

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001226</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/23/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BROTHER JAMES COURT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2508 ST. JAMES ROAD SPRINGFIELD, IL 62707</b>
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Z 000	<b>COMMENTS</b>  Complaint Investigation 2146312/IL137621 W122 Client Protections COP & W406 Physical Environment COP cited	Z 000		
Z9999	<b>FINDINGS</b>  Statement of Licensure Violations:  350.620a) 350.760a) 350.760c) 350.1210 350.3240a)  Section 350.620 Resident Care Policies  a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually.  Section 350.760 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.	Z9999	<b>Attachment A</b> <b>Statement of Licensure Violations</b>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Z9999	<p>Continued From page 1</p> <p>c) Depending on the services provided by the facility, 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, as applicable</p> <p>Section 350.1210 Health Services</p> <p>The facility shall provide all services necessary to maintain each resident in good physical health. These services include, but are not limited to, the following:</p> <p>Section 350.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation, record review and interview the facility failed 1) to ensure infection control measures were implemented during a COVID outbreak, 2) the facility failed to implement their system to prevent neglect for 73 of 73 individuals in the facility when they failed to:</p> <p>1) follow facility policy and county health department guidelines regarding COVID, potentially affecting all 73 individuals that reside at the facility (R1-R73),</p>	Z9999		
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Z9999	<p>Continued From page 2</p> <p>2) submit accurate documentation to IDPH surveyors and county health department regarding COVID, potentially affecting 73 of 73 individuals (R1-R73),</p> <p>3) follow quarantine guidelines regarding COVID, when allowing a staff member to return to work before the quarantine was to be completed, potentially affecting all 71 individuals who are currently at the facility (R1-R3, R5-R72).</p> <p>Findings include:</p> <p>Facility Resident Functioning Level dated 9/1/21 identifies R3, R10, R12, R18, R19, R39, R53, R60, R61, R69, R71, and R72 as individuals who function within the Mild Range for Individuals with Intellectual Disabilities; R1, R11, R13, R20, R24-R26, R28, R31, R36, R37, R46, R48, R55, R58, R65, R66, R70 and R73 as individuals who function within the Moderate Range for Individuals with Intellectual Disabilities; R2, R4, R15, R17, R23, R29, R30, R32, R34, R35, R38, R40, R41, R44, R45, R52, R56, R59, R62, R63, and R68 as individuals who function within the Severe Range for Individuals with Intellectual Disabilities; and R5-R9, R14, R16, R21, R22, R27, R33, R42, R43, R47, R49-R51, R54, R57, R64, and R67 as individuals who function within the Profound Range for Individuals with Intellectual Disabilities.</p> <p>Neglect is defined as: " The failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness. Signs of Actual Physical Neglect: Inadequate provision of care."</p> <p>1) Facility Testing Policy dated 7/26/21</p>	Z9999		
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Z9999	<p>Continued From page 3</p> <p>documents, "If facility experiences a COVID-19 outbreak (one lab positive case and one case with COVID-19 like symptoms) or has identified its first case, facility will promptly report the occurrence to the health department. Response to a positive test: If there is an outbreak, 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, the first round of testing should include all previously negative residents and staff regardless of vaccination status. Repeated retesting continues, generally every 3 to 7 days, until no new cases of COVID-19 infection are identified among residents or staff for a period of at least 14 days regardless of vaccination status."</p> <p>Illinois Department of Public Health (IDPH) Updated Interim Guidance for Nursing Homes and Other Long-Term Care Facilities Incorporating New Masking Requirements dated 8/6/21 documents, "Testing Plan and Response Strategy: The facility must submit its testing and response plan to IDPH, CMS (Centers for Medicare and Medicaid Services), or local health department personnel upon request. Response to a positive case: In an outbreak, 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, the first round of testing should include all previously negative residents and staff regardless of vaccination status unless within 90 days of COVID 19 infection. Repeated retesting continues, generally every 3 to 7 days, until no new cases of COVID-19 infection are identified among residents or staff for a period of at least 14 days regardless of vaccination status. Source Control refers to use of a well-fitting face covering, face mask, or respirators to cover a</p>	Z9999		
