

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>6016539</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 08/20/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CARMI MANOR REHAB &amp; NRSR CTR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>615 WEST WEBB STREET CARMI, IL 62821</b>
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S 000	Initial Comments	S 000		
S9999	<p>Complaint Certification First Follow Up Revisit to 8-12-21.</p> <p>Final Observations</p> <p>Complaint Certification First Follow Up Revisit to 8-12-21.</p> <p>STATEMENT OF LICENSURE VIOLATIONS:</p> <p>300.696a) 300.696b) 300.696c),7) 300.1020a) 300.1020b)</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>Section 300.696 Infection Control</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>Section 300.696 Infection Control</p>	S9999	<p style="text-align: center;"><b>Attachment A Statement of Licensure Violations</b></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>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 300.1020 Communicable Disease Policies</p> <p>a) The facility shall comply with the Control of Communicable Diseases Code (77 Ill. Adm. Code 690).</p> <p>Section 300.1020 Communicable Disease Policies</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, 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>These regulations were not met as evidenced by:</p> <p>Based on observation, interviews, and record reviews the facility failed to prevent and/or contain Covid-19 when the facility failed to 1. Ensure all staff who have a known exposure to Covid-19 are</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>quarantined and tested per the facility policies and current CDC (Center for Disease Control) guidelines, 2. Ensure residents who exhibit respiratory symptoms are tested for Covid-19 per facility policies and current CDC guidelines, 3. Ensure disinfectant used to treat non-porous surfaces for Covid-19 are utilized per manufacturer guidelines for effective disinfection, 4. Ensure routine testing of staff is performed timely based on county positivity rates. 5. Ensure staff wear required PPE (Personal Protective Equipment) and discard contaminated PPE as required after use. 6. Ensure contaminated trash on the Covid-19 unit is disposed of per current standards of practice. 7. Ensure separate designated areas are available to don/doff and store PPE along with other supplies needed to prevent cross contamination. 8. Ensure asymptomatic residents' rooms are not located on the "yellow unit" designated for Covid-19 symptomatic residents. These systemic failures resulted in 2 (R19 and R21) residents testing positive for Covid-19. These failures have the potential to affect all 51 residents residing at the facility.</p> <p>Findings Include:</p> <p>1. The facility Coronavirus disease policy dated 6/7/2021 documents, "The facility follows current guidelines and recommendations for managing Coronavirus in the facility." The policy documents under Visitor/Employee Screenings: Every individual wanting to enter the facility, regardless of reason, (including residents, staff, visitors, outside healthcare workers, vendors, etc.) and employees upon reporting to work, regardless of whether they have had a known SARS-CoV-2 exposure, are to be screened at the entrance to the facility by a designated person by taking their</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>temperature, assessing for Covid-19 like symptoms, confirming no diagnoses of Covid-19 before completing the appropriate period of isolation, confirming those who have had close contact with someone with Covid-19 infections in the prior 14 days (regardless of the visitor's vaccinations status), prior to entry." Under exposure to Covid-19 the policy documents, " ...Asymptomatic HCP (healthcare professionals) NOT FULLY VACCINATED who have had exposure to a confirmed or suspected case of Covid-19, may return to work after completing a 14-day quarantine without testing if no symptoms have been reported during the quarantine period ..."</p> <p>The facility Covid-19 staff and visitor screen log documents V6 (CNA/Certified Nursing Assistant) was screened on 7/22, 7/23, 7/26, 7/28, and 7/29/2021 for the 2-10 pm shift with an (N) documented under each of the following questions: Do you have any of the following symptoms; fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache? Do you have new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea? Have you had a diagnosis of Covid-19 before completing the appropriate period of isolation? Have you had close contact with someone with Covid-19 infection in the prior 14 days (applies only to visitors) regardless of vaccination status? This indicates V6 answered no to all of the screening questions including the question regarding exposure to someone with Covid-19.</p> <p>On 8/6/2021 at 10:02 AM, when asked why the question on the facility Covid-19 staff and visitor screening log regarding close contact within someone with Covid-19 in the prior 14 days</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>documents it applies only to visitors V1 stated, "That is the one (log) they (their corporate office) sent. It should apply to everyone, not just visitors."</p> <p>On 8/8/2021 at 11:27 AM, after reviewing the current guidelines and facility policy, V1 (Administrator) stated she agreed all staff and visitors should be screened for exposure to Covid-19 and should follow the current guidelines of quarantine if they have been exposed to someone with a suspected or confirmed case of Covid-19.</p> <p>On 7/28/2021 at 2:20 PM, V6 stated she has had one dose of the Covid-19 vaccine and she is due to get the second dose next week. V6 stated she was told she had been exposed to Covid-19, but she did not have any symptoms. V6 stated she reported the exposure to V1 (Administrator) on 7/23/2021 and was told she could continue working since she did not have any symptoms. When asked if she had been screened prior to working, V6 stated she was. When asked why she had marked (N) indicating no exposure to anyone with Covid-19, V6 stated she was not paying attention when she filled out the screening log.</p> <p>The facility Certified Nursing Assistant/CNA Schedule for the week of July 18, 2021 documents V6 (CNA) was scheduled to work evening shift (2-10 PM) on 7/19, 7/20, 7/22, and 7/23/2021. The CNA schedule for the week of July 25, 2021 documents V6 was scheduled to work on 7/26, 7/28, 7/29, and 7/30/2021.</p> <p>On 7/28/2021 at 11:00 AM, V3 (Assistant Director of Nurses/ADON) stated V6 had worked on 7/23, 7/26, 7/28, and 7/29/2021.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>On 7/28/2021 at 11:00 AM, V1 (Administrator) stated if staff answered "yes" to the screening question asking if they have been exposed to someone who tested positive for Covid-19, and they had symptoms, they would be sent home and recommended to get tested. V1 stated she was not sure of the facility protocol if the individual did not have symptoms. V1 stated she did have one staff member (V6/CNA) who reported she had been told she was in contact with a person (V15-unidentified family member) who tested positive for Covid-19. V1 stated that V6 reported the contact with V15 (unidentified family member who tested positive for Covid-19) on 7/23/2021. V1 stated V6 was asymptomatic and worked on 7/23/2021. V1 stated V6 then had 7/24 and 7/25/2021 off but worked again on Monday, 7/26/2021. V1 stated she (V1) did not follow facility policy because she had forgotten what it said.</p> <p>The "Shift Duty List and Daily Shower" sheets document V6 had the following assignments 7/23/2021 "pass ice (200/300)" 7/26/2021 "V/S's (vital signs) and dentures (200/300)", 7/28/21 "ice (100/300)" and hall supper trays, 7/29/2021 "V/S's and dentures (200/300)" and hall supper trays. This indicates V6 was in contact with all 51 residents residing at the facility after her exposure to Covid-19.</p> <p>On 7/29/2021 at 2:45 PM, V13 (CNA) stated all the CNA's typically work together. V13 stated there is an assignment sheet that documents what area and duties you are assigned for that shift. V13 stated, as noted on the sheet titled, "shift duty list and daily shower sheet" dated 7/23/2021, V6 had ice duty with V14 (CNA) which means they both take ice to all of the residents in</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>the facility.</p> <p>On 7/29/2021 at 3:10 PM, V6 (CNA) stated she was with V15 (unidentified family member who tested positive for Covid-19) on 7/21/2021. V6 stated the last time she was tested for Covid-19 was at work on 7/19/2021 and that test result was negative. V6 stated she had not been tested since her exposure to V15. (There is no facility documentation of V6 receiving a Covid-19 test on 7/19/2021).</p> <p>On 7/29/2021 at 3:15 PM, V2 (DON/Director of Nurses) stated she was not aware V6 had been exposed to V15 (unidentified family member) until it was brought to her attention by the surveyor on 7/28/2021. V2 stated V6 either had to be tested or she should leave the facility. V2 stated she was going to test V6 who was currently working at the facility providing care to residents.</p> <p>On 7/29/2021 at 3:20 PM, V2 (DON) stated they were going to do a rapid test on V6 (CNA).</p> <p>On 7/29/2021 at 3:38 PM, V1 (Administrator) stated they had the results of V6's rapid Covid-19 test. V1 stated the "second" line (the line that indicates if the test result is positive) was faintly present so she wasn't 100% certain it was a positive result.</p> <p>On 7/29/2021 at 4:01 PM, V1 (Administrator) stated they did a second rapid Covid-19 test on V6 and the line that indicates a positive test was still there, however it was still light (or faint). V1 stated since that line was present, they were going to send V6 to get a rapid PCR (Polymerase Chain Reaction) test done and would tell her to leave the facility now to have that done.</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>V6's local hospital lab results dated 7/30/2021 documents a positive Novel Coronavirus SARS-CoV-2 test.</p> <p>On 7/30/2021 at 10:25 AM, V1 (Administrator) confirmed V6 had reported to the facility on 7/23/2021 (prior to starting her 2-10 PM shift) she had an exposure to V15 (unidentified family member) who told V6 they had tested positive for Covid-19. V1 stated V6 reported she had been with V15 two days prior to V15 testing positive. V1 confirmed V6 had worked at the facility after the exposure to V15. When asked what the facility policy stated regarding working after known exposures, V1 stated the policy said if they needed them and they were asymptomatic they could work. V1 stated she told V6 that if she became symptomatic, she needed to leave work. V1 stated staff were currently wearing a surgical mask and eye protection when providing care to all residents. V1 stated V6 had one dose of a two dose Covid-19 vaccine and she believed they had nine residents currently not vaccinated. When asked if they had implemented anything new based on the positive rapid test result of V6, V1 stated, they had not because they consider that a "screening tool." V1 stated if V6's lab test result shows a positive result then they would implement "full PPE (personal protective equipment), and nasal swab testing of all staff." When asked about residents V1 stated, "I think they would be tested."</p> <p>On 8/6/2021 at 3:45 PM, V1 (Administrator) and V39 (Regional Administrator) stated they had allowed V6 (CNA) to work after exposure to Covid-19 because she (V6) was asymptomatic, and they were in a staffing crisis. V1 and V39 stated they had followed the current guidelines and made attempts to find alternate options. V1</p>	S9999		



