of death as Acute Respiratory Failure, Pneumonia, and COVID-19 Infection.</p> <p>On 11/30/20 between 8:13 AM and 9:40 AM a tour of the facility was conducted. R45, R46 and R47 (COVID-19 negative residents) were comingled on the A Hall with R1, R2, R3, R6, R7, R8, R13-R18, and R39 (COVID-19 positive residents.) R48, R49, and R57 (COVID-19 negative residents) were comingled on the C Hall with R5, R22-R24, R26, R37, R40-R43, R52, and R54 (COVID-19 positive residents.) Asymptomatic residents R50 and R51 were comingled on the B Hall with R19, R21, R32, R34, R35, R38, R44, and R53 (COVID-19 positive residents). There were no sections within the A, B, and C Halls identifying where COVID-19 positive rooms were located. The doors to D Hall were closed with signs documenting limited employee access and to report to the nurse prior to entering.</p> <p>On 12/1/20 at 8:15 AM V4, Licensed Practical Nurse (LPN) stated on 11/18/20 A Hall and D Halls were considered to be a COVID-19 units. V4 stated COVID-19 positive residents were</p> | S9999 | | |
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| S9999 | <p>Continued From page 5</p> <p>moved away from negative roommates, but continued to reside on the same hallways with negative residents since the negative residents were already considered to be exposed. On 12/1/20 at 9:10 AM V19, LPN stated the facility has not followed proper precautions to prevent the spread of COVID-19. V19 stated after 11/18/20 COVID-19 positive residents were still residing on the same hallways as the negative/asymptomatic residents throughout the building.</p> <p>On 11/30/20 at 10:50 AM V1 stated V1 has been communicating regularly with V18, Local Health Department Director of Clinical Nursing Services. V1 stated initially D hall was the facility's designated COVID-19 unit. V1 stated on 11/18/20 over twenty residents had tested positive and D Hall was full, so the facility chose to place positive residents on isolation and remain in their room per V18's guidance. On 12/1/20 at 11:33 AM V1 confirmed not all COVID-19 positive residents on 11/18/20 and 11/24/20 were transferred to the D Hall (the facility's dedicated COVID-19 unit). V1 confirmed after 11/18/20 COVID-19 positive and negative residents continued to be comingled on the A, B, and C Halls within the facility. On 11/30/20 at 6:10 PM V2, Director of Nursing (DON) stated V2 is the facility's Infection Preventionist. V2 confirmed COVID-19 positive residents were comingled on the same halls with negative residents between 11/18 and 11/30/20.</p> <p>On 11/30/20 at 3:53 PM V18 stated the facility should have a designated area for COVID-19 negative residents to reside away from positive residents. V18 stated cohorting COVID-19 positive residents away from negative residents was reviewed with V1. V18 stated on 11/20/20 V1 reported a large influx of COVID-19 positive</p> | S9999 | | |

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| S9999 | <p>Continued From page 6</p> <p>residents and told V18 the facility still had dedicated units for COVID-19 positive residents.</p> <p>2. The facility's Nurse and Certified Nursing Assistant (CNA) Schedules dated November 8 - November 30, 2020 and the facility's Nursing Daily Assignment Sheets dated 11/7-11/30/20 do not document the facility had designated staff assigned to provide care for COVID-19 positive residents.</p> <p>On 11/30/20 between 8:13 AM and 1:30 PM V5, V6, V14, CNAs, were observed entering multiple resident rooms throughout the A, C, and D Halls. V17, CNA was observed entering resident rooms located on the B Hall. V7 Registered Nurse (RN) was the only nurse observed working on all of the halls located in the facility. V15 Housekeeper entered multiple resident rooms on A Hall and V16 Housekeeper entered multiple resident rooms on C Hall.</p> <p>On 11/30/20 at 12:35 PM V5, CNA stated V5 provides direct resident care on all of the halls within the facility. On 11/30/20 at 1:10 PM V14, CNA stated V14 has been working on all of the halls, providing direct resident care, since the beginning of November. On 12/1/20 at 8:15 AM V4, LPN stated the facility does not have dedicated staff assigned to provide care for COVID-19 positive residents and confirmed nurses and CNAs provide care for COVID-19 positive and negative residents residing on the same halls throughout the facility. On 12/1/20 at 9:10 AM V19, LPN stated V19 often is the only nurse assigned to work dayshift and confirmed V19 provides care to both COVID-19 positive and negative residents.</p> <p>On 11/30/20 at 3:53 PM V18 stated the facility</p> | S9999 | | |
