

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002695	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/16/2021
NAME OF PROVIDER OR SUPPLIER ROCK RIVER GARDENS		STREET ADDRESS, CITY, STATE, ZIP CODE 3601 SIXTEENTH AVENUE STERLING, IL 61081	
(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)
S 000	Initial Comments Annual Licensure and Certification Survey	S 000	
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.696a) 300.696c)2)7) 300.1210b) 300.1220b)1)2) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a 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 include the requirements of the Control of	S9999	Attachment A Statement of Licensure Violations

Illinois Department of Public Health

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

TITLE

(X6) DATE

Illinois Department of Public Health

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S9999	<p>Continued From page 1</p> <p>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>2) Guideline for Hand Hygiene in Health-Care Settings</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. Restorative measures shall include, at a minimum, the following procedures:</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p>	S9999		

Illinois Department of Public Health

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S9999	Continued From page 2 1) Assigning and directing the activities of nursing service personnel. 2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy. These Regulations were not met as evidenced by: Based on observation, interview and record review the facility failed to have a process in place to monitor the screening of employees and public health personnel, failed to follow infection control practices related to COVID-19, and failed to maintain social distancing for residents in the dining room. This failure could potentially cause further outbreak of COVID-19 in the facility. The findings include: The facility's Resident Census and Condition of Residents form dated 2/9/21 showed 48 residents in the facility. 1. On 2/9/21 at 12:00 PM, there was no signage at the entrance to the isolation area indicating what Personal Protective Equipment (PPE) was required to enter. All three resident (person under investigation (PUI) rooms) and the two COVID positive rooms lacked signage on the doors or in	S9999		

Illinois Department of Public Health

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S9999	Continued From page 3 the units to indicate what PPE is required prior to entering. All PPE for PUI and COVID+ isolation is located within the yellow and red zones. Gowns and gloves are not donned prior to entrance. V8 Certified Nursing Assistant (CNA) was sitting in R149's room in the PUI unit. At 12:45 PM, V6 CNA exited the yellow zone isolation area without removing or disinfecting her goggles. At 1:05 PM, V7 CNA enters yellow zone, removed her N95 face mask and put it in her pants pocket. V7 then removed her goggles. V7 put on a surgical mask and replaced her goggles. V7 then entered R149's (PUI) room to relieve V6. V6 exited the yellow zone and zipped the plastic barrier closed. V6 did not perform hand hygiene or disinfect her goggles. V6 proceeded down the hall pulling up her pants with her ungloved hands. R149's door was open during observation on February 9th and 10th with staff present in the room at all times. On February 9, 2021 from 12:00 PM- 1:30 PM, three different CNAs entered the isolation area and R149's room. At 1:20 PM, V10 Activity Director entered the yellow zone and put on a gown and gloves. V10 did not cover her N95 mask with a surgical mask. V10 entered R149s (PUI) room and delivered a plate of food. V10 then entered R17s (PUI) room and delivered a plate of food. R17's room walls were covered in colored pages and loops of garland hanging from the ceiling. There was not much bare wall visible above R17's bed with all the colored pages affixed to the walls. V10 then entered R5s (PUI) room and delivered a plate of food. V10 went to the entrance of the yellow zone and removed her gloves and gown. V10 walked the length of the yellow zone (without a gown or gloves) and entered the red zone. V10 left the zippers open to the yellow and red zone entrances. V10 donned a gown and gloves while in the red zone and entered both R24 (COVID+) and R39s (COVID+)	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 4</p> <p>room to deliver plates of food. V10 removed her gloves and gown in the red zone and walked through the yellow zone before exiting. V10's goggle and face mask were not changed or disinfected before or after leaving the yellow zone. V10 did not change her PPE between resident rooms. V10 then entered R25 and R33's room (immediately outside the isolation area) wearing same mask and eye protection worn throughout the yellow and red zones. R25 has not tested positive for COVID-19.</p> <p>On 2/9/21 at 10:00 AM, R41 said "you should see my old room next door. I have colored pages and strings of garland tacked all over the walls and ceilings". At 1:00 PM, R17 said this stuff isn't mine. The decorations (garland and colored pages) were here when I got here. On 2/10/21 at 9:23 AM, V2 Director of Nursing (DON) said the facility's PPE supplies are good. They do not have any problem obtaining PPE when needed. They do not reuse or extend the use of their PPE. V2 said there is enough PPE onsite. V10 said PPE used in the yellow zone (PUI) included a reusable gown and gloves. Staff should always wear an N95 face mask and eye protection when in the facility. Staff should apply a surgical mask over their N95 when in the yellow and red isolation areas. Staff should wear disposable gowns when in the red zone. PPE should be changed between resident rooms and removed prior to leaving the zones. N95 and goggles. It is acceptable to wear an N95 face mask all day as long as it is covered with a surgical mask while in the isolation zones. It is acceptable to wear the same goggles all day in and out of isolation zones and sanitize as needed. It is required to sanitize the goggles after leaving the isolation zones so we're not cross contaminating other residents or staff. We reuse goggles. We were never told to</p>	S9999		