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S9999	<p>Continued From page 8</p> <p>stated she would send this surveyor all of the steps they had taken in an email.</p> <p>On 8/6/2021 at 5:40 PM, this surveyor received an email from V39 (Regional Administrator) that documented on 7/23/2021, V2 called all facility staff and no staff were available to work. V2 called a sister facility and they had no staff available to work and they were unable to contact the staffing agency for assistance.</p> <p>On 8/10/2021 at 11:05 AM, V1 (Administrator) stated they had not attempted to call the staffing agency to see if they had anyone to cover shifts because they (staffing agency) have never provided staff for the facility when they have called them in the past. V1 stated when the facility calls the staffing agency, they are told they don't have anyone for the area the facility is located in. When asked if they had made any attempts to cover V6's shift on 7/26, 7/28, and 7/29/2021, V1 stated, "No."</p> <p>The facility daily census dated 7/28/2021 documents the current facility census as 51 residents.</p> <p>The facility Weekly Covid-19 Vaccination summary with a reporting date of 5/31/2021 documents R7-R11 did not receive the Covid-19 vaccine. R12 is documented as receiving one dose of a two-dose vaccine (Pfizer), and as refusing the second dose.</p> <p>On 7/30/2021 at 11:56 AM, V2 confirmed R7-R11 had not received a Covid-19 vaccine, and R12 was not fully vaccinated. This indicates 7 of 51 residents residing at the facility have not been fully vaccinated for Covid-19.</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>R19's facility face sheet dated 8/10/2021 documents R19 was admitted to the facility on 5/18/2021 with diagnoses that include dysphagia, Parkinson's disease, acute kidney failure, and chronic obstructive pulmonary disease. R19's facility progress notes dated 8/5/2021 document R19 was transferred to a regional hospital for evaluation after a fall. R19's regional hospital lab results dated 8/7/2021 document a positive Covid-19 test result.</p> <p>R21's facility face sheet dated 8/10/2021 documents R21 was admitted to the facility on 7/9/2021 with diagnoses that include diabetes, hypertension, heart disease, and history of heart attack. R21's facility progress notes dated 8/4/2021 document R21 was transferred to the local hospital for evaluation of a low hemoglobin and was admitted to the local hospital for a diagnosis of anemia R21's hospital lab results dated 8/4/2021 documents R21 tested positive for Covid-19.</p> <p>2. The facility Covid-19 assessment dated 7/29/2021 documents under testing of staff and residents with Covid-19 symptoms or signs, "Residents who have signs or symptoms of Covid-19 must be tested. While test results are pending, residents with signs or symptoms should be placed on transmission-based precautions (TBP) in accordance with facility policy. Once test results are obtained, the facility must take the appropriate actions based on the results." Signs and symptoms of Covid-19 listed in the facility policy under Appendix C include fever or chills, cough, shortness of breath, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea.</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>A. R5's facility face sheet dated 8/5/2021 documents R5 was admitted to the facility on 4/27/2017 with diagnoses that include chronic obstructive pulmonary disease, bradycardia, morbid obesity, cerebral infarct, hypertension, and diabetes.</p> <p>R5's progress notes document on 6/14/2021 R5 had a cough, oxygen saturation of 75%, diminished lung sounds, and coughing up light yellow/green mucous. After oxygen was administered R5's oxygen saturation rebounded to 94%. R5's progress notes document a chest x-ray was ordered and an oral antibiotic was started.</p> <p>R5's chest x-ray results dated 6/14/2021 document no acute disease under impression.</p> <p>R5's medical record does not document Covid-19 testing was done.</p> <p>On 8/4/2021 at 11:10 AM V1 (Administrator) stated they did not test R5 for Covid-19 when she developed symptoms on 6/14/2021 because she had a chest x-ray that showed no acute disease process.</p> <p>B. R6's facility face sheet dated 8/5/2021 documents R6 was admitted to the facility on 1/16/2019 with diagnoses that include epilepsy, muscle weakness, insomnia, Alzheimer's disease, chronic obstructive pulmonary disease, non-Hodgkin's lymphoma, and hypothyroidism.</p> <p>R6's facility progress notes document on 7/11/2021 R6 was shaking, not acting like herself, complaining of a headache, with an oxygen saturation of 86%, as needed breathing treatment was administered and oxygen started. R6's</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>oxygen saturation rebounded to 96%. R6 was placed on contact/droplet isolation related to the symptoms. On 7/12/2021, R6's progress notes document R6's physician was notified of an elevated temperature, shortness of breath, and increased confusion. R6's physician ordered a chest x-ray and lab work. R6 had an oxygen saturation of 64% on room air and was reminded to wear oxygen, with oxygen saturation rebounding to 80% after 30 minutes with oxygen. On 7/13/2021, R6's progress notes document R6's physician called and ordered an oral antibiotic related to an elevated white blood count.</p> <p>R6's lab results dated 7/12/2021 document an elevated white blood count and a urinary tract infection. R6's chest x-ray results received on 7/12/2021 document no acute respiratory disease.</p> <p>R6's medical record does not document a Covid-19 test was done until 7/28/2021 when R6's physician ordered a rapid test in house related to increased shortness of breath. The rapid Covid-19 test was documented as being negative for Covid-19.</p> <p>On 8/4/2021 at 11:10 AM, V1 (Administrator) stated R6 was not tested for Covid-19 when she developed symptoms on 7/11/2021 because she had a chest x-ray done that showed no acute disease process.</p> <p>On 8/4/2021 at 1:25 PM, V1 (Administrator) confirmed R5 and R6 did not have Covid-19 testing done when they developed symptoms. V1 stated they ruled out Covid-19 because they had normal chest x-rays and the physician put on his progress note R6 had COPD (chronic obstructive</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>pulmonary disease) and their temperatures went down. V1 stated their policy says if they can determine the symptoms are related to another disease process, they do not have to test for Covid-19. When asked what disease process a normal chest x-ray determines, V1 did not have a response. When asked if there was new guidance related to a negative chest x-ray being a test for Covid-19, V1 stated she would send me the guidance when she found it. The facility did not provide guidance related to a chest x-ray being a test for Covid-19 throughout the survey process.</p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html</a> dated 1/7/2021 documents " ...At least daily, take the temperature of all residents and ask them if they have any COVID-19 symptoms. Perform viral testing of any resident who has signs or symptoms of COVID-19. Clinicians should use their judgment to determine if a resident has signs or symptoms consistent with COVID-19 and whether the resident should be tested. Individuals with COVID-19 may not show common symptoms such as fever or respiratory symptoms. Some may present with only mild symptoms or other less common symptoms ..."</p> <p>3. On 7/30/2021 at 11:34 AM, V16 (Housekeeper) was observed cleaning/disinfecting R14's room. V16 sprayed the bathroom with peroxide multipurpose cleaner and then sprayed the bedside table. V16 immediately wiped the bedside table with a dry rag. V16 confirmed the rag was dry and that the table was dry. When asked about the contact time for the peroxide multipurpose cleaner V16 stated, "I am not sure. V9 (Housekeeping Supervisor) would know."</p>	S9999		

