

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000970	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/21/2021
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NAME OF PROVIDER OR SUPPLIER CASEY HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 100 N.E. 15TH CASEY, IL 62420
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S 000	Initial Comments A Focused Infection Control Survey/COVID-19 Focused Survey was conducted by Illinois Department of Public Health on January 21, 2021.	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.696a) 300.696b) 300.696c)7) 300.696d)1) 300.1210b) 300.3240a) Section 300.610a) Resident Care Policies 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 300.696a)b)c)7)d)1) Infection Control Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies	S9999	Attachment A Statement of Licensure Violations	

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>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>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>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>Guidelines for Infection Control in Health Care Personnel</p> <p>Each facility shall conduct testing of residents and staff for the control or detection of communicable diseases when: the facility is experiencing an outbreak;</p> <p>Section 300.1210b) General Requirements for Nursing and Personal Care</p> <p>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</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>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 300.3240a) Abuse and Neglect</p> <p>An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act)</p> <p>These regulations are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to prevent the potential spread of COVID-19 (human coronavirus infection) by failing to follow their policy to restrict staff with symptoms of COVID-19 from working in the facility. The facility also failed to follow Centers for Disease Control and Prevention (CDC) guidance to confirm negative rapid (antigen) COVID-19 test results for an employee with a symptom of COVID-19, by using a molecular (Reverse Transcription Polymerase Chain Reaction/RT-PCR) COVID-19 test. These failures resulted in staff with COVID-19 symptoms working in the facility which has the potential to affect all 50 residents residing in the facility.</p> <p>Findings include:</p> <p>a.) The CDC Guidance for Symptoms of Coronavirus dated 12/22/20 states "People with these symptoms may have COVID-19: Fever or chills, Cough, Shortness of breath or difficulty</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>breathing, Fatigue, Muscle or body aches, Headache, New loss of taste or smell, Sore throat, Congestion or runny nose, Nausea or vomiting, Diarrhea."</p> <p>The facility COVID-19 Control Measures Policy revised 10/1/20 states "Educate all employees if having symptoms of a respiratory infection, fever, sore throat, nausea, vomiting, diarrhea, extreme fatigue, muscle pain, loss of taste and/or smell not to report to work and to contact their regular provider" and "Screen all employees prior to the beginning of the shift and every four hours. If any are identified as being ill, ask them to return home and contact their primary physician."</p> <p>The CDC Interim Guidance for Antigen Testing for SARS-CoV2 (human coronavirus) revised 12/5/20 states "Antigen tests for SARS-CoV-2 are generally less sensitive than real-time reverse transcription polymerase chain (RT-PCR) and other nucleic acid amplification tests (NAATs) for detecting the presence of viral nucleic acid" and "A negative antigen test result for a symptomatic person should be confirmed with an FDA (Food and Drug Administration)-authorized NAAT."</p> <p>On 1/11/21 at 10:00 am V1 Administrator stated all of the residents in the facility except one have tested positive for COVID-19. V1 stated a staff member most likely brought the virus into the facility.</p> <p>On 1/11/21 at 10:20 am V4 Laundry Aide and Housekeeper stated V4 had symptoms of a runny nose, nasal drainage and a cough three days before V4 tested for COVID-19 on 12/28/20. V4 stated V4 thought V4's symptoms were from seasonal allergies. V4 stated V4 did not see a doctor about V4's symptoms. V4 stated V4</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>worked at the facility on 12/25/20, 12/26/20, 12/27/20 and 12/28/20. V4 stated V4 worked as a housekeeper on 12/25/20 and V4's duties included cleaning resident rooms, bathrooms and shower rooms. V4 stated on 12/26/20 and 12/27/20 V4 worked as a laundry aide and V4's duties were to collect dirty laundry from the shower rooms and put clean laundry away in resident closets and drawers. V4 stated, on 12/28/20 V4 helped with resident room moves and cleaning resident rooms due to several residents testing positive for COVID-19 on 12/28/20. V4 stated V4 was all over the building on 12/28/20. V4 Stated about an hour and 15 minutes before the end of V4's shift on 12/28/20, V4 tested positive for COVID-19 by a rapid COVID-19 test.