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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003040 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/30/2021 |
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| NAME OF PROVIDER OR SUPPLIER FAIRVIEW HAVEN | STREET ADDRESS, CITY, STATE, ZIP CODE 605 NORTH 4TH STREET FAIRBURY, IL 61739 |
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| S 000 | <p>Initial Comments</p> <p>A Focused Infection Control Survey/COVID-19 Focused Survey was conducted by Illinois Department of Public Health on August 30, 2021.</p> <p>Survey Census: 47</p> <p>Total Sample: 22</p> | S 000 | | |
| S9999 | <p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610 a) 300.696 a) 300.696 c)7) 300.1020 a)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</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</p> | S9999 | <p>Attachment A Statement of Licensure Violations</p> | |

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| Illinois Department of Public Health REGULATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X8) DATE |
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| S9999 | <p>Continued From page 1</p> <p>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>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>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to implement infection control procedures in accordance with State Health Department guidance and CDC (Centers for Disease Control and Prevention), and update and follow facility policy to prevent the spread of a highly contagious disease to residents and staff. The facility failed to ensure staff wore proper Personal Protective Equipment during an outbreak of COVID-19 and failed to prohibit an employee who had close contact exposure to COVID-19 from working with residents. These failures affect 13 (R2, R3, R9, R10, R14, R15, R16, R17, R18, R19, R20 R21, R22) of 22</p> | S9999 | | |

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| S9999 | <p>Continued From page 2</p> <p>residents sampled for infection control. Subsequently R2, R3, R9, and R14 tested positive for COVID-19 after being unnecessarily exposed to COVID-19 in the facility resulting in the likelihood of serious complications, hospitalization, and/or death.</p> <p>Findings include:</p> <p>1. R10's Nursing Notes document: On 8/9/21 at 1:51 PM R10 tested positive for COVID-19. R10 had a congested non-productive cough noted on 8/9/21 and 8/11/21. R10 had a temperature of 102.4 degrees Fahrenheit on 8/13/21. The facility's Line Listing- LTC (Long Term Care COVID-19 Testing documents R10's rapid COVID-19 test was positive on 8/9/21.</p> <p>The facility's 8/12/21 Certified Nursing Assistant (CNA) schedules document: On 8/12/21 and 8/13/21 document V23 Certified Nursing Assistant was assigned to R10's hall. On 8/14/21 V23 worked day shift on R9's hall.</p> <p>The facility's undated COVID-19 Log documents: On 8/14/21 V23 had symptoms of runny nose, low grade fever, stuffy nose, slight headache and low energy. On 8/15/21 V23 tested positive for COVID-19. V23 was in close contact with the Country Court hall. R9 (COVID-19 Negative) was identified to be a close contact when V23 pulled down V23's N95 mask so R9 could hear V23 talk. V23 believed V23's source of COVID-19 was when V23 pulled V23's N95 back when talking to R10 (COVID-19 positive resident.) On 8/19/21 R9 developed fever and cold symptoms and tested positive for COVID-19. R9's source of COVID-19 was when V23 removed V23's N95 mask so R9 could hear V23.</p> | S9999 | | |

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| S9999 | <p>Continued From page 3</p> <p>R9's Census dated 8/27/21 documents R9 has resided on Country Court since May 13, 2019. R9's Admission Record dated 8/27/21 documents R9 has diagnoses including Alzheimer's Disease and Hypertension. R9's Nursing Notes document on 8/19/2021 at 7:20 AM R9 was warm to touch, sounded hoarse, was lethargic, and had a temperature of 102 degrees Fahrenheit. A rapid test was conducted and R9 tested positive for COVID-19.</p> <p>On 8/26/21 at 11:02 AM V23 stated: V23 developed symptoms of COVID-19 on 8/14/21 and tested positive for COVID-19. V23 had been assigned to care for COVID-19 positive residents including R10 during the week prior to V23 testing positive. V23 was in R10's room and R10 had difficulty hearing V23. V23 pulled down V23's N95 mask, exposing V23's nose and mouth, to talk to R10. V23 was within 6 feet from R10 and R10 was not wearing a face covering. "I know now I shouldn't have taken my mask off." On an unidentified date V23 was within 6 feet of R9. V23 pulled down V23's N95 mask to talk to R9, who was not wearing a face covering.</p> <p>On 8/26/21 at 11:53 AM V2 Director of Nursing (DON) stated: On 8/12/21 V23 cared for R10 who was COVID-19 positive. V23 pulled down V23's N95 mask while providing care for R10. On 8/14/21 V23 pulled down V23's N95 mask to talk to R9. V23 tested positive for COVID-19 on 8/14/21, and R9 tested positive on 8/19/21. Staff are not to remove their masks during resident care.</p> <p>2. The facility's undated COVID-19 Log documents: On 8/22/21 V28 CNA had symptoms of cough, stuffy nose, body aches, and headache. V28 tested positive for COVID-19 on 8/23/21.</p> | S9999 | | | |