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S9999	<p>Continued From page 13</p> <p>On 8/3/2021 at 12:24 PM, V9 (Housekeeping Supervisor) stated the contact time for the peroxide multipurpose cleaner was thirty seconds. V9 stated V16 should have sprayed the table down and waited thirty seconds before wiping it with a dry rag.</p> <p>On 8/10/21 at 11:37 AM, V7 (Housekeeping) was asked to provide a disinfecting demonstration. V7 stated she was recently trained by V9 regarding use of the sanitizing chemicals. V7 states the facility uses a peroxide based disinfectant and it has to sit 4 minutes on the surface for disinfection. V7 states the facility uses a "blue solution" that you put in the toilets and let sit for 4 minutes, and also a peroxide solution on the floors, which sits for 4 minutes. V7 displays to this surveyor the solution used on the floors which is a yellow label noting peroxide disinfectant. V7 is observed starting to clean in what is labeled as R20's room, but R20 is not present in the room during this time. V7 starts by spraying the peroxide disinfectant onto the bedside table, letting it set for 7 seconds as evidence by observing a watch, and wiping the solution with a dry rag, creating a dry surface. V7 was asked at this time how long she needed to let the solution set to ensure disinfection in which she responded, "4 minutes." V7 was asked how long she let the solution set, in which she responded, "Not 4 minutes, sorry." V7 was then observed spraying the top of the tv cabinet with the same solution, allowing the solution to sit for 12 seconds, then wiping it with the same rag. V7 continued this process by spraying the front of the tv cabinet, allowing a 4 second contact time before wiping. V7 confirmed she cleans "all over the building." V7 is observed wearing a surgical mask and face shield at this time. V7 stated when on the Covid-19 unit, staff must wear a "gown,</p>	S9999		

