

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000400	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2020
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NAME OF PROVIDER OR SUPPLIER APOSTOLIC CHRISTIAN RESTMOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1500 PARKSIDE AVENUE MORTON, IL 61550
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S 000	Initial Comments A Focused Infection Control Survey/COVID-19 Focused Survey was conducted by Illinois Department of Public Health on December 11, 2020. Survey Census: 91 Total Sample: 24	S 000		
S9999	Final Observations Statement of Licensure Violations 300.696a) 300.696b) 300.696c) 300.1210b) 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,	S9999	<p>Attachment A Statement of Licensure Violations</p>	

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>Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services (see Section 300.340).</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>These Requirements are not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to follow the Centers for Disease Control and Prevention (CDC) guidance and the facility's COVID-19 staffing policies to identify and prepare a designated area with dedicated staff to care for and monitor residents with confirmed COVID-19. This has the potential to affect all 91 residents.</p> <p>Findings include:</p> <p>The Centers for Disease Control and Protection (CDC) recommendations dated 5/13/2020, state "People with COVID-19 have had a wide range of symptoms reported-ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19: Fever or chills; Cough; Shortness of breath or difficulty</p>	S9999		

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S9999	Continued From page 2 breathing; Fatigue; Muscle or body aches; Headache; New loss of taste or smell; Sore throat; Congestion or runny nose; Nausea or vomiting; Diarrhea. This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19." The Centers for Disease Control and Protection recommendations dated 6/25/2020, state "Identify space in the facility that could be dedicated to care for residents with confirmed COVID-19. This could be a dedicated floor, unit, or wing in the facility or a group of rooms at the end of the unit that will be used to cohort residents with COVID-19. Identify HCP (Healthcare Personnel) who will be assigned to work only on the COVID-19 care unit when it is in use. Have a plan for how residents in the facility who develop COVID-19 will be handled (e.g., transfer to single room, implement use of Transmission-Based Precautions, prioritize for testing, transfer to COVID-19 unit if positive)." A CDC Preparing for COVID-19 in Nursing Homes guidance updated 11/20/2020 states "Given their congregate nature and resident population served (e.g., older adults often with underlying chronic medical conditions), nursing home populations are at risk of being affected by respiratory pathogens like COVID-19 and other pathogens." This guidance also states "As demonstrated by the COVID-19 pandemic, a strong infection prevention and control (IPC) program is critical to protect both residents and healthcare personnel (HCP)." This policy further states, "Identify space in the facility that could be dedicated to care for residents with confirmed COVID-19," and "Identify HCP who will be assigned to work only on the COVID-19 care unit when it is in use."	S9999		

