Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6008569	B. WING	B. WING		12/31/2020	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	1 12/0	11/2020	
SHELDO	N HEALTH CARE CE	NTER 170 WEST	CONCORD				
OHLLEDO		SHELDON	I, IL 60966				
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S 000	Initial Comments		S 000				
	Complaint Investiga 2069962/IL129715	ation:					
	Covid-19 Focused	Infection Control					
S9999	Final Observations		S9999				
p-	Statement of Licens	sure Violation:		29			
	300.610a) 300.696a) 300.696b) 300.696c)7) 300.1210b) 300.1220b) 300.3240a)		-				
	Section 300.610 Re	esident Care Policies					
A	procedures governifacility. The written be formulated by a Committee consisting administrator, the a medical advisory conformation of nursing and othe policies shall complete written policies the facility and shall	have written policies and ng all services provided by the policies and procedures shall Resident Care Policy ng of at least the dvisory physician or the ammittee, and representatives a services in the facility. The ly with the Act and this Part. shall be followed in operating the reviewed at least annually documented by written, signed					
	and dated minutes and section 300.696 Inf	· ·					
	a) Policies and proc controlling, and pre-	cedures for investigating, venting infections in the facility I and followed. The policies		Attachment A Statement of Licensure Violation	18		

STATE FORM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

PRINTED: 05/03/2021 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ____ B. WING IL6008569 12/31/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 170 WEST CONCORD SHELDON HEALTH CARE CENTER SHELDON, IL 60966 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 1 S9999 and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 III, Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 III. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed. b) A group, i.e., an infection control committee, quality assurance committee, or other facility entity, shall periodically review the results of investigations and activities to control infections. c) Each facility shall adhere to the following guidelines of the Center for Infectious Diseases. Centers for Disease Control and Prevention. United States Public Health Service, Department of Health and Human Services (see Section 300.340): 7) Guidelines for Infection Control in Health Care Personnel Section 300.1210 General Requirements for Nursing and Personal Care 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

Illinois Department of Public Health

Services

care needs of the resident.

resident to meet the total nursing and personal

The DON shall supervise and oversee the

Section 300.1220 Supervision of Nursing

nursing services of the facility, including:

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: ___ B. WING IL6008569 12/31/2020 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 170 WEST CONCORD SHELDON HEALTH CARE CENTER SHELDON, IL 60966 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) S9999 S9999 Continued From page 2 Assigning and directing the activities of nursing service personnel 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) Thexse requirements were not met as evidenced by: Identified failures required more than one deficient practice statement. A.) Based on observation, interview, and record review the facility failed to follow facility policy to promptly separate a COVID-19 (Human Coronavirus infection) symptomatic resident (R2) away from a non-infected resident (R3) and implement transmission-based precautions. This failure exposed an asymptomatic resident (R3) to COVID-19 infection. R3 subsequently developed COVID-19 symptoms and tested positive for

Illinois Department of Public Health

COVID-19. R2 and R3 are two of five residents

8899

PRINTED: 05/03/2021 FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: ___ B. WING IL6008569 12/31/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **170 WEST CONCORD** SHELDON HEALTH CARE CENTER SHELDON, IL 60966 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) S9999 Continued From page 3 S9999 reviewed for infection control in the sample list of . The facility is in the process of educating key management personnel and direct care staff regarding appropriate COVID-19 infection control measures and revising their policy to include cohorting of residents with COVID-19 symptoms who have not tested positive for COVID-19. Findings include: a.) The facility's COVID-19 Control Measures revised on 5/2/20 documents symptoms of COVID-19 include fever, cough, shortness of breath, nasal congestion, runny nose, sore throat. vomiting, diarrhea, fatigue, and muscle pain. This policy documents to implement contact and droplet precautions when a resident is suspected to have a fever, respiratory symptoms, sore throat, nausea, vomiting, diarrhea, or extreme fatigue. This policy documents that ill residents should be placed in a private room if available, pending COVID-19 test results, and to follow the facility's Algorithm for Cohorting residents. This policy documents that staff should wear a facemask/N95 respirator, eye protection, gown, and gloves when entering a room on droplet precautions and remove all personal protective equipment upon leaving the room.

for guidance.