</p> <p>On 1/14/21 at 1:45 PM V4 stated V4 delivered laundry to all residents over the weekend (12/26/20 and 12/27/20). V4 stated most residents were in their rooms and a few were in the hall.</p> <p>On 1/12/21 at 7:50 am V4 stated V4 self screened on 12/25, 12/26, 12/27 and 12/28. V4 stated V4 checked V4's own temperature and filled out a questionnaire about symptoms. V4 stated V4 should have documented V4's symptoms on the screening form (but failed to do so).</p> <p>On 1/11/21 at 11:00 am V3 Housekeeping Supervisor stated V3 had a dry cough that started on 12/27/20. On 1/12/21 at 7:00 am V3 stated on 12/28/20 V3 was tested with a rapid (antigen) COVID-19 test by V6 Regional Director of Operations and the test result was negative for COVID-19. V3 stated V3 told V6 that V3 had a cough but V6 did not instruct V3 to stay home</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>facility on 12/25/20 from 6:56 AM until 2:56 PM; 12/26/20 from 7:03 AM until 3:02 PM; 12/27/20 from 6:53 AM until 2:55 PM; and 12/28/20 from 6:50 AM until 1:30 PM.</p> <p>V3's Time Clock Entry sheet dated 12/1/20 through 1/14/21 documents V3 worked at the facility from 10:04 AM until 7:24 PM on 12/28/20.</p> <p>On 1/12/21 at 2:00 PM V2 Interim Director of Nurses and Infection Preventionist stated on 12/27/20 staff notified V2 that R1 was sent to the hospital for acute care needs and tested positive for COVID-19 at the hospital. V2 stated on 12/28/20 all staff and residents were tested for COVID-19. V2 stated approximately 20 residents tested positive for COVID-19 on 12/28/20. V2 stated staff screen themselves for symptoms of COVID-19 at the beginning of their shift. V2 stated if staff have symptoms they should report them before they enter the building. V2 stated even if an Antigen test is negative staff can not work with symptoms.</p> <p>On 1/12/21 V15 Director of Nurses Local Public Health Department stated staff should not be working at the facility if they have symptoms of COVID-19. V15 stated the county positivity rate has been high and has been over ten percent for the last two months.</p> <p>The undated Positive Results Spreadsheet documents 49 residents residing at the facility tested positive for COVID-19 from 12/28/20 to 1/8/21.</p> <p>The Daily Roster dated 12/27/20 documents 50 residents resided in the facility on that date.</p> <p>1. A screening audit was completed of staff</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>working in the facility on 1/19/21 to ensure that no staff with signs and symptoms of COVID-19 were working in the facility. Completed by Administrator and Business Office Manager.</p> <p>2. Staff responsible for oversight of staff screenings were interviewed and confirmed that they were educated regarding review of the screening tool and process for the nurse to completed staff screenings before entrance into the building. Completed by Administrator and Director of Nursing.</p> <p>3. The Nursing staff was educated on the accurate completion of the screening tool, that all staff are to be screened by a nurse prior to coming into the building and the severity of allowing staff with symptoms of COVID-19 to work in the building. Completed by Administrator and Director of Nursing.</p> <p>4. All staff were educated not to come to work with symptoms of COVID-19, on accurate reporting of symptoms, and that they must be screened by a nurse before working in the building. Completed by Administrator and Director of Nursing.</p> <p>5. All staff were educated that any concerns identified on the screening tool should be immediately reported to a supervisor or the Administrator. Completed by Administrator and Director of Nursing.</p> <p>6. V1 Administrator confirmed V1 reviewed the plan of correction with V17 Medical Director on 1/20/21.</p> <p>B.)Based on interview and record review the</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>facility failed to prevent the potential spread of COVID-19 by failing to ensure symptomatic COVID-19 positive staff were not working in the facility. This failure has the potential to affect all 50 residents residing in the facility.</p> <p>Findings include:</p> <p>b.) The Centers for Disease Control and Prevention's Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection dated 8/10/20 states "Symptom-based strategy for determining when HCP (Healthcare Personnel) can return to work. HCP with mild to moderate illness who are not severely immunocompromised: At least ten days have passed since symptoms first appeared and at least 24 hours have passed since last fever without the use of fever-reducing medications and symptoms (e.g. cough, shortness of breath) have improved."</p> <p>The facility Staffing for COVID-19 policy revised 5/17/20 states "Suspected or diagnosed COVID-19 in LTCF (Long Term Care Facility) of any employee that is symptomatic will not be allowed to work until meets criteria" and "consult with the local health department on when an employee can return to work."