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S9999	<p>Continued From page 14</p> <p>booties, gloves, face shield, and the mask that is fitted around your mouth and hard to breath in."</p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Fnursing-homes-facility-wide-testing.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Fnursing-homes-facility-wide-testing.html</a> dated 3/29/2021 documents, " ...Use an EPA-registered disinfectant from List N:disinfectants for coronavirus (COVID-19)external icon on the EPA website to disinfect surfaces that might be contaminated with SARS-CoV-2. Ensure HCP are appropriately trained on its use and follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method, and contact time) ..."</p> <p><a href="https://www.ecolab.com/offerings/all-purpose-cleaning/peroxide-multi-surface-cleaner-and-disinfectant">https://www.ecolab.com/offerings/all-purpose-cleaning/peroxide-multi-surface-cleaner-and-disinfectant</a> documents "...This EPA-registered product disinfects ... kills SARS-CoV-2 in 30 seconds ..."</p> <p>4. The "Facility Assessment Covid-19" dated 7/29/2021 documents under Non- Outbreak Scenario-Routine testing of Staff, "In the event the facility has had no Covid-19 in the facility (employee or resident) ...The facility must establish a testing schedule based on metrics in the region and extent of the virus in the community. Facilities should use their county positivity rate in the prior week as the trigger for staff testing frequency ..." Table 1 labeled "Routine testing intervals vary by community covid-19 activity level" documents if the community activity level is low (less than 5%) then minimum testing frequency for all staff is once monthly. If the community activity level is medium (5-10%) then the frequency for testing all staff is once weekly. If the community activity</p>	S9999		
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S9999	<p>Continued From page 15</p> <p>level is high (greater than 10%) then the frequency for testing all staff is twice weekly.</p> <p>The "Facility Assessment Covid-19" dated 7/29/2021 documents, "The facility should begin testing all staff at the frequency prescribed in Table 1 based on the county positivity rate reported in the past week. Facility should monitor their county positivity rate every other week (e.g., first and third Monday of every month) and adjust the frequency of performing staff testing according to the table above. If the county positivity rate increases to a higher level of activity, the facility should begin testing staff at the frequency shown in the table above as soon as the criteria for the higher activity are met. If the county positivity rate decreases to a lower level of activity, the facility should continue testing staff at the higher frequency level until the county positivity rate has remained at the lower activity level for at least two weeks before reducing testing frequency.</p> <p>The facility provided county positivity rate log dated 7/16/2021 documents the county test positivity 7-day rolling average increased from 1.9% on 7/1/2021 to 7.1 on 7/2/2021, which indicates the facility should have been completing routine weekly testing for Covid-19 for all staff. The rate increased from 7.5% on 7/6/2021 to 11.1% on 7/7/2021, which indicates the facility should have been completing twice weekly routine testing. On 7/13/2021, the rate dropped to 9.5% and remained between 6.4% and 9.5% until 7/19/202, when it then increased to 11.9% and has stayed above 10%. This indicates the facility should have been completing routine staff testing for Covid-19 twice weekly from on or around 7/7/2021.</p>	S9999		



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S9999	<p>Continued From page 16</p> <p>The undated facility test log documents staff testing for Covid-19 was completed on 6/1, 6/9, and 7/8/2021. On 6/1/2021, the log documents a blank line next to test performed and test results for 6 (V17, V18, and V20-V23) of the 48 staff listed. On 6/9/2021, the log documents a blank line next to test performed and test results for 6 (V1, V7, and V23-V26) of the 48 staff listed. On 7/8/2021, the log documents a blank line next to test performed and test results for 15 (V6, V13, V20, V23-V26, and V28-V35) of the 48 staff listed on the log. V6's local hospital lab results dated 7/30/2021 document V6 tested positive for Covid-19.</p> <p>On 7/30/2021 at 10:25 AM, V1 (Administrator) stated the county positivity rate was 10.3 and had been above 10% for the past two weeks. When asked how often they were performing routine testing for Covid-19 for all staff, V1 stated they were going to start testing weekly on Monday of next week (8/2/2021). V1 stated the current guidance is to test weekly if the county positivity rate is above 10% and she guessed she just missed last week's testing. On 8/3/2021, this surveyor reviewed the county positivity rates with V1 and CDC guidelines on routine staff testing in LTC (long term care) facilities. V1 stated she was thinking they tested all staff weekly if the rate was greater than 10%. On 8/4/2021 at 11:10 AM, V1 confirmed the last date routine staff testing was performed was 7/8/2021. V1 stated if the line next to the staff members name was blank on the log then that means they did not get tested that week. This indicates 27 staff members did not complete routine staff testing on the dates listed on the log (6/1, 6/9 and 7/8/2021), and routine staff testing was not performed by the facility at the frequency established by the current guidelines and the facility policy.</p>	S9999		

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S9999	<p>Continued From page 17</p> <p>5. Review of a table titled "Table 2: Recommended Personal Protective Equipment (PPE) for Covid-19 in Long-Term Care Facilities, Moderate to Substantial Community Transmission of Covid-19 (5% or greater test positivity) dated 5/5/21 and found at <a href="https://www.dph.illinois.gov/sites/default/files/LTC%20PPE%20Use%20COVID-19%20Mod%20to%20Substantial%20Transmission%205.5.pdf">https://www.dph.illinois.gov/sites/default/files/LTC%20PPE%20Use%20COVID-19%20Mod%20to%20Substantial%20Transmission%205.5.pdf</a> documents that for a moderate to substantial transmission outbreak, PPE to be worn for the care of the resident, including for residents not in transmission based precautions for any reason, an N95 respirator or facemask only if N95 is unavailable, eye protection, and gown/glove use per standard precautions is required.</p> <p>The facility Coronavirus Disease (Covid-19) policy dated 6/7/2021 documents under Core Principles of Covid-19 Infection Prevention ..."Require face covering or mask (covering mouth and nose), in accordance with CDC guidance and FDA guidance." Under Outbreak procedures the policy documents, "In the event of an outbreak, (defined as a single-facility-onset Covid-19 infection in a resident or a single new case of facility-associated Covid-19 infection in a staff member. Healthcare personnel should wear full PPE (gloves, gown, surgical mask, eye protection) for the care of all residents irrespective of Covid-19 diagnosis or symptoms. NIOSH-approved N95 masks must be worn when performing aerosol-generating procedures and is recommended (but not required) to be worn at all times when treating suspected or confirmed Covid-positive residents. Facilities with re-usable N95 or equivalent masks should make these masks available to all HCP's (healthcare personnel) who are fit tested when caring for</p>	S9999		