The facility's Algorithm for Testing and Cohorting

documents to test (Polymerase Chain Reaction (PCR) or Antigen) residents who develop

symptoms of COVID-19, implement transmission based precautions, and if roommates consider transferring to a private room while awaiting test results or consult with the local health department

Nursing Home Residents dated 5/28/20

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Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PR

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION		E SURVEY IPLETED	
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	Director of Nursing has the following de for asymptomatic/C the grey zone is for admissions, the yell have been exposed zone is for COVID-floor plan does not residents with COV tested positive for COVID-100 to 12/28/20 at 8:00 doors were covered.	AM R2's and R3's room with a plastic zipped barrier ing R2 and R3 were on					
	documents R2 had R2's COVID-19 symdocuments R2 had Nursing Note dated documents the facil laboratory that R2 to R2's Physician Order documents an order droplet isolation for positive for COVID-collected on 12/23/2 documents R2 tested documentation in R2 was placed on contagrecautions or trans R2's asymptomatic 12/24/20. R3's Cumulative Dia has diagnoses of December R2 had	dated 12/18/20 at 6:00 PM a dry nonproductive cough. Inptom monitoring log a cough 12/19-12/21/20. R2's 12/24/20 at 6:30 PM Ity was notified by the ested positive for COVID-19. For dated 12/16/20-1/15/21 If dated 12/24/20 to initiate 10 days due to testing 19. R2's COVID-19 test 10 and reported on 12/24/20 10 and reported on 12/24/20 12 act/droplet isolation Inferred to an area away from Iteroord to an area away from Itero					

Illinois Department of Public Health

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 170 WEST CONCORD						
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S9999	collected on 12/18/2 documents R3 tests symptom monitoring cough on 12/23 and 12/24/20. R3's Nurs 3:30 AM documents "nasally." There is r medical record that symptoms of COVII COVID-19 test colle reported on 12/24/2 positive for COVID- The facility's Decem For COVID-19 log of 12/18/20 and R3 has sore throat, or short 12/24/20. These log shared a room loca 12/18/20 and 12/24 rooms between 12/ On 12/28/20 at 9:27 Practical Nurse) sta about a week prior COVID-19 on 12/24 room with R3 while V3 stated R3 initiall COVID-19, but ther and tested positive stated R2 and R3 w continued to reside 12/24/20 when R2 a were transferred to 12/29/20 at 10:15 A wearing N95 masks gloves, and eye pro R2's/R3's room prior	20 and reported on 12/19/20 ed negative. R3's COVID-19 g log documents R3 had a d nasal congestion on sing Note dated 12/24/20 at a R3 sounded "hoarse" and no documentation in R3's R3 had observed or reported D-19 prior to 12/24/20. R3's ected on 12/23/20 and documents R3 tested 19. The reported D-19 prior to 12/24/20. R3's ected on 12/23/20 and documents R3 tested 19. The reported D-19 prior to 12/24/20. R3's ected on 12/23/20 and documents R2 had a cough on ad new or changed cough, the so of breath on day shift on gs document R2 and R3 ted in the green zone between 1/20, and the facility had vacant 18/20 and 12/24/20. The reported Park of the reported Park of the string positive for 1/20. V3 stated R2 shared a R2 had COVID-19 symptoms. The reported Park of the reported P	S9999			

Illinois Department of Public Health

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12/31/2020

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _____

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	dry nonproductive cough prior to testing positive for COVID-19. V2 stated R2 resided with R3 in the green zone, and R2 and R3 were not on isolation prior to testing positive for COVID-19. V5 stated R3 woke up one day with a hoarse voice and R3's nose sounded "plugged up." V5 stated the facility's nurses and CNAs provide care for both COVID-19 negative and positive residents. On 12/28/20 at 2:15 PM V2 confirmed R2 had documented symptoms of cough on 12/18. V2 stated V2 wasn't aware that R2 had a cough and confirmed R2 was not placed on isolation or separated from R3 until 12/24 when R2 and R3 tested positive for COVID-19. V2 stated without other symptoms besides the cough, V2 did not think R2 needed isolation. V2 confirmed R2 and R3 had been residing together in the green zone from 12/18 until 12/24. V2 stated the facility does not have an area dedicated for residents with COVID-19 symptoms who have not tested positive. On 12/29/20 at 8:35 AM V2 confirmed the facility had vacant rooms between 12/18 and 12/24/20.			
	On 12/28/20 at 3:07 PM V11, Local Health Department Director of Clinical Nursing Services stated V2 had been communicating regularly with V11. V11 stated V11 has provided the facility with COVID-19 guidance from the Illinois Department of Public Health and V11 thought the facility was cohorting residents. V11 explained that when cohorting, if two residents share a room and one becomes symptomatic the facility should separate the residents to private room, if available, and place both residents on transmission-based precautions until COVID-19 test results are received.			

FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION COMPLETED A. BUILDING: _ **B. WING** IL6008569 12/31/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 170 WEST CONCORD SHELDON HEALTH CARE CENTER SHELDON, IL 60966 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 7 S9999 B.) Based on observation, interview, and record review the facility failed to implement transmission based precautions and facility staff failed to remove and disinfect Personal Protective Equipment per facility policy for five of five residents (R1, R2, R3, R4, R5) reviewed for infection control in the sample list of five. Findings include: B 1.) The facility's December 2020 Resident Screening For COVID-19 log document R1 had new or changed cough, sore throat, or shortness of breath on 12/20, 12/23, and 12/24/20. This log documents R1 resided in the facility's green zone (where asymptomatic/COVID-19 negative residents reside) in a private room between 12/20 and 12/24/20. R1's COVID-19 symptom monitoring log documents on 12/20/20 R1 had a poor appetite, nasal congestion, and loss of taste. This log documents on 12/24 R1 had lethargy and gastrointestinal symptoms. R1's Nursing Note dated 12/23/20 at 7:30 AM documents R1 had clear nasal drainage and V2 Director of Nursing was notified. R1's Nursing Note dated 12/23/20 at 11:30 AM documents R1's lung sounds were diminished, R1's oxygen saturation (measurement of oxygen in the blood) was 88 percent on room air and oxygen was initiated. R1's Nursing Note dated 12/24/20 at 3:00 AM documents R1 complained that R1's "stomach didn't feel good." R1's Nursing Note dated 12/24/20 at 8:00 AM documents R1's lung

Illinois Department of Public Health

sounds were diminished and R1 complained of feeling hot and refused breakfast. R1's Nursing Note dated 12/24/20 at 11:15 AM document R1 had increased lethargy. R1's Nursing Note dated

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PRO

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	SURVEY
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		AM documents the facility was ratory that R1 tested positive				7 7 9 0
	1	t collected on 12/23/20 and 20 documents R1 tested				104
	documents an orde	ers dated 12/16/20-1/15/21 er dated 12/25/20 to initiate ation precautions for 10 days ive for COVID-19.				1.11
	Assistant (CAN) stated R1 resided in having COVID-19 stated appetite, decreased use of oxygen. R1 v precautions until R1 on 12/25/20 and R1	8 AM V6 Certified Nursing ated R1 had been showing D-19 since 12/20/20. V6 in the green zone while R1 was symptoms of decreased doxygen saturation and the was not placed on isolation 1 tested positive for COVID-19 was moved to the facility's in COVID-19 positive residents.				
	new onset of COVII lethargy, congestion on 12/20/20. V3 stated COVID-19 rapid testated V3 reported symptoms to V2 DC moved to the red zo Chain Reaction) testo to placed on isolat positive for COVID-moved to the red zo have COVID-19 synthe yellow zone and precautions pending	7 AM V3 LPN stated R1 had D-19 symptoms of cough, in and overall not feeling well ated V3 conducted a st and R1 tested positive. V3 R1's test results and DN, and V2 did not want R1 one until a PCR (Polymerase at was done. V3 stated R1 was ation precautions until R1 tested 19 on 12/25/20 and R1 was one. V3 stated residents who imptoms should be moved to diplaced on isolation g COVID-19 test results. V3 and CNAs provide care for both				