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Z9999	<p>Continued From page 4</p> <p>person's mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing. Health Care Provider Source Control=surgical mask, procedure mask, or respirator, as applicable."</p> <p>Facility Employee COVID Outbreak Sheet, undated, documents, "Four Direct Support Person's (DSP): E4, E5, E6, and E7; one Human Resource (E8) and one Kitchen Staff (E9) that have tested positive for COVID. Initial positive was 8/11/21."</p> <p>Interview on 9/7/21 at 11:34 am: E2 (Residential Service Director/Licensed Practical Nurse) was asked if she tested the individuals for COVID when the staff member tested positive on 8/11/21? E2 stated, "No, I've only been testing R5 because he is not vaccinated."</p> <p>Observation on 9/8/21 at 9:15 am: R1, R2, R25, and R62 were in a room at day training.</p> <p>Interview on 9/8/21 at 9:15 am: Z3 (Day Training Supervisor) was asked how many other facilities are in the room with R1, R2, R25, and R62? Z3 stated, "Three other facilities."</p> <p>Observation on 9/8/21 at 9:18 am: R2 was sitting at the computer with his mask below his chin.</p> <p>Observation on 9/8/21 at 9:16 am: R72 was in the workshop while at day training.</p> <p>Interview on 9/8/21 at 9:16 am: Z3 was asked how many other facilities are in the room with R72? Z3 stated, "Two other facilities."</p> <p>Observation on 9/8/21 at 9:19 am: R3, R19, R20, R24, R30, R40, R41, R60, and R69 were sitting in</p>	Z9999		

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Z9999	<p>Continued From page 5</p> <p>a room at daytraining.</p> <p>Interview on 9/8/21 at 9:19 am: Z3 was asked how many other facilities are in the room with R3, R19, R20, R24, R30, R40, R41, R60, and R69? Z3 stated, "Two facilities."</p> <p>9/15/21 at 9:38 am: R57 sitting in nurses station with E3 (Director of Nursing). E3 not wearing a face covering of any kind while in the nurses station with R57.</p> <p>2) Illinois Department of Public Health (IDPH) Updated Interim Guidance for Nursing Homes and Other Long-Term Care Facilities Incorporating New Masking Requirements dated 8/6/21 documents, "The facility must submit its testing and response plan to IDPH, CMS (Centers for Medicare and Medicaid Services), or local health department personnel upon request."</p> <p>Facility Employee COVID Outbreak Sheet, undated, documents,</p> <p>"1) E4 (DSP) last day worked: 8/10/21; COVID Test Date: 8/11/21; Test Results: positive; Comments: asymptomatic.</p> <p>2) E6 (DSP) last day worked: 8/13/21; COVID Test Date: 8/14/21; Test Results: positive; Comments: asymptomatic.</p> <p>3) E5 (DSP) last day worked: 8/17/21; COVID Test Date: 8/18/21; Test Results: positive; Comments: asymptomatic.</p> <p>4) E7 (DSP) last day worked: 8/22/21; COVID Test Date: 8/23/21; Test Results: positive; Comments: asymptomatic.</p> <p>5) E8 (Human Resources) last day worked: 8/26/21; COVID Test Date: 8/30/21; Test Results: positive; Symptoms: fever, cough-new onset, headache, and sore throat.</p> <p>6) E9 (Kitchen Staff) last day worked: 8/26/21;</p>	Z9999		
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Z9999	<p>Continued From page 6</p> <p>COVID Test Date: 9/2/21; Test Results: positive; Symptoms: oxygen."</p> <p>Interview on 9/9/21 at 8:28 am: E4 was asked if she worked the day prior to testing positive for COVID? E4 stated, "Yes." E4 was asked if she had symptoms of COVID? E4 stated, "Yes, headache, back pain, vomiting, and no appetite." E4 was asked when she started having symptoms? E4 stated, "On 8/10/21 I told the supervisor that I was having a headache and asked if I could go home early. They sent me home. The next morning I was running a 104 fever and throwing up, so I went to Prompt Care and they tested me and I tested positive." E4 was asked if she informed the facility? E4 stated, "Yes the facility told me I had to bring paper work or have someone bring my paperwork to them. I didn't have anyone to bring it for me so I went to the facility, I didn't go in, and I gave them my paperwork and they also tested me." E4 was asked who she gave her paperwork to? E4 stated, "E2 (Residential Service Director/Licensed Practical Nurse) I think." E4 was asked if she informed the facility that she was having symptoms? E4 stated, "Yes, I told E2 that I was having back pain and a headache."</p> <p>Interview on 9/9/21 at 8:32 am: E5 was asked if she worked the day prior to testing for COVID? E5 stated, "Yes." E5 was asked if she was tested due to facility routine testing or if she was having symptoms? E5 stated, "I had a headache, so the facility tested me and I was positive."</p> <p>Interview on 9/7/21 at 11:34 am: E2 was asked who gave the guidance to not test the individuals who have been vaccinated? E2 responded, "Z1 (Health Department Registered Nurse/RN)."</p>	Z9999		