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S9999	<p>Continued From page 18</p> <p>residents. If additional masks are needed, when the facility maintains a par level of at least 250 N95 or equivalent masks, then an N95/equivalent should be used at all times by fit-tested staff only. If stock is below 250, N95 should be used for aerosol generating procedures only."</p> <p>On 7/30/2021 at 12:12 PM, V1 (Administrator) stated on 7/19/21 the facility county positivity rate was 9.8% and on 7/30/21 the facility county positivity rate was 10.3%.</p> <p>On 8/12/21 at 10:33 AM, V1 (Administrator) stated the current Covid-19 positivity rate for White County is 17.3%.</p> <p>On 7/29/2021 V6's rapid Covid-19 test done at the facility showed a faint pink line indicating a positive test result.</p> <p>V6's local hospital lab results dated 7/30/2021 documents a positive Novel Coronavirus SARS-CPV-2 test.</p> <p>On 8/10/2021 at 12:06 PM, V2 (DON/Director of Nurses) stated two staff members (V20 and V35) had tested positive for Covid-19 on 8/8/2021.</p> <p>On 8/10/21 at 11:09 AM, V39 (Regional Administrator) states that the facility currently has one positive resident case of Covid-19, R19, who tested positive at the hospital after being sent out for evaluation following a fall. V39 states the facility has a designated Covid-19 area within the facility that R19 is currently residing on.</p> <p>A. On 7/30/2021 at 11:20 AM, V20 (CNA/Certified Nursing Assistant) stated all staff wear a surgical mask and face shield while providing care to the residents. V20 was observed wearing a surgical</p>	S9999		

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S9999	<p>Continued From page 19</p> <p>mask and face shield, as were all other staff observed working during this survey time on 7/30/2021.</p> <p>On 7/30/2021 at 11:39 AM, V25 (LPN/Licensed Practical Nurse) stated they have enough PPE.</p> <p>On 8/3/2021 at 11:01 AM, V2 (DON) stated they have enough PPE and she counts it three times weekly. V2 stated all staff are currently wearing N95's and eye protection at all times.</p> <p>On 8/6/2021 at 4:00 PM, this surveyor walked through the facility with V1 (Administrator) present. V1 was wearing a surgical mask and a face shield. V1 stated she was not able to wear an N95 mask due to medical reasons. V42 (CNA) was observed wearing a face shield and a surgical mask while providing care to the residents on the 100 hall. When asked why she was wearing a surgical mask instead of an N95, V42 stated she had been told she did not have to wear an N95. V1 (Administrator) then stated they can either wear a surgical mask or an N95. V1 confirmed the facility remained in outbreak status at this time and that R21 had tested positive on 8/4/2021. All other staff observed during the walk through were wearing an N95 mask.</p> <p>On 8/10/21 at 11:10 AM, V39 (Regional Administrator), V2 (Director of Nursing/DON), and V3 (Assistant Director of Nursing/ADON) were observed wearing a surgical mask along with eye protection while in the facility.</p> <p>On 8/10/21 at 11:19 AM, V2 (DON) stated staff are expected to wear eye protection, and surgical mask within the facility if not on the Covid-19 positive unit. V2 states they designate staff to work the Covid-19 unit, and those staff are</p>	S9999		

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S9999	<p>Continued From page 20</p> <p>expected to wear eye protection, an N95 grade face mask, and gown while on the positive unit.</p> <p>On 8/10/2021 at 11:52 AM, V11 (CNA) was observed transporting residents to the dining room wearing a surgical mask and face shield.</p> <p>On 8/10/21 at 12:13 PM, V10 (LPN) states that since last week she has been educated on Covid-19 regarding wearing eye protection and a mask at all times. V10 is observed wearing a surgical mask and face shield during this interview. V10 states she does not work on the Covid-19 unit. V10 states you can wear a surgical mask anywhere and in any room in the facility, except on the Covid-19 unit, in which she states then an N95 grade mask is required.</p> <p>On 8/12/21 at 9:43 AM, V7 (Housekeeping) was observed wearing a surgical mask and face shield within the facility.</p> <p>On 8/12/2021 at 10:42 AM, V43 (Regional Nurse) was observed following this surveyor onto the Covid-19 unit. V43 was wearing a gown, gloves, face shield, and surgical mask. When asked if she had an N95 on (under the surgicalmask) V43 stated, "No, I can't wear an N95. Is that a problem?" This surveyor referred V43 to the current CDC guidance to determine what PPE should be worn.</p> <p>On 8/10/2021 at 11:05 AM, when asked if staff had been fit tested for N95's, V1 (Administrator) stated they had, but there may be one or two new staff that had not been tested yet. When asked who does the fit testing, V1 stated V2 (DON) does it. This surveyor requested V1 provide this surveyor with information regarding which staff had been fit tested.</p>	S9999		

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S9999	<p>Continued From page 21</p> <p>On 8/11/2021 at 1:10 PM, this surveyor requested via email to V1, a list of staff who had been fit tested and any staff who had failed the fit testing.</p> <p>On 8/12/2021 at 4:00 PM, during the exit conference, V39 stated that many of the staff are unable to wear N95 masks due to medical reasons. V39 provided this surveyor with a list of ten staff (V2, V4, V5, V23, V25, V29, V38, V44, and V45) who had been fit tested and passed. This surveyor reviewed the current staff listing provided by the facility, as well as the employee Covid-19 test logs and screening sheets and was unable to identify the name given for V5 as a current facility employee. Although requested, the facility was unable to produce any documentation showing the rationale behind staff not wearing an N95 mask and/or documentation of staff members who had failed a fit test for N95 grade masks.</p> <p>B. On 8/10/21 at 11:23 AM, V9 (Housekeeping Supervisor) stated that R18 is currently the only resident in the facility who is not on the Covid-19 positive unit, but on isolation precautions for Covid-19 due to having a fever. V9 stated the personal protective equipment (PPE) required when caring for R18 is a "surgical mask, face shield, and gown."</p> <p>On 8/10/21 at 11:26 AM, R18 was in her room, sitting on the side of her bed. R18 is alert and oriented to person, place, and time. R18 stated she was told she was running a fever and can't come out of her room, but she (R18) feels fine. R18 is observed having a sign stating Contact Precautions on her door, along with a sign stating Droplet Precautions lying on the floor in front of R18's door. R18's door includes a PPE storage</p>	S9999		