Illinois Department of Public Health

Illinois Department of Public Health

AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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the facility does not for only COVID-19 On 12/28/20 at 1:' R1 testing positive symptoms of required feeling well." V5 stand was not time R1 was having stated V3 and V5 DON on 12/20/20 need to move R1 time. On 12/28/20 at 2:' notified on 12/20/20 V2 stated V2 infortisolation and keep R1 was not placed transferred to the after testing positive facility does not have residents with COV tested positive. Or confirmed the facility/18 and 12/24/2 to separate and complete the use of N95 may wearing the same repeated contact we reside in the same policy documents mask over an N95 may was not placed to the same repeated contact we reside in the same repeated contact was not placed to the same repeated to the same re	re and positive residents and of have dedicated staff to care positive residents. In PM V5 LPN stated prior to a for COVID-19, R1 had new iring oxygen and "just not tated R1 resided in the green on isolation precautions at the green on isolation room at that In S PM V2 stated V2 was not on an isolation room at that In S PM V2 stated V2 was not on isolation room at that In S PM V2 stated V2 was not on isolation until R1 facility's red zone on 12/25/20 are for COVID-19. V2 stated the not on 12/29/20 at 8:35 AM V2 (ity had vacant rooms between not on 12/29/20 at 8:35 AM V2 (ity had vacant rooms between not on 12/29/20 at 8:35 AM V2 (ity had vacant rooms between not on 12/29/20 at 8:35 AM V2 (ity had vacant rooms between not on 12/29/20 at 8:35 AM V2 (ity had vacant rooms between not on 12/29/20 at 8:35 AM V2 (ity had vacant rooms between not on 12/29/20 at 8:35 AM V2 (ity had vacant rooms between not on 12/29/20 at 8:35 AM V2 (ity had vacant rooms between not on 12/29/20 at 8:35 AM V2 (ity had vacant rooms between not on 12/29/20 at 8:35 AM V2 (ity had vacant rooms between not on 12/29/20 at 8:35 AM V2 (ity had vacant rooms between not on 12/29/20 at 8:35 AM V2 (ity had vacant rooms between not on 12/29/20 at 8:35 AM V2 (ity had vacant rooms between not on 12/29/20 at 8:35 AM V2 (ity had vacant rooms between not not not not not not not not not no	S9999	DEFICIENCY)			
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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