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S9999	<p>Continued From page 3</p> <p>The facility Emergency Staffing Plan for Coronavirus Disease 2019 (COVID-19) dated May 2020 documents "To create a staffing model to manage positive cases(s) of COVID-19 in this facility. In the event this facility would have a positive case of COVID-19 in a resident, the following staffing plan will be implemented. 1. A predetermined, dedicated team of nurses and CNAs will be assembled who will serve in the COVID-19 designated area. No one on this team will float to other areas in the facility to work until the facility has resolved all positive cases in accordance with CDC and IDPH."</p> <p>The facility Infection Prevention and Control Policy for Suspected or Confirmed Coronavirus (COVID-19) dated July 2020 documents "Coronavirus (COVID-19) is a respiratory illness that is primarily transmitted from person to person via large droplets generated by coughing and sneezing. Elderly individuals are at an increased risk of becoming infected due to compromised immunity and comorbidities. The usual signs and symptoms of COVID-19 are cough, fever, shortness of breath, and sore throat." This policy further states "It is the policy of this facility to minimize exposures to respiratory pathogens and promptly identify residents with Clinical Features and an Epidemiologic risk for the COVID-19 and to adhere to Standard, Contact and Droplet Precautions, including the use of eye protection if necessary. A resident currently residing in the facility with known or suspected COVID-19, immediate infection prevention and control measures will be put into place," and further states "In addition to these recommendations, any recommendations set forth by the local health department, state health department, and the CDC will also be followed." The policy also states "The location of the COVID-19 care unit will be</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>set up per facility plans and dedicated HCP will be providing care to these residents. If possible, these HCP will have a dedicated break room, restroom and work area that are separate from HCP working in the other areas of the facility."</p> <p>The facility Infection Prevention and Control Policy and Procedure for Coronavirus (COVID-19) Policy undated documents "Coronavirus (COVID-19) is a respiratory illness that is primarily transmitted from person to person via droplets generated by coughing and sneezing. Elderly individuals are at an increased risk of becoming infected due to compromised immunity and comorbidities." The policy further states "It is the policy of this facility to minimize exposures to respiratory pathogens and promptly identify residents with Clinical Features and an Epidemiologic Risk for COVID-19 and to adhere to Standard, Contact and Droplet Precautions, including the use of eye protection when necessary. For a resident currently residing in the facility with known or suspected COVID-19, immediate infection prevention and control measures will be implemented." and further states "A Suspected COVID-19 Resident or Positive COVID-19 Resident Currently Residing in the Facility. Resident. 1) As a measure to limit HCP exposure and conserve PPE, this facility will designate a unit/area within the facility, with dedicated HCP, to care for residents with suspected or confirmed COVID-19," and further states "Dedicated COVID-19 Unit HCP: 1) Dedicated HCP will have the proper training on infection prevention measures, including the use of and steps to properly put on and remove recommended PPE (gloves, eye protection, NIOSH-approved N95 or equivalent or higher-level respirator or face mask if respirator is not available, and gowns-See Attachment B),</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>cleaning and disinfection policies and procedures, and specimen collection procedures. 2) Staffing needs will be met as the number of residents with suspected or confirmed COVID-19 infection increases and if HCP become ill are excluded from work." This policy further states "Facilities and the COVID-19 Unit: 1) The location of the COVID-19 care unit will be set up per facility plans and dedicated HCP will be providing care to these residents. If possible, these HCP will have a dedicated break room, restroom and work area that separate from CP working in the other areas of the facility."</p> <p>The current facility floor plan highlights that {Hall A} is the designated COVID-19 wing and currently is full to capacity and the facility floor plan further highlights that there are five rooms on {Hall B} with positive COVID-19 residents (R1, R2, R3, R4, R5) and are being housed with 10 residents who have tested negative and additionally highlights that there are two rooms on {Hall C} with positive COVID-19 residents (R6, R7) and are being housed with 7 residents who have tested negative.</p> <p>The facility Surveillance Line List for COVID-19 Outbreaks documents that on 11/30/2020, R2, R3, R5, R6, R7 tested positive for COVID-19 and on 12/3/2020, R1 and R4 tested positive for COVID-19.</p> <p>The December staffing schedule documents that there is only one nurse scheduled on {Hall B} for each shift.</p> <p>The facility staffing assignment sheet dated December 6, 2020, documents that V8 (Registered Nurse) is the only nurse working on {Hall B} from 6:00 a.m. until 3:30 p.m., and V15</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>(Registered Nurse) is the only nurse working from 2:45 p.m. to 11:15 p.m. on {Hall B}.</p> <p>On 12/6/2020 at 10:15 a.m., V5 (Infection Control Nurse) stated that they currently have 24 residents in the facility positive with COVID-19. There is one designated COVID-19 unit on {Hall A}, but it is full and so now they have 7 additional residents who have tested positive for COVID-19 and five of those residents are still located on {Hall B} and the other two residents are still located on {Hall C}. {Hall B} and {Hall C} are not designated COVID-19 wings. {Hall B} currently has 10 residents who have tested negative for COVID-19 and {Hall C} has 7 residents who have tested negative for COVID-19. {Hall B} has only one nurse on the hall and she is taking care of both positive and negative COVID-19 residents.</p> <p>On 12/6/2020 at 10:45 a.m., V13 (Certified Nurse Assistant) stated that there are both positive COVID-19 residents on {Hall B} and she is taking care of the 10 residents who have tested negative and the nurse is taking care of all the residents on this hall, both positive and negative COVID-19 residents.</p> <p>On 12/6/2020 at 10:50 a.m., V14 (Certified Nurse Assistant) stated that she is only taking care of the residents on {Hall B} who are COVID-19 positive and that if the resident is more than a one person assist, she will ask someone for help, and that is usually the nurse. The nurse on this hall {Hall B} is taking care of both positive and negative COVID-19 residents.</p> <p>On 12/6/2020 at 11:45 a.m., V3 (Director of Nursing) stated, "Some of our residents who tested positive didn't want to relocate to the designated COVID-19 wing and we felt it might</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>be more detrimental to their mental state if we moved them, so we didn't move them and we put them in isolation and left them on a hall where there are residents who are still testing negative for COVID-19. We did not have a dedicated nurse on {Hall B} to care for just the COVID-19 positive residents."</p> <p>On 12/6/2020 at 12:35 p.m., V8 (Registered Nurse) stated that she is the only nurse on {Hall B} and that she is caring for both COVID-19 positive residents (R1, R2, R3, R4 and R5) as well as the residents (R8, R9, R10, R11, R12, R13, R14, R15, R16, and R17) who have tested negative for COVID-19 and that is how it has been since they started testing positive a few weeks ago.</p> <p>On 12/7/2020 at 9:56 a.m., V1 (Chief Operating Officer/COO) stated, "Our designated unit on {Hall A} currently has 20 beds and that 17 of the beds were occupied as of Sunday 12/6/2020 and that the two beds that are available were male beds. There were no more beds on the designated COVID unit to place these other positive residents, so we had them remain on their halls where there are residents who have tested negative. All these recent positive cases began on 11/29/2020 and that is when the dedicated COVID unit on {Hall A} had reached capacity." V1 further stated, "We have had positive and negative residents remain on {Hall B} and {Hall A} since 11/30/2020."</p> <p>On 12/8/2020 at 10:15 a.m., V1 stated, "We still have both positive and negative residents on the same hall, {Hall B} and {Hall C}. They are so close to coming off of quarantine that we hate to move them just for a few days."</p>	S9999		