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NAME OF PROVIDER OR SUPPLIER  <b>CARMI MANOR REHAB &amp; NRSG CTR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>615 WEST WEBB STREET CARMI, IL 62821</b>
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S9999	<p>Continued From page 22</p> <p>station which includes, gowns, surgical masks, gloves, and face shields. R18 is observed as having red biohazard disposal bins located within the middle of R18's room.</p> <p>On 8/10/21 at 12:36 PM, V10 (LPN/Licensed Practical Nurse) stated she is caring for R18 today who is on isolation precautions for Covid-19 since she was running a fever over the weekend. V10 stated as of today, R18 has not yet ran a fever. V10 stated when working with R18 staff wear a gown, face shield, and mask. V10 states staff can use either a surgical or N95 grade mask, but verifies an N95 is not required.</p> <p>C. On 8/10/2021 at 12:20 PM, a staff member was wearing full PPE (face shield, N95, gown, and gloves) exiting the Covid-19 unit and entering an unmarked door (two doors down from the covid-19 unit.) The same staff member then exited the next door down (labeled therapy) wearing a face shield and surgical mask. The same staff member came back to the therapy room and stated she was V41 (Speech Therapy) and confirmed she had worn a gown, gloves, N95, and face shield off the Covid-19 unit and into the second unmarked therapy room door. When asked where she had disposed of the contaminated PPE, V41 pointed to a trash can without a red biohazard bag in the therapy department. When asked if she typically disposed of her PPE in the therapy trash can, V41 stated, "I just find the first trash can, I can." V41 stated there was no place to dispose of PPE on the Covid-19 unit.</p> <p>On 8/10/2021 at 12:30 PM, V2 (DON) stated she expected staff to doff PPE in the area behind the zipper wall on the Covid-19 unit. V2 stated staff are not to exit the Covid-19 unit wearing the PPE</p>	S9999		
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NAME OF PROVIDER OR SUPPLIER  <b>CARMIMANOR REHAB &amp; NRSG CTR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>615 WEST WEBB STREET CARMIL, IL 62821</b>
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S9999	<p>Continued From page 23</p> <p>they wore on the unit.</p> <p>D. On 8/12/21 at 9:45 AM, R14 was residing within the "Yellow Zone" of the facility, which is indicated for those residents needing isolation/quarantine measures for Covid-19 symptoms. V25 (LPN) was in R14's room wearing only a surgical mask and face shield as PPE. V25 was in direct contact with R14 as her right hand was on R14's right shoulder and left hand on the right handle of her wheel chair. V25 was noted to wash her hands in the adjoining restroom prior to exiting the room. V25 did not sanitize her face shield or change her mask. V25 stated R14 is on contact isolation for Covid-19 precautions due to running a fever. V25 stated R14 was tested yesterday for Covid-19, but results are not yet available. V25 stated that R14 has not run a temperature again yet today. V25 proceeded to the sole nurses station located in the center of the entrance to the 3 wings of the facility. At 9:47 AM, R14 stated she feels tired. Posted on R14's door are signs stating Contact and Droplet isolation precautions are in place. A PPE donning station hanging from the door includes gowns, gloves, and surgical face masks. R14 is alert and oriented to person and place during this interview. R14 stated she doesn't keep track of time.</p> <p>On 8/12/21 at 9:57 AM, V39 (Regional Administrator) was asked if staff were to wear the PPE hanging on the donning stations, such as on R14's door, and he replied "yes." V39 asked if there was a problem with the donning of the PPE, and surveyor relayed the observation of V25 (LPN) being in R14's room with only a surgical mask and face shield. V39 asked the surveyor, if he re-trained staff right now and they fix the problems, would this surveyor "let it go?" It was communicated by the surveyor to V39 the facility</p>	S9999		



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S9999	<p>Continued From page 24</p> <p>has demonstrated ongoing serious concerns. V39 asked V43 (Regional Nurse), who was in the nurses station to join us at this time. On 8/12/2021 at 10:00 AM, V43 (Regional Nurse) stated she would expect staff to don PPE as indicated when entering isolation rooms. V39 conveyed this surveyor's observation of V25 being in R14's room without proper PPE on. V43 stated she would get that corrected. V39 then again expressed he had stated to this surveyor the facility would correct the errors and requested this surveyor "let it go." V43 stated staff may still utilize a surgical mask rather than an N95 grade mask when not working directly on the Covid-19 unit.</p> <p>On 8/12/21 at 10:10 AM, V39 re-approached this surveyor and reported the reason V25 was in R14's room without the indicated PPE donned was because R14 was "getting ready to fall." V39 was then asked why V25 did not change her mask or disinfect her face shield upon exiting R14's room. V39 stated he didn't know, but this surveyor was welcome to interview V25 further. This surveyor declined the need to further interview at this time as observations had been complete noting infection control failure.</p> <p>On 8/12/2021 at 10:15 AM, V39 confirmed V25 had not changed her surgical mask or disinfected her face shield after exiting R14's room until prompted by V39 to do so.</p> <p>On 8/12/21 at 10:14 AM, R14 is observed sitting in a wheel chair in her room near the doorway. R14 is observed stating loudly to surveyor, "Can you send someone to mop this floor! There's stuff all over it, it's sticky!" R14's door indicates she is on droplet and contact precautions wheels herself into the middle of the hallway, with no mask</p>	S9999		

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S9999	<p>Continued From page 25</p> <p>observed in place. V13 (CNA) and V21 (CNA) as identified by V43, along with V43, proceed to walk directly by R14 who was still located in the middle of the hallway with no mask and go to the nurses station. After several seconds of continuous observation, observing staff talking at the nurses station, V43 was asked if R14 should be out of her room, in which she replied "No." Wearing only a surgical mask and face shield, V43 wheeled R14 back into her room. V43 acknowledges R14 is on Covid-19 precautions at this time.</p> <p>R14's facility order summary report dated 8/12/2021 documents a physician order dated 8/7/2021 to isolate resident-standard, droplet, and contact isolation for 10 days if temperature greater than 99.6 or respiratory symptoms.</p> <p>An undated document published by the CDC (Centers for Disease Control) and titled, "Contact Precautions Everyone Must:" states, "Clean their hands, including before entering and when leaving the room. Providers and Staff must also: Put on gloves before room entry. Discard gloves before room exit. Put on gown before room entry. Discard gown before room exit. Do not wear the same gown and gloves for the care of more than one person. Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person." Despite this sign being posted on every Covid-19 Precaution room located in the "Yellow" zone, observations breaking these infection control practices were made as described above.</p> <p>An undated document published by the CDC and titled "Droplet Precautions Everyone Must:" states, "Clean their hands, including before entering and when leaving the room. Make sure their eyes, nose and mouth are fully covered</p>	S9999		

