

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001366	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/10/2021
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NAME OF PROVIDER OR SUPPLIER ALDEN POPLAR CREEK REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 1545 BARRINGTON ROAD HOFFMAN ESTATES, IL 60169
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S9999	<p>Final Observations</p> <p>Annual Licensure and Certification Survey:</p> <p>STATEMENT OF LICENSURE VIOLATIONS:</p> <p>300.610a) 300.696a) 300.696c) 300.1020a) 300.1020b) 300.3240a)</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 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). Activities shall be monitored to ensure that these policies and procedures are followed.</p>	S9999	<p>Attachment A Statement of Licensure Violations</p>	
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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>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</p> <p>Section 300.1020 Communicable Disease Policies</p> <p>a)The facility shall comply with the Control of Communicable Diseases Code.</p> <p>b) A resident who is suspected of or diagnosed as having any communicable, contagious or infectious disease, as defined in the Control of Communicable Diseases Code, shall be placed in isolation, if required, in accordance with the Control of Communicable Diseases Code. If the facility believes that it cannot provide the necessary infection control measures, it must initiate an involuntary transfer and discharge pursuant to Article III, Part 4 of the Act and Section 300.620 of this Part. In determining whether a transfer or discharge is necessary, the burden of proof rests on the facility.</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.</p> <p>These regulations were not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to follow recommended guidelines from Centers for Disease Control (CDC) by not wearing N95 masks for new admissions on transmission based precautions</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>(contact/droplet precautions). The facility also failed to perform hand hygiene upon exiting rooms that are on transmission based precautions and after providing incontinence care to prevent the spread of cross contamination. These failures have the potential to infect high risk residents with COVID-19 and spread the disease of COVID-19 to negative residents. This applies to all 147 residents residing in the facility.</p> <p>The findings include:</p> <p>The CMS 672 resident census and conditions report dated March 8, 2021 shows that there are 147 residents residing in the facility.</p> <p>The census order listing report provided by the facility on March 10, 2021 shows that there are 12 residents (R341, R193, R47, R194, R195, R196, R241, R117, R191, R192, R132, & R20) currently on contact/droplet isolation because they are new/re-admitted admissions.</p> <p>The resident immunization report provided by the facility on March 10, 2021 shows, 85.7% of residents have been vaccinated for COVID-19. On March 10, 2021 at 10:18 AM, V1 Administrator stated, anyone who was admitted after the facility's last COVID-19 vaccine clinic is not vaccinated for COVID-19. Their last COVID-19 vaccine clinic was on February 18, 2021. R241, R191, R132, R341, R193, & R196 have not been vaccinated.</p> <p>1. On March 8 & 9, 2021, during the annual survey, all staff were observed throughout the building, going in and out of contact/droplet isolation rooms and then rooms not on transmission based precautions, wearing only a</p>	S9999		
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surgical mask and face shield (not an N95). Each resident has a sign on their door from CDC called "use personal protective equipment (PPE) when caring for patients with confirmed or suspected COVID-19" that shows, "preferred PPE- use N95 or higher respirator".

On March 9, 2021 at 1:37 PM, V3 Infection Control Nurse stated, since there is no positive COVID-19 cases in the facility the staff was just wearing a surgical mask and face shield. "New admissions are on strict contact/droplet isolation where they also wear a gown and gloves." They only wear an N95 mask if they have a positive COVID-19 case or COVID-19 unit.

The facility's COVID-19 testing plan and response strategy: interim guidance dated January 28, 2021 shows, "Policy: The facility is committed to reducing the spread and transmission of COVID-19 and will continue to follow all guidance and recommendations from the CDC, state and local health departments."

The facility's interim guidance: admission/readmission to long term care facilities dated May 11, 2020 shows, "New and returning residents with unknown COVID-19 status may be considered for admission/readmission providing they are medically stable and following clinical discharge from the hospital ... At the time of admission, the resident will be admitted to a single room within the designated facility transition area and will remain on contact/droplet precautions for 14 days from the date of admission."

The facility's use of N95 respirators: interim guidance last updated February 12, 2021 shows, "Respirator Usage: 1. An N95 respirator should be used instead of a facemask when performing

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S9999	<p>Continued From page 4</p> <p>or present for aerosol-generating procedures for residents with known or suspected COVID-19 or who are on droplet precautions for other illness or reason ... 2. Unless otherwise directed, when caring for residents with known or suspected COVID-19 or residents who are quarantined upon admission, staff should don an N95 respirator before entering into the resident room or care area, if not already wearing one as part of extended use or reuse strategies to optimize PPE supply ..."</p> <p>The CDC's preparing for COVID-19 in nursing homes last updated November 20, 2020 shows, "Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown: Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. HCP (healthcare professional) should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown when caring for these residents ..."</p> <p>2. R20's Nurses' Notes dated 2/14/21 shows she was admitted to the intensive care unit at a local hospital with diagnoses of hypotension and sepsis. R20's Nurses' Notes shows she was re-admitted to the facility on 2/23/21.</p> <p>On 3/8/21 at 11:10 AM, there was contact/droplet isolation signs on the outside of R20's door. V4 CNA (Certified Nursing Assistant) was in R20's room removing R20's soiled gown and put a new one on. V4 did not perform hand hygiene upon exiting R20's room. At 12:00 PM, V6 LPN</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>(Licensed Practical Nurse) went into R20's room with a surgical mask on and gave R20 an insulin shot and an oral medication. V6 did not wash her hands upon exiting V6's room.</p> <p>3. R241's Face Sheet shows he was admitted to the facility on 2/28/21 with diagnoses including: Traumatic Brain Injury, anemia, thrombocytopenia, pressure injury of right buttock, diabetes mellitus, encounter for attention to gastrostomy tube, contact with and suspected exposure to COVID-19, hemiplegia, aphasia, and deep vein thrombosis.</p> <p>On 3/8/21 at 10:09 AM, V5 CNA provided care to R241 and had a surgical mask on. V5 wiped a moderate amount of stool from R241's buttocks, touched R241's clean sheet, pillow, and R241's body without changing gloves or performing hand hygiene. At 12:15 PM, V6 gave insulin to R241 and had a surgical mask on.</p> <p>On 3/9/21 at 1:37 PM, V3 Infection Control Nurse stated, hand hygiene before and after care. If staff's hands become soiled during care, then they should remove their gloves and do hand hygiene again.</p> <p>The facility's Hand Washing and Hand Hygiene Policy dated 6/4/2020 shows, "Appropriate hand hygiene is essential in preventing the spread of infectious organisms in healthcare settings. Hand hygiene must be performed after touching blood, body fluids, secretions, excretions, and contaminated items."</p> <p>(B)</p>	S9999		