NAME OF PROVIDER OR SUPPLER STREET ADDRESS, CITY, STATE, ZIP CODE 110 WEST CONCORD SHELDON HEALTH CARE CENTER SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG CASIDE SEGULATORY OR USE DETRIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG CONTINUED FROM THE SEGULATORY OR USE DETRIFYING INFORMATION) CONTINUED FROM THE SEGULATORY OR USE DETRIFYING INFORMATION S9999 Continued From page 10 disinfectant to wipe down the eye protection, then wipe down with clean water or alcohol and allow to air dry. On 12/28/20 at 12:08 PM V2 stated surgical masks are to be worn over top of N95 masks when entering is olation rooms as part of the facility's PPE crisis strategy, and the surgical masks should be removed upon leaving the room. V2 stated face shields should be wiped down with alcohol or washed with soap and water at the end of each shift. V2 staff should be changing PPE (Personal Protective Equipment) worn in isolation rooms as part of the changing PPE (Personal Protective Equipment) worn in isolation rooms and residents reside, with the exception of N95 masks as long as a surgical mask was worn over top. On 12/28/20 at 8:00 AM R1s, R2s and R3s room doors were covered with a plastic zipped barrier and signage indicating R1, R2 and R3 were on contact/airborne precautions. On 12/28/20 at 8:18 PM V6, Certified Nursing Assistant (CNA) stated R1s, R2s, and R3s rooms were located in the red zone where COVID-19 positive residents reside, on 12/28/20 at 8:50 AM V6 entered R1s/R3s room wearing an N95 mask, and eptered the green zone. On 12/28/20 at 5:03 FM V6 left R2's room wearing potentially contaminated N95 mask and entered the green zone. On 12/28/20 at 5:03 FM V6 left R2's room wearing potentially contaminated sye protection and N95 mask and entered the green zone. On 12/28/20 at 5:03 FM V6 left R2's room wearing potentially contaminated sye protection and N95 mask worn in R2's room. V6 did not disinfect V6's goggles and did not change V6's N95 mask prior	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER SHELDON HEALTH CARE CENTER SHELDON, IL. 60996 PHONO CARD SHELDON, IL. 60996 PHONO CARD SHELDON, IL. 60996 PHONO CARD SHELDON, IL. 60996 PROVIDER'S PLAN OF CORRECTION CARD HERICAGON MUSTS RE PRICEGORD BY TAUL REGULATORY OR LSC DENTIFYING INFORMATION) S9999 Continued From page 10 disinfectant to wipe down the eye protection, then wipe down with clean water or alcohol and allow to air dry. On 12/28/20 at 12:08 PM V2 stated surgical masks are to be worn over top of N95 masks when entering isolation rooms as part of the facility's PPE crisis strategy, and the surgical masks should be removed upon leaving the room. V2 stated face shields should be wiped down with alcohol or washed with soap and water at the end of each shift. V2 staff should be changing PPE (Personal Protective Equipment) worn in isolation rooms prior to entering the green zone (where COVID-19 negative/asymptomatic residents reside), with the exception of N95 masks as long as a surgical mask was worn over top. On 12/28/20 at 8:18 PM V6, Certified Nursing Assistant (CNA) stated R1's, R2's, and R3's room were located in the red zone where COVID-19 positive residents reside. On 12/28/20 at 8:50 AM V6 entered R1's/R3's room wearing an N95 mask, ep protection, gown, and gloves. On 12/28/20 at 9:07 PM V6 left R1/R3's room wearing the same potentially contaminated N95 mask and eye protection. V6 did not disinfect V6's eye protection, octaminated N96 mask and eye protection or change V6's N95 mask and entered the green zone. On 12/28/20 at 9:35 AM V6 left R2's room wearing potentially contaminated eye protection and N95 mask worn in R2's room. V6 did not disinfect V6's eyeggles and did not change V6's N95 mask prior to the protection and N95 mask prior to change V6's N95 mask prior				A. BUILDING	NG:		COMPLETED	
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PREFIX TAG REGULATORY OR USC IDENTIFYING INFORMATION) S9999 Continued From page 10 disinfectant to wipe down the eye protection, then wipe down with clean water or alcohol and allow to air dry. On 12/28/20 at 12:08 PM V2 stated surgical masks are to be worn over top of N95 masks when entering isolation rooms as part of the facility's PPE crisis strategy, and the surgical masks should be removed upon leaving the room. V2 stated face shields should be wiped down with alcohol or washed with soap and water at the end of each shift. V2 staff should be changing PPE (Personal Protective Equipment) worn in isolation rooms prior to entering the green zone (where COVID-19 negative/asymptomatic residents reside), with the exception of N95 masks as long as a surgical mask was worn over top. On 12/28/20 at 8:04 MR 115, R2's and R3's room doors were covered with a plastic zipped barrier and signage indicating R1, R2 and R3 were on contact/airborne precautions. On 12/28/20 at 8:18 PM V6, Certified Nursing Assistant (CNA) stated R1's, R2's, and R3's rooms were located in the read zone where COVID-19 positive residents reside, on 12/28/20 at 8:50 AM V6 entered R1's R3's room wearing an N95 mask, eye protection, gown, and gloves. On 12/28/20 at 9:35 AM V6 left R2's room wearing the same potentially contaminated N95 mask and entered the green zone. On 12/28/20 at 9:35 AM V6 left R2's room wearing potentially contaminated eye protection and N95 mask and entered the green zone. On 12/28/20 at 9:35 AM V6 left R2's room wearing potentially contaminated eye protection and N95 mask and entered the green zone. On 12/28/20 at 9:35 AM V6 left R2's room wearing potentially contaminated eye protection and N95 mask and entered the green zone. On 12/28/20 at 9:35 AM V6 left R2's room wearing potentially contaminated eye protection and N95 mask and entered the green zone. On 12/28/20 at 9:05 K95 mask prior	SHELDO	N HEALTH CARE CE	NIEK)			
disinfectant to wipe down the eye protection, then wipe down with clean water or alcohol and allow to air dry. On 12/28/20 at 12:08 PM V2 stated surgical masks are to be worn over top of N95 masks when entering isolation rooms as part of the facility's PPE crisis strategy, and the surgical masks should be removed upon leaving the room. V2 stated face shields should be wiped down with alcohol or washed with soap and water at the end of each shift. V2 staff should be changing PPE (Personal Protective Equipment) worn in isolation rooms prior to entering the green zone (where COVID-19 negative/asymptomatic residents reside), with the exception of N95 masks as long as a surgical mask was worn over top. On 12/28/20 at 8:00 AM R1's, R2's and R3's room doors were covered with a plastic zipped barrier and signage indicating R1, R2 and R3 were on contact/air/borne precautions. On 12/28/20 at 8:18 PM V6, Certified Nursing Assistant (CNA) stated R1's, R2's, and R3's rooms were located in the red zone where COVID-19 positive residents reside. On 12/28/20 at 8:50 AM V6 entered R1's,R3's room wearing an N95 mask, eye protection, gown, and gloves. On 12/28/20 at 9:07 PM V6 left R1/R3's room wearing an N95 mask, eye protection, gown, and gloves. On 12/28/20 at 9:35 AM V6 left R2's room wearing the same potentially contaminated N95 mask and eye protection or change V6's N95 mask and entered the green zone. On 12/28/20 at 9:35 AM V6 left R2's room wearing potentially contaminated eye protection and N95 mask and entered the green zone. On 12/28/20 at 9:35 AM V6 left R2's room wearing the eye protection and N95 mask and entered the green zone.	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T	ION SHOULD BE HE APPROPRIATE	COMPLETE	
) to embasing this group as were	S9999	disinfectant to wipe wipe down with clear to air dry. On 12/28/20 at 12:0 masks are to be wowhen entering isolar facility's PPE crisis masks should be reroom. V2 stated factory down with alcohol of at the end of each schanging PPE (Persworn in isolation roozone (where COVID residents reside), womasks as long as a top. On 12/28/20 at room doors were cobarrier and signage were on contact/airth On 12/28/20 at 8:18 Assistant (CNA) starooms were located COVID-19 positive in at 8:50 AM V6 enter an N95 mask, eye pon 12/28/20 at 9:07 wearing the same proposition and entered the green on 12/28/20 at 9:35 wearing potentially of and N95 mask and eye protection and entered the green on 12/28/20 at 9:35 wearing potentially of and N95 mask and eye worn in R2's room. No goggles and did not	down the eye protection, then an water or alcohol and allow 08 PM V2 stated surgical arn over top of N95 masks tion rooms as part of the strategy, and the surgical amoved upon leaving the se shields should be wiped ar washed with soap and water shift. V2 staff should be sonal Protective Equipment) oms prior to entering the green 0-19 negative/asymptomatic ith the exception of N95 surgical mask was worn over 8:00 AM R1's, R2's and R3's overed with a plastic zipped indicating R1, R2 and R3 orne precautions. 8 PM V6, Certified Nursing ted R1's, R2's, and R3's in the red zone where residents reside. On 12/28/20 red R1's/R3's room wearing protection, gown, and gloves. PM V6 left R1/R3's room otentially contaminated N95 retion. V6 did not disinfect or change V6's N95 mask en zone. 8 AM V6 left R2's room contaminated eye protection entered the green zone while protection and N95 mask V6 did not disinfect V6's change V6's N95 mask prior	\$9999				