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Z9999	<p>Continued From page 7</p> <p>Email presented by E2 on 9/7/21 that documents, "E2 sent Z1 an email on 8/23/21: We are currently at 3 COVID positive asymptomatic staff members at this time. E6 8/14/21 positive, last day worked 8/13/21: asymptomatic; E5 8/19/21 positive, last day worked 8/18/21 asymptomatic; E7 8/23/21 positive, last day worked 8/22/21: asymptomatic. I am currently testing all staff weekly." Response from Z1 on 8/23/21: "I'm sorry. Here are the forms we need to have filled out. So glad all your Residents are vaccinated! You do not need to test residents at this time that are vaccinated."</p> <p>Interview on 9/7/21 at 11:36 am: Z2 (Health Department RN) was asked if the facility should have tested and be testing the individuals? Z2 stated, "Yes, an initial test should be done and ongoing for staff and residents every 3 to 7 days until clear regardless of their vaccination status."</p> <p>Interview on 9/8/21 at 9:37 am: Z1 was asked how often the facility should be testing? Z1 stated, "Every 3 to 7 days until a 14 day stretch of all staff and residents having negative test results." Z1 was asked should they be testing individuals and staff? Z1 stated, "Yes." Z1 was asked even regardless of their vaccination status? Z1 stated, "Yes." Z1 was asked if the facility should have started testing all staff and individuals from the first initial positive COVID test result? Z1 stated, "Yes." Z1 was told that the facility presented an email to surveyors that contained a statement from Z1 stating they did not have to test the individuals at this time that were vaccinated. Z1 stated, "I never told them that." Z1 was asked if the email that the facility presented was falsified? Z1 stated, "Yes it was. I've attempted multiple times for the facility to send me three forms, The Employee COVID List</p>	Z9999		
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Z9999	<p>Continued From page 8</p> <p>Line, Resident COVID List Line, and New Long Term Care Facility Outbreak Form, these are forms that I need. They still have not sent me those forms."</p> <p>Email presented by Z1 on 9/8/21: "E2 sent Z1 an email on 8/23/21: We are currently at 3 COVID positive asymptomatic staff members at this time. E6 8/14/21 positive, last day worked 8/13/21: asymptomatic; E5 8/19/21 positive, last day worked 8/18/21 asymptomatic; E7 8/23/21 positive, last day worked 8/22/21: asymptomatic. I am currently testing all staff weekly." Response from Z1: "I'm sorry. Here are the forms we need to have filled out. So glad all your Residents are vaccinated!"</p> <p>Facility Resident Information COVID Test dated 9/8/21 documents, "R4 COVID Test 9/8/21; Results: Negative BinaxNow Rapid."</p> <p>Interview on 9/9/21 at 10:05 am: E3 (Director of Nursing/DON) was asked when was R4 hospitalized? E3 stated, "2/22/21." E3 was asked what was he hospitalized for? E3 stated, "Urinary Tract Infection." E3 was asked when R4 returned to the facility? E3 stated, "He hasn't, R4 was discharged from the hospital to a skill nursing facility and has been there since for rehabilitation."</p> <p>Facility Employee Information COVID Test dated 9/9/21 documents, "E16 (PRN Direct Support Person/DSP), E17 (PRN DSP), and E18 (PRN DSP) Test 9/9/21; Results: Negative BinaxNow Rapid."</p> <p>Interview on 9/16/21 at 8:01 am: E16 was asked if he was COVID tested by the facility on 9/9/21? E16 stated, "No."</p>	Z9999		

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Z9999	Continued From page 9  Interview on 9/16/21 at 9:10 am: E17 was asked if he was COVID tested by the facility on 9/9/21? E17 stated, "No."  Interview on 9/16/21 at 10:30 am: E18 was asked if she was COVID tested by the facility on 9/9/21? E18 stated, "I've not been tested there and I don't work there anymore."  3) Surveyor called facility requesting to speak to someone regarding R4. E10 (Administrative Assistant) transferred call and E8 (Human Resource) picked up the phone and transferred call to E3.  Interview on 9/9/21 at 10:46 am: Z1 was asked if E8 should be back at work? Z1 stated, "No, not until 9/10/21. E8 is still considered symptomatic. If E8 is at the facility, they need to have her leave and the facility needs to quarantine anyone that was unvaccinated, staff or individuals, that were within 6 feet for more than 15 minutes or more cumulatively."  (A)	Z9999		