

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6006175</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/03/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ARISTA HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1136 NORTH MILL STREET NAPERVILLE, IL 60563</b>
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S 000	Initial Comments  2078797/IL128453 2078827/IL128491 2078965/IL128647	S 000		
S9999	Final Observations  Statement of Licensure Violation:  300.610a) 300.696a) 300.696b) 300.696c)7) 300.1210b) 300.3240a)  Section 300.610 Resident Care Policies  a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.  Section 300.696 Infection Control  a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and	S9999	Attachment A Statement of Licensure Violations	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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S9999	<p>Continued From page 1</p> <p>include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed.</p> <p>b) A group, i.e., an infection control committee, quality assurance committee, or other facility entity, shall periodically review the results of investigations and activities to control infections.</p> <p>c) Each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services (see Section 300.340):</p> <p>7) Guidelines for Infection Control in Health Care Personnel</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>These Requirements are not met as evidenced by:</p> <p>Based on observation, interview and record review the facility was found to have the following failures related to COVID-19:</p> <ol style="list-style-type: none"> <li>1) Failed to follow their policy for screening visitors and facility staff for COVID-19 symptoms and exposure prior to entering the facility.</li> <li>2) Failed to follow their policy for screening facility staff at mid-shift for fever and other symptoms of COVID-19.</li> <li>3) Failed to have a system in place to track facility staff present in the building and ensure staff had been screened for COVID-19 symptoms and exposure upon entrance to the facility and mid-shift.</li> <li>4) Failed to post signage to identify a resident unit as a COVID-19 unit and resident rooms as isolation rooms, including type of isolation and type of PPE (Personal Protective Equipment) required to enter the unit/resident room.</li> <li>5) Failed to ensure COVID-19 positive residents are kept separate from non-COVID residents.</li> <li>6) Failed to have designated staff to care for COVID-19 positive residents.</li> </ol> <p>This applies to all 88 residents residing at the facility.</p> <p>The findings include:</p> <p>The Facility Data Sheet dated November 16, 2020 shows the facility census as 88 residents.</p> <p>On November 16, 2020 at 12:50 PM, V11 (Receptionist) was sitting at the desk at the front</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>entrance of the facility. V11 allowed this surveyor to enter the building without performing COVID-19 screening, including checking body temperature and screening for COVID-19 exposure or symptoms. At 1:00 PM, V1 (Administrator) said V11 should screen everyone entering the building for body temperature and COVID-19 exposure/symptoms. V1 instructed V11 to screen this surveyor. V11 used a thermometer to check this surveyor's body temperature and then proceeded to put a checkmark in the "no" column of the screening tool, for all COVID-19 symptoms without asking this surveyor if any of the symptoms were present.</p> <p>V11 said all visitors and employees entering the building are supposed to be screened for COVID-19 symptoms and body temperature. V11 said, "I am the only receptionist working here, the other two quit. I don't follow up with employees to make sure they get screened for COVID before they start work or during their shifts. They are on the honor system. I just put the forms in a pile on my desk and clip them together. I don't keep track of them. I don't know who looks at them."</p> <p>On November 16, 2020 at 1:20 PM, screening sheets were reviewed with V11 (Receptionist). V11 said she did not have screening sheets to show the employees currently working in the facility had been screened for body temperature or COVID-19 exposure and symptoms prior to their shift or mid-shift.</p> <p>The facility's Daily Staffing schedule dated November 16, 2020 shows, V14 (RN-Registered Nurse), V15 (RN), V16 (LPN-Licensed Practical Nurse), and V20 (LPN) were scheduled to work from 7:00 AM to 3:30 PM, and V7 (CNA-Certified</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>Nursing Assistant), V17 (CNA), V18 (CNA), V19 (CNA), V21 (CNA), V22 (CNA) were scheduled to work 6:30 AM to 2:30 PM.</p> <p>On November 16, 2020 between 1:25 PM and 2:00 PM, V14 (RN), V26 (LPN), V15 (RN), V21 (CNA), and V20 (LPN) said they all started their shift between 6:30 AM and 7:00 AM and did not get screened for body temperature, COVID-19 exposure or symptoms prior to starting their shifts or midway through their shifts. V15 had a blank screening sheet in his hand and said he did not complete the screening prior to his shift. V20 said, "There was no receptionist at the desk when I came in, so I didn't do the screening."</p> <p>The facility's policy entitled Coronavirus 2019, revised on July 12, 2020 shows:</p> <p>"Facilities: h. Screen staff: Screen all staff for respiratory symptoms and check temperatures at the beginning of the shift and again at mid-shift. If a COVID-19 respiratory symptom or fever is present, the staff member should be sent home .... Employees: c. All employees should be pre-screened for fever and other symptoms prior to shift and at mid-shift. Fever (&gt;100.0 degrees Fahrenheit)</p> <p>New or worsening cough Shortness of breath Sore throat Chills or shaking w/chills Muscle pain Headache New loss of taste or smell</p> <p>If employee answers YES to any of the screening questions the employee should not work. The employee should self-isolate at home. Contact the supervisor and infection prevention. Infection Prevention should notify the local health</p>	S9999		
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Continued From page 5 department.