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S9999	<p>Continued From page 26</p> <p>before room entry. Remove face protection before room exit." Despite this sign being posted on every Covid-19 Precaution room located in the "Yellow" zone, observations breaking these infection control practices were made as described above.</p> <p>Review of the undated article titled "Covid 19 Control and Prevention" found at <a href="https://www.osha.gov/coronavirus/control-prevention-states">https://www.osha.gov/coronavirus/control-prevention-states</a>, "Employers should establish, and ensure workers follow, standard operating procedures for cleaning (including laundering) PPE and items such as uniforms or laboratory coats, as well as for maintaining, storing, and disposing of PPE. When PPE is contaminated with human blood, body fluids, or other potentially infectious materials, employers must follow applicable requirements of the Bloodborne Pathogens standard (29 CFR 1910.1030) with respect to laundering. OSHA's Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens (CPL 02-02-069) provide additional information."</p> <p>6. Review of the article titled "Proper disposal of Personal Protective Equipment (PPE) at Covid-19 testing locations," dated "April 2020" and found at <a href="https://www2.illinois.gov/epa/topics/Documents/COVID-19_PPE_Disposal_Fact_Sheet.pdf">https://www2.illinois.gov/epa/topics/Documents/COVID-19_PPE_Disposal_Fact_Sheet.pdf</a> states, "COVID-19 is a respiratory tract illness spread person-to-person and, in some cases, can be fatal. Some wastes, including COVID-19 test kits, personal protective equipment, and similar items that could come into contact with the virus, should be separated from other materials as soon as practicable to avoid unnecessary exposure. This fact sheet is intended to provide clarification on the proper disposal of personal protective equipment (PPE) at community-based testing</p>	S9999		

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S9999	<p>Continued From page 27</p> <p>sites and other medical facilities established to test for COVID-19 in Illinois. This information is provided to protect individuals working at and visiting these facilities as well as permitted waste haulers disposing of waste generated at these locations. Potentially Infectious Medical Waste (PIMW) includes waste generated in connection with the diagnosis, treatment, or immunization of human beings. For the purpose of COVID-19 community-based testing sites and other medical facilities established for testing, all materials that could come into contact with any bodily fluids of an individual that has or is suspected of having COVID-19 should be handled as PIMW. COVID-19 community-based testing sites and other medical facilities conducting testing should store used PIMW on-site in lined, secure receptacles for proper disposal. PIMW can only be transported by a licensed PIMW hauler to a permitted transfer, storage, or treatment facility."</p> <p>A. On 8/10/21 at 1:15 PM, V2 (DON/Director of Nurses) entered the Covid-19 unit at the same time as surveyors, acknowledging there are no isolation labeled trash/laundry bins present on the Covid-19 unit. V2 stated R19 does have a small, personal size trash can beside his bed, although it is not observed as being labeled for isolation materials. V2 stated she is unsure where staff are disposing of Covid-19 trash. When asked if it would be expected for staff to utilize red isolation labeled bags, V2 stated no, per facility policy those bags are utilized for materials containing blood or body fluid. V2 stated she would have to check with V9 (Housekeeping Supervisor) to see what the current procedure is. V2 stated the plastic sectioned off area prior to entering the Covid-19 unit is utilized as a clean and dirty area for staff to don and doff PPE. When exiting the Covid-19 unit through a side door to the outside,</p>	S9999		

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S9999	<p>Continued From page 28</p> <p>a dark colored trash can is observed directly outside of the door, and V2 informed surveyors this is where they could discard their PPE. The trash can was not observed as having a bag in it, however there was a roll of clear trash bags in the bottom of the bin, and V2 unrolled one and placed in the bin.</p> <p>On 8/12/21 at 10:35 AM, R19 and R21 are observed residing on the Covid-19 unit. A red plastic bin, with a red biohazard bag is observed in the hallway, labeled for linen. No designated trash receptacles, indicating contaminated waste was observed on the entire unit. Personal size trash cans containing clear plastic bags are observed in resident rooms.</p> <p>B. On 8/12/21 at 9:50 AM, R22 was sitting in her room on the "yellow" wing. R22 stated she is quarantined due to returning from the hospital. R22 has signs posted on her door stating she is on Contact and Droplet isolation precautions. A small, personal size tan trash can with a clear trash bag is observed in R22's room. The trash can is observed to be overflowing with yellow PPE gowns hanging over the top of it and coming in direct contact with the hanging privacy curtain. One larger red trash can with a clear plastic bag in it is also observed in R22's room. R22 states she is unsure if the red container is for laundry or trash.</p> <p>On 8/12/21 at 9:57 AM, V39 (Regional Administrator) states he is unsure if the red containers in resident rooms on the "Yellow" wing are for trash or laundry. V39 acknowledges R22's trash can is overflowing and contains isolation gowns. V39 states that they have "looked it up before" and trash from the Covid-19 Precaution unit is treated as normal waste since it does not</p>	S9999		

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NAME OF PROVIDER OR SUPPLIER  
**CARMI MANOR REHAB & NRSR CTR**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**615 WEST WEBB STREET  
CARM, IL. 62821**

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S9999	<p>Continued From page 29</p> <p>contain blood or body fluids. V43 (Regional Nurse) joined the conversation at 10:00 AM and was asked how staff are to know what contaminated trash/laundry is versus non contaminated trash/laundry. V43 states that isolation laundry is double bagged in clear plastic bags, so laundry knows it needs to be washed per isolation guidelines. V43 stated trash is treated as non-contaminated and discarded in a clear plastic bag. V43 stated, should an item contain blood or body fluid, it would be placed in a red biohazard bag to be discarded and considered contaminated. V39 confirmed staff and resident Covid-19 testing is conducted at the facility.</p> <p>R22's facility order summary report dated 8/12/2021 documents "resident is currently on isolation precautions (Airborne, Droplet, &amp; (and) Contact d/t (new admission) x (times) 14 days ...."</p> <p>An undated fact sheet for Potentially Infectious Medical Waste General Requirements found at <a href="https://www2.illinois.gov/epa/topics/waste-management/factsheets/Pages/general-regulations.aspx">https://www2.illinois.gov/epa/topics/waste-management/factsheets/Pages/general-regulations.aspx</a> documents types of potentially infectious waste (PIMW) to include cultures, human pathological waste, blood and blood products, and isolation waste.</p> <p>7. On 8/12/21 at 10:35 AM, the Covid-19 positive unit is observed as having a sectioned off space with plastic walls including PPE for donning, as well as two disposal containers with clear plastic bags for doffing. Donning and Doffing (clean/dirty) procedures is occurring in this same space.</p> <p>On 8/10/21 at 1:10 PM, the facility is observed as having a designated Covid-19 unit within the 300 hall of the facility, that is partitioned off with two</p>	S9999		