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S9999	Continued From page 5 dispose of them after use. We try to have designated staff for the isolation units. It's important to have dedicated staff for the isolation unit to reduce the spread of COVID-19. Dietary staff should wear the PPE the same as nursing staff and change their PPE between resident rooms. A surgical mask should be worn over their N95 mask. The N95 stays on and the surgical mask is changed. V2 acknowledged there was no signage in or near the isolation unit. We need to get our laminator to work. Signage is important so staff are reminded what PPE is required. V2 said R149 had suicidal ideations so was placed on precautionary 1:1 observation. All room doors on the isolation unit should be closed to contain the infection and prevent the spread to others. (In regards to R17's room) V2 said all resident belongings should be removed and cleaned prior to the room being occupied by another resident. I'm sure all the walls were cleaned except for where the papers are at. The facility's 5/30/14 Routine and Terminal Cleaning of Isolation Rooms Policy showed the purpose is to ensure all resident isolation rooms are clean and to prevent the spread of microorganisms. Microorganisms are a normal contaminant of walls, floor, and other surfaces; these environmental surfaces rarely are associated with transmission of infections to residents or personnel. Therefore, extraordinary attempts to disinfect or sterilize these environmental surfaces are rarely indicated. However, routine cleaning and removal of soil are recommended. Remove all non-disposable resident care items by the double bagging method and take to the soiled utility room for cleaning and disinfecting. Discard all disposable items in the appropriate trash container in the room. Remove all trash by the double bagging	S9999		

Illinois Department of Public Health

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S9999	Continued From page 6 method and take to the appropriate biohazard waste container. The facility's 7/29/20 COVID-19 Control Measures policy showed Contact Precautions-Post signage on door. Change gloves and gowns after contact with a resident and perform hand hygiene. Perform hand hygiene before and after touching the resident, resident's environment and/or residents respiratory secretions even if gloves are worn. Remove PPE when leaving a residents room. Droplet Precautions-Post signage on door. Wear a facemask/N95, gloves, gown, and goggles or face shields when entering room or when working within 6 feet of residents on droplet precautions. Remove PPE when leaving residents room and perform hand hygiene. New admissions and re-admissions whose COVID status is unknown, should be placed in a private room and all recommended COVID-19 PPE should be worn during care of residents under observation, which includes an N95 respirator, eye protection, gloves and gown. Staff should be assigned to primary halls, as much as possible. Increase frequency of cleaning and disinfecting of high touch areas with an EPA, hospital grade disinfectant that is effective against COVID-19. Clean all resident rooms daily. The facility's 12/7/18 Face Mask/Face Shield/ Goggles policy showed goggles are disposable and should be discarded after use. The facility's 8/26/20 COVID-19 Cohorting of Residents policy showed to minimize interaction of infectious individuals(s) from non-infected individuals. Identify health care personnel who will be assigned to work only within the dedicated (COVID) area, when in use. Increase monitoring of staff on infection control measures. The facility's 5/29/20 Emergency Plan for Infectious Disease/Epidemic/Pandemic and	S9999		

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S9999	Continued From page 7 Staffing Strategies document showed the facility will follow all required Infection Control Policies and recommendations from CDC, local, state and federal authorities. The facility's 12/7/18 Transmission Based Precautions (TBP) Policy showed precautions are designed for patients documented or suspected to be infected with highly transmissible or epidemiologically important pathogens for which additional precautions beyond Standard Precautions are needed to interrupt transmission. Droplet Precautions are designed to reduce the risk of droplet transmission of infectious agents and apply to any resident known or suspected to be infected with epidemiologically important pathogen can be transmitted by infectious droplets. Contact precautions are designed to reduce the risk of transmission of epidemiologically important microorganisms by direct or indirect contact. The facility's 12/7/18 Contact Precautions policy showed to remove gloves before leaving the residents environment and wash hands immediately with an antimicrobial agent or a waterless antiseptic agent. After glove removal and handwashing, ensure that hands do not touch potential contaminated environmental surfaces or items in the resident's room to avoid transfers of microorganisms to other resident's environment. Remove the gown before leaving the resident's environment. 2. On 02/09/21 at 8:35 AM upon entrance into the facility, no hand sanitizer was available for hand hygiene, no working thermometer was available for temperature screening. The survey team waited approximately 20 minutes for staff to locate a working thermometer. Screening papers were handed to the surveyors for completion, and	S9999		