Visitors: b. If there is community-wide transmission of COVID-19, facility will consider screening visitors at entry to the facility. Only essential visitors will be permitted entry to the facility. Essential visitors are defined as relatives who have loved ones who are critically ill, medical providers and practitioners that are essential to provide care and services to manage health and well-being.

d. (As of 4/17/2020 for Illinois facilities) Essential professionals, such as those providing legal services, advising residents of their legal rights, and assisting with matters in which residents may be aggrieved should be allowed reasonable access to patients/residents at facilities. Essential professionals will be screened as facility staff."

On November 16, 2020 at 12:50 PM, V1 (Administrator) said, "The second floor is our designated COVID unit."

On November 16, 2020 at 1:44 PM, and November 19, 2020 at 1:25 PM, observations were made of the second floor of the facility. No signage was present at the entrance to the unit, via the elevator or stairway, to show the second floor was a designated COVID unit. On November 19, 2020 at 1:30 PM, V16 (LPN) said, "Most of this floor is COVID residents. There are no signs posted to show that. We wear masks at the nurse's station and in the hallways but if you go in the room of a COVID positive resident, then you need to wear everything." V12 (LPN), said, "You just have to look at the signage on the resident's rooms to see what kind of PPE (Personal Protective Equipment) is needed in

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S9999	<p>Continued From page 6</p> <p>each room. Some residents I am caring for have COVID, and some don't. We don't have dedicated staff for the COVID residents."</p> <p>The facility provided an undated list of residents with current positive COVID-19 infections on November 19, 2020. The list shows, R3, R9, R10-R22 have COVID-19 infections. None of the rooms occupied by R3, R9, R10-R22 had signage to show the residents were in isolation, the type of isolation, or the type of PPE to be worn prior to entering their rooms.</p> <p>On November 19, 2020 at 1:30 PM, R7, R17, R24 and R25 resided in the same room. The facility's undated list of residents with positive COVID-19 infection shows R17 as positive for COVID-19. The facility's EMR (Electronic Medical Record) shows R7, R24 and R25 had orders to discontinue isolation for COVID-19 on November 17, 2020. On November 19, 2020 at 1:30 PM, R7, R24 and R25 remained on the COVID-19 unit, in the room with the COVID positive resident R17, despite their previous room at the facility remaining empty.</p> <p>On November 23, 2020 at 10:48 AM, V1 (Administrator) identified V2 (DON-Director of Nursing) as the facility's Infection Preventionist (IP).</p> <p>On November 23, 2020 at 10:56 AM, V2 (DON/IP) said, "I was the interim DON. I worked from the end of October 2020 through November 20 in that capacity. I don't know why the residents who were cleared of COVID isolation were left up on the COVID unit. The facility was supposed to make a COVID unit and as the unit got smaller, have a dedicated wing and barrier it off from the other residents to make it a COVID unit. We had</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>discussed it, and the plan was [V27] (Nurse Consultant), [V23] (Former Administrator) and [V1] (Administrator) would barrier off the unit and make it a COVID unit. They were also supposed to have dedicated staff there. I was out on leave from early November until November 16, 2020. When I came back, [V27] and [V1] were discussing the room moves while I was catching up on everything else. I don't know why the residents were not moved. Once the residents came off isolation they would be moved back to their room, that was always the plan. The facility did not want to keep people in isolation once the isolation was discontinued. There was supposed to be signage to identify the unit as a COVID unit. There was also supposed to be signage on all the resident rooms as well. I did tell them they had to have dedicated staff in the building. Also, they were supposed to be announcing halfway through the day to get staff to be screened for COVID symptoms and fever."</p> <p>On November 23,2020 at 11:50 AM V28 (Disease Specialist DuPage County Health Department) said, "Our advice to the facility is to always make sure they have a COVID unit set up with cohorted staff and make sure they are using proper PPE (Personal Protective Equipment). They should be screening their staff twice a day for COVID symptoms, and if they work two shifts in a row, then twice in every eight hours they work, including when they enter the building for the first time. We recommend they put up notification of entering a COVID unit. We would recommend the residents go back to the normal floor if they are cleared from isolation. If the facility has the room, they should move the residents out of the COVID unit. The facility had some questions for the health department on Friday, November 20. They had some residents that were positive for</p>	S9999		
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S9999	Continued From page 8  COVID and some residents that were cleared. We said they should move the residents, cleared of isolation, back to the normal unit when they are cleared from isolation if they had room. Absolutely, the staff and visitors should be screened upon entering the building. The staff should be screened twice in every eight hours they work."  (A)	S9999		
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