</p> <p>The facility COVID-19 Control Measures policy revised 10/1/20 states "Maintain Employee infection control log. Review daily to identify any patterns of trends of employees exhibiting signs/symptoms of COVID-19."</p> <p>The undated Positive Results Spread Sheet documents V5 Licensed Practical Nurse and V3 Housekeeping Supervisor tested positive for COVID-19 on 12/28/20. The Spread sheet</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>documents 40 staff members tested positive for COVID-19 between 12/28/20 and 1/9/21.</p> <p>On 1/12/20 at 2:49 PM V1 Administrator provided Employee Infection Control Logs. The Logs document employee symptoms, date of onset of infection and dates absent from work. The last entry on the December 2020 Employee Infection Control Log is dated 12/21/20 and thus was incomplete. No Employee Infection Control Log was available for review or provided for January 2021.</p> <p>The Electronic Mail dated 12/28/20 from V6 Corporate Nurse to V16 Local Public Health Department Staff and carbon copied to V1 Administrator and V2 Interim Director of Nurses states "Thank you for allowing us to bring back our asymptomatic staff to work on the Covid Unit, that will ensure we are able to provide the best care possible."</p> <p>On 1/12/20 at 10:30 am V5 stated V5 had chills, a headache, muscle aches and diarrhea that started on 12/27/20. V5 stated V5 tested positive for COVID-19 on 12/28/20. V5 stated on 1/3/21 V2 (Interim Director of Nurses) called V5 and asked V5 to come back to work. V5 stated V2 knew V5 was still having symptoms of COVID-19. V5 stated V5 worked on the COVID-19 Unit on 1/4/21, 1/5/21, and 1/6/21. V5 stated V5 was having symptoms of cough and fatigue. V5 stated on 1/7/21 V5 was unable to work due to fatigue and V5 has not been back to work since that time.</p> <p>V5's Time Clock Entry sheet dated 12/1/20 through 1/14/21 documents V5 worked at the facility 1/4/21, 1/5/21, and 1/6/21.</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>On 1/11/21 at 11:00 am V3 Housekeeping Supervisor stated V3 tested positive for COVID-19 on 12/28/20. V3 stated V3 had symptoms of cough, congestion, chest pain and nausea. V3 stated V3 was told that when V3's symptoms improved V3 could come back to work. V3 stated V3 worked at the facility as a housekeeper on the COVID-19 Unit on 1/2/21, 1/3/21 and 1/4/21 while V3 still had a cough.</p> <p>On 1/12/21 at 7:00 am V3 stated on 1/2/21, 1/3/21 and 1/4/21 V3 worked as a housekeeper on the COVID-19 cleaning resident rooms, and sanitizing hand rails, door knobs and high touch areas.</p> <p>V3's Time Clock Entry sheet dated 12/1/20 through 1/14/21 documents V3 worked at the facility 1/2/21, 1/3/21, and 1/4/21.</p> <p>On 1/14/21 at 1:15 PM V1 Administrator confirmed V3 and V5's 12/1/20 through 1/14/21 time sheets.</p> <p>On 1/12/21 at 8:50 am V15 Director of Nurses Local Public Health Department, stated V15 was concerned that symptomatic COVID-19 positive staff were working at the facility. V15 stated facility staff called the Local Health Department on 12/28/20 with questions and V16 told them that symptomatic COVID-19 positive staff can not work at the facility even on the COVID-19 Unit. V15 stated V6 (Regional Director of Operations) sent an electronic mail to V16 (Local Public Health Department staff) on 12/28/20 confirming V6 understood that only asymptomatic COVID-19 positive staff could work on the COVID-19 Unit.</p> <p>On 1/14/21 at 9:08 AM V6 Regional Director of Operations stated at the beginning of the</p>	S9999		
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S9999	<p>Continued From page 11</p> <p>outbreak on 12/28/20 V6 spoke with V16 Local Public Health Department Staff and V6 thought symptomatic COVID-19 positive staff could work on the COVID-19 Unit. V6 stated later V6 understood that no symptomatic COVID-19 positive staff could work at the facility.</p> <p>1/14/21 at 1:15 PM V1 Administrator confirmed symptomatic COVID-19 staff were allowed to work at the facility on the COVID-19 Unit. V1 stated V1 was absent from the facility from 12/10/20 through 12/30/20. V1 stated if V1 had been at the facility V1 would have called staff to check on their symptoms. V1 stated V1 does not have a log or tracking of employee symptoms. V1 stated V2 is responsible for all infection control.</p> <p>On 1/14/21 at 8:10 am V2 stated V2 uses infection control logs to monitor and track employee infections and symptoms. V2 stated prior to 1/4/21, when V2 tested positive for COVID -19, V2 was responsible for keeping up the employee infection control logs. V2 stated after 12/28/20 V2 had to work as a floor nurse so V2 could not update the logs. V2 stated V2 assumed V1 was monitoring staff symptoms and return to work status.</p> <p>The undated Positive Results Spreadsheet documents 49 residents residing at the facility tested positive for COVID 19 from 12/28/20 to 1/8/21.</p> <p>The Daily Roster dated 12/27/20 documents 50 residents resided in the facility on that date.</p>	S9999		

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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	Continued From page 12 A	S9999		