Illinois Department of Public Health

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED IL6008569 B. WING 12/31/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 170 WEST CONCORD SHELDON HEALTH CARE CENTER SHELDON, IL 60966 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 11 S9999 On 12/28/20 at 11:20 AM V6 confirmed V6 did not change V6's N95 mask or disinfect V6's eve protection after leaving R1's/R3's and R2's rooms prior to entering the green zone. V6 stated V6 provided care to R4 and R5 (residents in the green zone) while wearing the N95 and eve protection that was worn in COVID-19 positive rooms. V6 stated V6 was not aware that staff should wear a surgical mask over top of the N95 mask "until just a few minutes ago." V6 stated the nurses and CNAs work throughout the facility providing care to both COVID-19 negative and positive residents. R1's, R2's and R3's COVID-19 tests with a collection date of 12/23/20 document R1, R2, and R3 tested positive for COVID-19. R4's Physician Orders dated 12/16/20-1/15/21 documents R4 has diagnoses of Hypertension and Congestive Heart Failure. R4's COVID-19 tests dated 12/18 and 12/23/20 document R4 tested negative. R5's Physician Orders dated 12/16/20-1/15/21 documents R5 has diagnoses of Hypertension, Coronary Artery Disease and Noninsulin Dependent Diabetes Mellitus. R5's COVID-19 tests dated 12/18 and 12/23/20 document R5 tested negative. (A)