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| S9999 | <p>Continued From page 4</p> <p>V27 had lunch with V28 and V28 was identified to be a close contact to V27. On 8/24/21 V27 had symptoms of headache, cough, scratchy throat, sniffles, body aches, and fever. V27 tested positive for COVID-19 on 8/24/21. V27 rode with V28 to work on 8/21/21 and 8/22/21. V27 "can't wear an N95 mask, face shield and mask are on all the time." R2 and R3 tested positive on 8/25/21. R2's source of COVID-19 was V27, and R3's source of COVID-19 was V28 and V27.</p> <p>V28's COVID-19 Screening dated 8/23/21 at 5:17 AM documents V27 answered "no" to all of the questions. The facility's schedule document on 8/23/21 V27 worked day shift on Daffodil Drive. The facility's Daily Census dated 8/23/21 document the residents R2, R3, and R14-R22 resided on Daffodil Drive.</p> <p>R2's Admission Record dated 8/27/21 documents R2's diagnoses include Alzheimer's Disease, Hypertension, Atrial Fibrillation, and Atherosclerotic Heart Disease. R2's Nursing Notes document on 8/24/2021 at 9:44 PM R2 had a fever of 100.2 degrees Fahrenheit and refused supper. 8/25/2021 6:19 PM R2 tested positive for COVID-19.</p> <p>R3's Admission Record dated 8/27/21 documents R3's diagnoses include Atherosclerotic Heart Disease and Alzheimer's Disease. R3's Nursing Notes document on 8/23/2021 at 7:30 PM R3 complained of a runny nose and sore throat. On 8/24/2021 at 3:02 PM R3 had a dry cough, felt tired, and had a temperature of 101.5 degrees Fahrenheit. On 8/25/2021 at 6:06 PM R3 tested positive for COVID-19.</p> <p>R14's Nursing Notes document: On 8/26/21 at 5:00 PM R14 was placed on isolation for fever</p> | S9999 | | |

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| S9999 | <p>Continued From page 5</p> <p>and vomiting. At 9:12 PM R14's oxygen saturation dropped to 81% (normal range is greater than 95%.) On 8/27/21 at 1:15 PM R14 tested positive for COVID-19.</p> <p>On 8/26/21 at 10:04 AM V28 stated: V28's symptoms of headache and nausea started on the evening of 8/22/21 after V28 arrived home from work. On the morning of 8/23/21 V28 came to the facility to be tested and tested positive for COVID-19.</p> <p>On 8/26/21 at 10:47 AM V27 stated: V27 tested positive for COVID-19 on 8/24/21 after V27 developed symptoms that morning of headache, scratchy throat, occasional cough, and feeling tired. On 8/23/21 V27 provided care for COVID-19 negative residents on Daffodil Drive. V27 wore a surgical mask and face shield in the building and in rooms of COVID-19 negative residents. On 8/21/21 and 8/22/21 V27 and V28 rode together to work, in the same car, and neither V27 nor V28 wore a face mask. V27 and V28 had lunch together on 8/22/21 at the same table, within 6 feet of each other, and were not wearing a face covering. V27 was present when V28 tested positive for COVID-19 on the morning of 8/23/21. V1 Administrator and V2 Director of Nursing (DON) were not notified that V27 had close contact exposure to V28 until 8/24/21 (after V27 worked in the facility on 8/23/21.)</p> <p>On 8/26/21 at 11:53 AM V2 DON stated: V28 tested positive for COVID-19 on the morning of 8/23/21. Neither V1 or V2 were aware that V27 and V28 had rode to work together on 8/21/21 and 8/22/21, until after V27 tested positive for COVID-19 on 8/24/21. V1 Administrator stated V1 knew that V27 and V28 had lunch together on 8/22/21, but V1 was not aware that V27 and V28</p> | S9999 | | |