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| S9999 | <p>Continued From page 7</p> <p>should have dedicated staff to care for COVID-19 positive residents and staff should not be caring for both negative and positive residents.</p> <p>On 12/1/20 at 11:33 AM V1 confirmed the facility does not have dedicated staff assigned to provide care for COVID-19 positive residents and stated the CNAs and nurses cross over to assist and provide care on all of the halls within the facility.</p> <p>3. The facility's COVID-19 Control Measures policy revised 10/1/20 documents contact and droplet precaution signage will be posted on the resident's door. This policy documents for Droplet Precautions an N95/face mask, gloves, gown, and goggles/face shields (Personal Protective Equipment {PPE}) are worn when entering the resident's room, and PPE will be removed upon leaving the room. This policy documents to perform hand hygiene after contact with the resident, the resident's environment, or the resident's respiratory secretions.</p> <p>On 11/30/20 at 8:32 AM V15, Housekeeper, was cleaning R7's room (COVID-19 positive) while wearing gloves, gown, surgical mask over top of N95, and eye protection. There was no isolation signage posted on R7's door. V15 left R7's room and did not perform hand hygiene, remove V15's potentially contaminated gown and surgical mask, or disinfect V15's eye protection. V15 entered resident rooms located on the A Hall while still wearing the potentially contaminated gown, surgical mask, and eye protection worn in R7's room. On 11/30/20 at 8:55 AM V15 stated staff should be changing gowns, surgical masks, and gloves upon leaving isolation rooms otherwise the same gown, masks, and eye protection are worn in and out of resident rooms who are not on isolation. V15 stated R1, R2, and R3 were the</p> | S9999 | | |
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| S9999 | <p>Continued From page 8</p> <p>only residents on isolation located on V15's assigned A Hall.</p> <p>On 11/30/20 at 9:33 AM V6 and V14 ,CNAs, were in R1's room providing care. There was a sign located on R1's door to report to the nurse prior to entering. V6 was wearing a gown, gloves, a cloth mask covering an N95 over top of another cloth mask, and eye protection. V14 was wearing a gown, gloves, surgical mask over an N95, and eye protection. V14 removed V14's gloves upon leaving R1's room and did not perform hand hygiene. V6 and V14 did not remove their potentially contaminated gowns, surgical or cloth masks, or disinfect eye protection. V6 carried clean linens against V6's potentially contaminated gown. V6 and V14 entered the D Hall while wearing the potentially contaminated masks, gowns, and eye protection worn in R1's room. On 11/30/20 at 12:18 PM V6 confirmed V6 did not change V6's cloth mask and gown, or disinfect V6's eye protection upon leaving R1's room. V6 stated all of the residents in the facility are being treated as presumed positive for COVID-19. V6 confirmed V6 carried clean linens against V6's potentially contaminated gown and stated V6 placed the (potentially contaminated) linens on the linen cart located on the D Hall.</p> <p>On 11/30/20 at 11:20 AM R7 was sitting in the dining room and was not wearing a mask. No staff were observed to encourage R7 to wear a mask or redirect R7 back to R7's room. On 12/1/20 at 9:55 AM R7 was not wearing a mask while sitting in a wheelchair near the nurse's station. V6 stated R7 refuses to wear a mask and R7 will not stay in R7's room.</p> <p>On 11/30/20 at 12:04 PM V5, CNA entered R37's room (COVID-19 positive) to deliver R37's meal</p> | S9999 | | |
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| S9999 | <p>Continued From page 9</p> <p>tray wearing a surgical mask over an N95 mask, eye protection, gown and gloves. There was no isolation signage posted on R37's door. After prepping R37's meal tray V5 left R37's room without performing hand hygiene, and changing V5's potentially contaminated gown, or surgical mask. V5 did not disinfect V5's eye protection. V5 continued to serve resident meals on the C Hall while still wearing the potentially contaminated gown, eye protection, and surgical mask. On 11/30/20 at 12:30 PM V5 CNA entered R8's room (COVID-19 positive) to deliver R8's meal tray wearing a surgical mask over an N95 mask, eye protection, gown and gloves. V5 did not change V5's potentially contaminated gown and surgical mask, and did not disinfect V5's eye protection. On 11/30/20 at 12:35 PM V5 confirmed V5 did not change V5's gown or surgical mask and did not disinfect V5's eye protection. V5 stated V5 was not sure which residents were on isolation and COVID-19 positive.</p> <p>On 11/30/20 at 12:39 PM V16, Housekeeper left R5's room (COVID-19 positive) while wearing a gown, surgical mask over an N95 mask, and eye protection. V16 did not remove V16's potentially contaminated gown and surgical mask or disinfect V16's eye protection, and brought R5's oxygen cylinder to the oxygen storage room on A Hall. There was no isolation signage posted on R5's door. On 11/30/20 at 9:08 AM V16 stated isolation rooms are identified by having a sign posted on the resident's door. V16 stated gloves and gowns are to be changed upon leaving an isolation room.</p> <p>On 11/30/20 at 1:10 PM V14, CNA left R5's room wearing a gown, surgical mask, an N95 mask, and eye protection. On 11/30/20 at 1:20 PM V14 stated R5 was not on isolation and there were no</p> | S9999 | | |