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

APOSTOLIC CHRISTIAN RESTMOR

**1500 PARKSIDE AVENUE
MORTON, IL 61550**

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On 12/9/2020 at 10:10 a.m., V10 (Contract Tracing Manager, Local Health Department) stated that services were offered to the facility to assist in setting up COVID-19 units, but she is not aware of them asking for their help to develop or give guidance or have them come in to review their system for setting up designated units and zones for isolating and quarantine residents with COVID-19.

On 12/10/2020 at 10:30 a.m., V12 (Assistant Director of Nursing) verified that only one nurse was scheduled for the month of December on {Hall B} and that the nurse on {Hall B} is taking care of both positive COVID-19 residents as well as residents who have always tested negative for COVID-19 and further stated that there is not a dedicated nurse for the residents on {Hall B} on the 11:00 p.m. to 7:00 a.m. shift and that the nurse floats between {Hall D} and {Hall B}. V12 ADON stated that there are only negative COVID-19 residents on {Hall D}.

The daily census report dated 12/6/2020 document that R1, R2, R3, R4, R5, R8, R9, R10, R11, R12, R13, R14, R15, R16, R17 reside on {Hall B} and R6, R7, R18, R19, R20, R21, R22, R23 and R24 reside on {Hall C}.

The daily census report dated 12/8/2020 document that R1, R2, R3, R4, R5, R8, R9, R10, R11, R12, R13, R14, R15, R16, R17 continue to reside on {Hall B} and R6, R7, R18, R19, R20, R21, R22, R23 and R24 continue to reside on {Hall C}.

The facility Census and Condition of Reports dated 12/9/2020 and signed by V12 ADON documents that at the time of the survey 91 residents resided in the facility.

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