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| S9999 | <p>Continued From page 6</p> <p>were within 6 feet of each other. Staff are instructed to be 6 feet apart for eating and during breaks, and the tables are spaced out in the dining area to accommodate this. V1 would not have allowed V27 to work on 8/23/21 if V1 was aware of V27's exposure to V28. V27 would have been instructed to quarantine. V1 confirmed R2 and R3 tested positive after V27 worked on their hallway on 8/23/21.</p> <p>On 8/26/21 at 2:30 PM V2 stated: V27 answered no to all of the screening questions on 8/23/21. The system would have flagged if V27 answered yes to COVID-19 exposure and sent an alert to V1 and V2. If V27 found out about V27's exposure to V28 after V27 completed the screening, then V27 should have reported V27's exposure to V1 or V2.</p> <p>On 8/26/21 at 10:12 AM V32 Local Health Department DON stated: The Local Health Department (LHD) has sent updated COVID-19 guidance from IDPH to the facility regularly. The LHD refers to IDPH COVID-19 guidance for long term care facilities. Best practice is to wear an N95 face mask and eye protection during a COVID-19 outbreak. If an employee is considered to have had close contact exposure to someone who tested positive for COVID-19, they should be placed on quarantine for 14 days, and not allowed to work. If staff are not wearing appropriate PPE, and they are asymptomatic, this can lead to the spread of the virus. V32 confirmed V23 pulling down V23's N95 mask while within 6 feet of a COVID-19 positive resident would put V23 at increased risk of exposure and contracting COVID-19. V32 confirmed V23 pulling down V23's N95 mask while within 6 feet of a COVID-19 negative resident, would put that resident at increased risk for contracting</p> | S9999 | | |

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| S9999 | <p>Continued From page 7</p> <p>COVID-19.</p> <p>3. On 8/26/21 at 8:05 am, V1 Administrator and V2 DON (Director of Nursing) were wearing a surgical face mask without eye protection. V1 and V2 both walked from the front reception area through the resident lounge/sitting area and through the 300 hall where residents reside, to the conference room. V1 and V2 both stated the facility has been in COVID-19 (a highly infectious disease) "outbreak" since 7/31/21, and that the facility has had eight residents who have tested positive for COVID-19, along with 10 staff members.</p> <p>On 8/26/21 at 8:40 am, V3 Administrative Assistant was in the 200 resident hall wearing a surgical face mask and face shield with V4 Volunteer/RN (Registered Nurse), who was wearing an N95 mask and eye protection. V3 was assisting V4 with COVID testing of residents; marking the COVID test with the time and applying the activation drops to the test. V3 stated V3 does not have an N95 and has not been fit tested for one due to not having direct contact with the residents.</p> <p>On 8/26/21 at 8:45 am, V5 Activity Assistant was walking down the 200 resident hall wearing a surgical mask only, no eye protection. V6 Student was with V5 and wearing a cloth face mask. V5 stated V5 has been fit tested for an N95 face mask but isn't wearing it due to not having close contact with residents with just walking down the hall.</p> <p>On 8/26/21 at 9:05 am, V7 Care Team Supervisor was refilling PPE (Personal Protective Equipment) in the 300-resident hall. V7 was wearing a surgical face mask only, no eye</p> | S9999 | | |

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| S9999 | <p>Continued From page 8</p> <p>protection. V7 stated if staff go into a resident room, they have to wear an N95 face mask and eye protection but if they are just in the hall, all they are required to wear is a surgical face mask.</p> <p>On 8/26/21 at 9:15 am, V8 Activity Director was sitting in V8's office without any mask. Upon surveyor knocking on the door, V8 applied a surgical face mask. V8 stated it is okay to wear a surgical mask if staff are in their office or in the hallway, as long as residents aren't around, but if residents are around, you have to wear an N95 and eye protection.</p> <p>On 8/26/21 at 9:22 am, V10 CNA (Certified Nursing Assistant) was wearing a surgical mask and eye protection, with a N95 mask hanging around V10's neck. V10 stated staff only needed to wear the N95 when they were within six feet of a resident.</p> <p>On 8/26/21 at 9:30 am, V11 Therapy Program Assistant/CNA was standing in the resident lounge/sitting area, where all resident units/halls gather, wearing a surgical face mask and no eye protection. V11 stated staff only need to wear an N95 mask and eye protection if within six feet of a resident for more than 15 minutes.</p> <p>On 8/26/21 at 11:53 AM, V1 stated the facility policy is that surgical masks are to be worn on the resident hallways, and no eye protection is needed. N95 and eye protection are required only in resident rooms when providing care for residents including those who aren't on isolation. This facility policy is not consistent with IDPH (Illinois Department of Public Health) COVID-19 Updated Interim Guidance for Nursing Homes and Other Long-Term effective August 14, 2021.</p> | S9999 | | |