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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 10</p> <p>isolation linen or waste containers in R5's room. V14 confirmed V14 had not changed V14's gown and surgical mask and did not disinfect V14's eye protection upon leaving R1's and R5's rooms. V14 stated V14 was not sure which residents were on isolation for COVID-19. V14 stated the facility does not always provide a supply of gowns, so the staff had been wearing one gown each shift to go in and out of all the resident rooms.</p> <p>On 12/1/20 at 8:15 AM V4, LPN stated V4 was instructed to wear a "universal gown" throughout the facility and was not instructed to change V4's gown between residents. On 12/1/20 at 9:10 AM V19, LPN stated around 11/20/20 V19 was instructed to wear a universal gown all day and to change the gown at the end of the shift since all residents were considered to be exposed and on isolation.</p> <p>On 11/30/20 at 10:50 AM V1 stated staff should wear a gown, gloves, eye protection (face shield/goggles), and a surgical mask over top of an N95 mask when entering a COVID-19 positive resident room. V1 stated gloves, gowns, and surgical masks should be changed upon leaving the room, and eye protection is disinfected at the end of each shift. On 11/30/20 at 3:18 PM V1 stated isolation rooms should have signage posted on the door and isolation bins for laundry and waste. V1 stated staff should encourage residents to wear a face covering and redirect them to their rooms. On 11/30/20 at 6:10 PM V2 DON stated since the facility is under quarantine V2 would expect staff to change PPE prior to entering COVID-19 negative rooms, and not upon leaving positive resident rooms. V2 stated residents who have tested positive for COVID-19 are placed on contact/droplet isolation</p> | S9999 | | |
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Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009765 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 12/08/2020 |
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| NAME OF PROVIDER OR SUPPLIER WATSEKA REHAB & HLTH CARE CTR | STREET ADDRESS, CITY, STATE, ZIP CODE 715 EAST RAYMOND ROAD WATSEKA, IL 60970 |
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| S9999 | <p>Continued From page 11</p> <p>precautions and isolation signage should be posted on the resident's door.</p> <p>4. The facility's Cleaning and Transportation of Food Trays For Residents In Isolation policy dated 12/7/18 documents "Dishes and/or food trays from any resident's room which are visibly contaminated by blood or body fluids should be placed in a clear plastic bag before returning to the dietary department or placing on the food cart for return."</p> <p>On 11/30/20 at 1:20 PM V5, V6, and V14 CNAs were collecting resident meal trays from A, C, and D halls. The meal trays containing used disposable utensils and dishes were removed from resident rooms and placed onto carts located in the hallways. There was no bag covering the meal trays or the carts, and the carts were then taken down the hallways to the kitchen. On 11/30/20 at 1:32 PM V13, Dishwasher disposed the used disposable utensils and dishes into the kitchen's waste container.</p> <p>On 11/30/20 at 3:18 PM V1 stated disposable dishes and utensils are to be thrown away prior to removing meal trays from an isolation room, and any dishes/utensils that are not disposable should be placed in a plastic bag and taken to the kitchen.</p> <p>5. The facility's COVID-19 Control Measures policy revised 10/1/20 documents residents will be monitored for new onset of fever, cough, shortness of breath, sore throat, nausea, vomiting, diarrhea, extreme fatigue, muscle pain, and loss of taste and/or smell, and obtain vital signs and pulse oximetry two times daily.</p> <p>R1-R4's Medical Records do not document</p> | S9999 | | |

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|--------------------|---|---------------|---|--------------------|
| S9999 | <p>Continued From page 12</p> <p>COVID-19 symptom monitoring, vital signs, and pulse oximetry were completed per facility policy. The facility's November 2020 Vital Signs logs provided by the facility do not consistently document R1-R4's vital signs and pulse oximetry were obtained twice daily.</p> <p>On 12/1/20 at 11:33 AM V1 stated COVID-19 symptom monitoring should be recorded in the nursing notes. V1 stated V1 had no additional vital signs and symptom monitoring to provide, and confirmed vital signs and symptom monitoring was not completed for R1-R4 per the facility's policy.</p> <p>(A)</p> | S9999 | | |