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S9999	<p>Continued From page 8</p> <p>V5 checked temperatures, but did not inquire about any responses on the screening tool. At no time during the survey did any staff request to review the surveyors screening tool. During this time, V1 (Administrator) entered the facility without any mask covering.</p> <p>On 2/9/21 and 2/10/21, no facility staff requested for surveyor team to recheck their temperatures, or review the screening form.</p> <p>On 2/9/21 at 10:25 AM, V5 said he reviews the screening questionnaire once a month to see if they are all completed. Staff have been pretty good about getting them done. The screening book was reviewed for the staff in the facility, and the screening forms were not located in the book. V5 said some of the staff will keep their sheets with them and he has to ask where the forms are located. He said staff should be checking their temperature every 4 hours, so they keep their forms to put the second temperature. V5 said it was acceptable to walk into the facility without a mask because the masks are on the back door wall, staff can get their mask after entering. At the employee entrance, V5 said there was now a thermometer that works, but no hand sanitizer available. V5 said the facility currently 2 positive covid residents and 2 PUI (persons under investigation).</p> <p>On 2/9/21 at 10:55 AM, V2 Director of Nursing (DON) said V5 and herself both make sure the screenings are completed. V5 will check them daily, but weekly to make sure the second temperature is documented. Staff have been consistent about completing the every 4 hour temps.</p> <p>On 2/9/21, at 2:00 PM, V2 and V5 presented their</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 9</p> <p>screening forms kept their office. CNA screenings were located in a cabinet. V1 had a screening in the book and another in her office. The nurse and vendor screenings were in a binder located in the chart room. Other staff screenings were located in the screening log book.</p> <p>On 2/10/21 at 10:10 AM, V2 DON said staff enter through the back door and put on their N95 mask, we do not require a mask to just come into the building. Once they have their mask, they take their own temperature, and answer the screening questionnaire. Staff should be using hand sanitizer and then report to the floor. V2 said the staff have been educated to report any elevated temperature or symptoms. V2 said she feels her staff is honest enough and would not lie. V2 said at the end of December the staff were in-serviced regarding checking their temperature twice a shift and record it on the screening form.</p> <p>On 2/10/21 at 9:50 AM, V4 LPN said she only checks her temperature once a day, she had not been instructed to check it twice a day. Each day she completes her temperature and answers the questionnaire about symptoms and files it into the book. V5 will collect the pages when they are full. V4 said the nurses and visitors screenings are kept in a different book from others. V4 said V5 is a CNA and he is reviewing the screenings, and V2 has done no oversight on the covid unit or procedures.</p> <p>On 2/10/21 at 7:30 AM, V5 asked this surveyor if the same screening was used for the second day of survey. V5 did not request to review the form, or what current temperature reading was for the day.</p> <p>The Employee, Vendor consultant COVID</p>	S9999		

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S9999	Continued From page 10 screening Questionnaire documents the form is to be completed upon entrance to the facility. In an effort to protect our residents and staff from illness, we are screening all employees, vendors, surveyors, ombudsmen, and consultants. Subsequent evaluation should be completed every 4 hours while in attendance of residents. The screening log book was reviewed and found 7 staff screening upon entrance and not re-screening every 4 hours. On 2/9/21 at 10:30 AM, V11 LPN MDS Coordinator was observed in the hallway. A search of the employee screening forms shows she did not screen herself prior to entering the resident areas of the facility. V11 said she came in at 10:00 AM, and took her temperature but did not remember to complete the screening form. The facility's policy for Covid-19 control measures for Monitoring and Surveillance- Employees 1. Screen all employees prior to beginning of shift and every four hours. 3. On 2/11/21 at 9:00 AM, COVID tests were observed in the DON mailbox. V2 said the tests were from yesterday's second and third shift employees. She said the tests are all negative, the staff write their name on the testing card and put it in my mailbox when they are completed. V2 said the results are logged as completed. V2 removed the used tests with an ungloved hand and the papers underneath the cards. She took the tests into her office and placed them onto a box. V2 did not perform hand hygiene after contact with the test cards. The facility's 8/26/20 policy for COVID-19 control measures documents Respiratory Hygiene/Cough Etiquette/ Hand Hygiene/PPE 5.	S9999		

Illinois Department of Public Health

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S9999	Continued From page 11 All staff is to perform hand Hygiene when exiting a resident's room, after direct contact with residents or potentially contaminated surfaces. 4. On 2/9/21 at 1:13 PM, R25 was sitting at a four chair table eating her lunch. R35 wheeled himself into the dining room. R25 stood up and slid to the adjacent chair and sat down. R35 wheeled up to the table where R25 had just been sitting and positioned his chair at the same table. R25 and R35 were at the same table less than six feet apart and were not wearing masks. V10 (Activity Aide) brought R35 his lunch and returned to the kitchen. She did not socially distance the two residents. At 1:18 PM, V6 (CNA) came into the dining room and stood right next to R35 and spoke to R25 about her lunch. V6 left the dining room without socially distancing the two residents. At 1:25 PM, V9 (Dietary Aide) brought a new pureed sandwich to R25 and returned to the kitchen. R35 was still sitting next to R25 eating his lunch. V9 did not intervene and socially distance R25 and R35. At 1:33 PM, R35 finished his lunch and wheeled himself out of the dining room. On 2/10/21 at 9:23 AM, V2 said it is important to socially distance to prevent the spread of covid 19 to one another The facility's policy for covid-19 measures documents Additional Actions. 2. Suspend communal dining. Identify asymptomatic residents, requiring assistance and who are high risk for choking, and allow in- dining or other designated area for observation and assistance during meals. Maintain social distancing to other residents.	S9999		

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