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| S9999 | <p>Continued From page 9</p> <p>The CDC's Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 (COVID-19) Spread in Nursing Homes revised March 29, 2021, documents "Establish a process to ensure HCP (Healthcare Personnel) (including consultant personnel and ancillary staff such as environmental and dietary services) entering the facility are assessed for symptoms of COVID-19 or close contact outside the facility to others with SARS-CoV-2 infection and that they are practicing source control. Options could include (but are not limited to): individual screening on arrival at the facility; or implementing an electronic monitoring system in which, prior to arrival at the facility, HCP report absence of fever and symptoms of COVID-19, absence of a diagnosis of SARS-CoV-2 infection in the prior 10 days and confirm they have not had close contact with others with SARS-CoV-2 infection during the prior 14 days." This guidance documents residents with suspected or confirmed COVID-19 infection should be cared for by HCP using an N95 or higher-level respirator, eye protection, gown, and gloves.</p> <p>The CDC's Interim United States Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to SARS-CoV-2 revised March 11, 2021 documents HCP who had prolonged (cumulative total of 15 minutes or more within 24 hours) close contact with a COVID-19 positive individual and did not wear eye protection or a facemask must be excluded from work for 14 days after the last exposure.</p> <p>The IDPH COVID-19 Updated Interim Guidance for Nursing Homes and Other Long-Term effective August 14, 2021 documents "During an outbreak (one case is considered an outbreak):</p> | S9999 | | |

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| S9999 | <p>Continued From page 10</p> <p>Staff must wear an N95 respirator and eye protection on all units until there are no new positive cases for 14 days."</p> <p>The facility's Infection Prevention and Control Policy Suspected or Confirmed Coronavirus (COVID-19) dated August 10, 2021 documents the following: "COVID-19 is a respiratory illness (caused by the coronavirus) 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 facility will screen all persons entering any of the buildings on our campus for signs and symptoms of COVID-19. A universal screening kiosk is set up at the entrance to the main building of (the facility). The screening process will ask the following questions and a temperature will be recorded. All screening records will be maintained for a minimum of 30 days. 1. Have you been diagnosed with COVID-19? If yes, has it been less than 10 days since your symptoms started or your testing date, do symptoms continue, and/or have you had a fever or 100 in the past 24 hours? 2. Have you been in close contact (within 6 feet for 15 minutes or longer) with anyone experiencing COVID-19 symptoms or testing positive for COVID-19 within the past 14 days? 3. Are you experiencing any of the following symptoms: new or worsening cough, new or unexplained shortness of breath, unusual fatigue, unexplained muscle or body aches, new or unusual headache, loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting or diarrhea. All team members, service providers (employed and contractual), volunteers and essential caregivers will report to the main entrance of (facility). Team members will sign-in to the kiosk system answering the appropriate</p> | S9999 | | |

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| NAME OF PROVIDER OR SUPPLIER FAIRVIEW HAVEN | STREET ADDRESS, CITY, STATE, ZIP CODE 605 NORTH 4TH STREET FAIRBURY, IL 61739 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
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| S9999 | <p>Continued From page 11</p> <p>questions. In the event that a team member does not pass the screening process, an alert will be sent to the Administrator and Director of Nursing for investigation. If a team member presents with symptoms but has a logical explanation for the symptoms, a nurse will conduct a rapid, POC test to confirm they are negative for COVID. Any team member who does not pass the screening process must obtain approval from the Administrator or Director of Nursing for admittance to the building." "All team members will wear all recommended PPE (N95, eye protection, gloves, and gown) for care of all residents infected with COVID-19 or facility wide depending on the situation or as directed by the local health department." "(The facility) will enter outbreak status when ONE facility acquired or facility associated positive COVID-19 case is identified. The outbreak status will continue until there have been no new positive cases for 14 days." "During an outbreak: Team members will be required to wear an N95 respirator and eye protection on all units for any resident contact during the duration of the outbreak. Eye protection will be required whenever a team member is near a resident or enters a resident's room." This policy is not updated to include the IDPH (Illinois Department of Public Health) current COVID-19 Guidelines.</p> <p>(A)</p> | S9999 | | |