Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SURB

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6003438			03/22/2021	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  215 SUMMIT STREET  GALENA, IL 61036						
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED CORRECTION (CROSS-REFERENCE)	SHOULD BE COMPLETE	
S 000	Initial Comments		S 000			
	Annual Licensure a	nd Certification Survey				
S9999	Final Observations		S9999	\$		
77.1	Statement of Licens 300.696a) 300.696b) 300.696c)7) 300.1210b)	ure Violation:				
<u> </u> 	Section 300.696 Infe	ection Control				
	controlling, and previously shall be established and procedures shall include the requirem Communicable Dise 690) and Control of Diseases Code (77)	edures for investigating, renting infections in the facility and followed. The policies II be consistent with and rents of the Control of ases Code (77 III. Adm. Code Sexually Transmissible III. Adm. Code 693). Activities of ensure that these policies followed.				
	quality assurance co entity, shall periodica	nfection control committee, immittee, or other facility ally review the results of ctivities to control infections.				
	guidelines of the Cer Centers for Disease United States Public of Health and Human 300.340):	adhere to the following nter for Infectious Diseases, Control and Prevention, Health Service, Department n Services (see Section		AMa-t A t-		
1		eneral Requirements for		Attachment A Statement of Licensure Violations		
nois Departr	nois Department of Public Health					

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

TITLE

(X6) DATE

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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 B. WING IL6003438 03/22/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 215 SUMMIT STREET **GALENA STAUSS NURSING HOME** GALENA, IL 61036 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 1 S9999 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 resident to meet the total nursing and personal care needs of the resident. These requirements are not met as evidenced by: Based on observation, interview and record review, the facility failed to follow recommended guidelines from the Centers for Disease Control (CDC) by not wearing proper Personal Protective Equipment (PPE) for a new admission resident on transmission-based precautions (contact/droplet precautions). These failures have the potential to infect high risk residents with COVID-19 and spread COVID-19 to negative residents. This applies to all 32 residents residing in the facility. The findings include: The CMS 672 (Resident Census and Conditions of Residents report) dated 3/16/21 shows there are 32 residents in the facility. R133's computerized face sheet shows an admission date of 3/8/21 (8 days ago) from an acute care hospital. R133's base line care plan shows a focus area, "Isolation/quarantine for COVID- admission isolation". On 3/16/21, signage was posted outside of R133's room stating," Contact/Droplet

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next to R133's chair and speaking one on one with R133. At 12:00 PM, V4 exited the room and was still wearing the surgical mask. V4 stated he does have a N95 mask to use while in the facility. V4 said he was told, it was not necessary, to wear it anymore while in the new admission isolation rooms. V4 stated he only needs to wear a surgical mask, gown, gloves, and eye protection

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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 IL6003438 03/22/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 215 SUMMIT STREET **GALENA STAUSS NURSING HOME** GALENA, IL 61036 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 3 S9999 in those rooms. V4 left the area and continued wearing the surgical mask down the hall. On 3/18/21 at 8:00 AM, V7 (Housekeeper) was standing inside R133's doorway wearing a pink butterfly surgical mask, gown, gloves, and eye protection. V7 said she wears the same surgical mask the entire day and in every resident room. V7 said she does not wear a N95 mask in the isolation rooms. At 8:08 AM, V7 exited R133's room still wearing the pink butterfly mask and pushed the cleaning cart down the halfway. On 3/18/21 at 9:08 AM, V3 (Infection Control Preventionist) stated new admission residents require isolation for 14 days to observe for signs and symptoms of COVID-19. V3 said they are PUI residents (persons under investigation). V3 stated anyone entering the room must wear a gown, gloves, eye protection, and a surgical mask. V3 said a N95 mask is not necessary in those rooms and staff can wear the same surgical mask throughout the entire building. V3 said it is not necessary to change masks after exiting a PUI room. V3 said all staff are required to wear the correct PPE in isolation rooms. At 9:15 AM, V3 stated she did not know why the PUI resident rooms had signage on the doors showing N95 masks are required before entering the room. On 3/18/21 at 11:11 AM, V2 (Director of Nurses) stated new admission residents are placed on contact/droplet precautions for 14 days. V2 said

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staff must wear a surgical mask, gown, gloves, and eye protection in those rooms. V2 said staff are only required to wear a N95 mask in the room if the resident displays signs or symptoms of COVID-19. V2 said the facility is not in a crisis capacity strategy and there have been no issues

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