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S9999	<p>Continued From page 30</p> <p>zippered plastic walls. Upon entering the first plastic zippered wall, there is an area with 2 dark colored trash bins, not labeled for isolation materials with clear trash bags in them. A clear storage tote with a white lid is present in this area with name labeled paper bags inside the container, containing the staff's reusable N95 grade masks. An additional storage container has new gowns, gloves, N95 masks, and disinfectant wipes. Behind the second zippered plastic wall is the Covid-19 unit.</p> <p>On 8/10/21 at 1:15 PM, V2 (DON) entered the Covid-19 unit at the same time as the surveyors; V2 stated the plastic sectioned off area prior to entering the Covid-19 unit is utilized as a clean and dirty area for staff to don and doff PPE.</p> <p>8. During observations on 8/12/2021 beginning at 9:45 AM a portion of the facility 300 Hall is observed as serving as the facility's "Yellow" Covid-19 precautionary zone, as well as housing their Covid-19 positive residents. The hall is divided by a clear plastic barrier between Covid-19 Precautionary and Covid-19 Positive residents.</p> <p>On 8/12/2021 at 1:45 PM, V39 (Regional Administrator) and V3 (ADON) stated the following residents reside on the "yellow unit," R9 who is unvaccinated and refuses to be Covid-19 tested, R14 (elevated temperature), R23 (new admission), R18 (elevated temperature), R22 (readmit to the facility), and R24 for an abnormal urine.</p> <p>On 8/12/2021 at 4:15 PM, V1 (Administrator) confirmed R24 is residing on the "yellow unit" for an abnormal urine. V1 confirmed R24 did not have symptoms of Covid-19.</p>	S9999		

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S9999	<p>Continued From page 31</p> <p>The facility's COVID-19 policy and procedure was reviewed and deemed adequate. Detailed procedures include:</p> <ul style="list-style-type: none"> <li>" Surveillance</li> <li>" Signs and symptoms of COVID-19</li> <li>" testing of residents/staff utilizing county positivity rates,</li> <li>" employee and visitor screening,</li> <li>" resident monitoring,</li> <li>" outbreak procedures</li> <li>" return to work criteria,</li> <li>" appropriate placement of residents on units based on COVID status,</li> <li>" PPE requirements on each unit,</li> <li>" repeat testing requirements,</li> <li>" communal dining/activities,</li> <li>" visitation,</li> <li>" cohorting,</li> <li>" isolation criteria,</li> <li>" Infection control protocol</li> </ul> <p>All staff are being in-serviced on these policies and procedures. Specific attention is being made to recognizing the signs and symptoms of COVID-19, appropriate screening of staff and visitors, what to do if an employee or resident becomes symptomatic, and testing schedules. For housekeeping staff, disinfection procedures ("kill times") are stressed. PPE requirements and how to appropriately don and doff are ongoing. Signage has been placed throughout the facility reminding our staff about infection control procedures and proper donning and doffing techniques.</p> <p>Appropriate PPE is readily available to all staff.</p> <p>Employees are being in-serviced on the importance of not coming to work if symptomatic</p>	S9999		



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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>6016539</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 08/20/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CARMI MANOR REHAB &amp; NRSG CTR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>615 WEST WEBB STREET CARMIL, IL 62821</b>
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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
S9999	<p>Continued From page 32</p> <p>and what to do if they become symptomatic at work. The above in-services are being given by members of the Governing Body throughout the day to all employees, and then repeated daily. Infection control portions of the in-servicing are conducted on-site by the Suzan Dean, Director of Nursing, Cara Went, ADON, and Taylor Gunter, RN.</p> <p>The COVID unit is clearly marked with ENTER and EXIT signs. A clean and dirty area has been established to ensure there is no cross-contamination. In-services are ongoing related to the appropriate manner to discard material used on the unit with signage from our medical waste company is received regarding appropriate medical waste disposal.</p> <p>An independent Infection Preventionist has been retained. The person is experienced in long term care with extensive experience as a Director of Nursing and an Infection Preventionist. She has no prior affiliation with Carmi Manor and has successfully completed the CDC training for Infection Preventionist. A copy of the agreement is being submitted for approval with this plan. She will oversee implementation of the facility's Infection Prevention and Intervention Plan.</p> <p>The facility has developed and implemented a tracking tool to monitor all residents and staff for communicable, respiratory infection and nursing leaders are receiving education on its use. Education is being provided by Andrea Plew, RN</p> <p>All employees are having fit tests redone. All who are medically cleared and pass fit tested are provided with N95s. Appropriate PPE is being utilized in accordance with IDPH regulation for a facility in outbreak status.</p>	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>6016539</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 08/20/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CARM MANOR REHAB &amp; NRSG CTR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>615 WEST WEBB STREET CARM, IL 62821</b>
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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
S9999	<p>Continued From page 33</p> <p>The facility reviewed its policy on housekeeping sanitizing procedures and deemed them adequate. The facility re-inserviced its housekeeping staff on Friday, August 6, 2021 by Emily Madding, Housekeeping Director, ensuring disinfectant products are utilized per manufacturers guidelines. Continuous in-services are incorporated as part of the general in-service detailed above.</p> <p>The Infection Control Committee, headed by the Director of Nursing and overseen by the newly retained Infection Preventionist Consultant will monitor to ensure all corrective measures are implemented. Daily checks will be made for 30 days to ensure the procedures are followed and then in accordance with direction from the Infection Control and Quality Assurance committees.</p> <p>The facility self-assessment is in the process of completion and will be completed by 8/17/21 by Henry McGill, LNHA.</p> <p>(A)</p>	S9999		