Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_\_\_\_\_ B. WING 04/14/2021 IL6002984 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1515 BLACKHAWK BOULEVARD **FAIR OAKS REHAB & HEALTHCARE** SOUTH BELOIT, IL 61080 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) ID (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 000 S 000 Initial Comments **Annual Recertification Survey** S9999 S9999 Final Observations Statement of Licensure Violations: 300.610 a) 300.696 a) 300.696 c)2) 300.696 c)6) 300.1210 b) Section 300.610 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 300.696 Infection Control 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 III. Adm. Code 690) and Control of Sexually Transmissible Attachment A Diseases Code (77 III. Adm. Code 693). Statement of Licensure Violations Activities shall be monitored to ensure that these policies and procedures are followed.

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

TITLE

(X6) DATE

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Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: B. WING IL6002984 04/14/2021 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1515 BLACKHAWK BOULEVARD FAIR OAKS REHAB & HEALTHCARE SOUTH BELOIT, IL 61080 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 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): 2) Guideline for Hand Hygiene in **Health-Care Settings** Guideline for Isolation Precautions in 6) Hospitals Section 300.1210 General Requirements for Nursing and Personal Care The facility shall provide the necessary b) 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 regulations are not met as evidenced by: Based on observation, interview, and record review, the facility failed to implement infection control policies and recommendations from the Centers of Disease Control (CDC) regarding staff donning personnel protective equipment (PPE) when entering Person Under Investigation (PUI) resident rooms, having PPE available outside the resident rooms to prevent exposure COVID-19; failed to ensure staff were using PPE when entering a resident room on contact precautions; failed to disinfect a multi use glucometer; and failed to ensure staff performed glove exchange and hand hygiene between resident care. This has the potential to effect 9 of 18 residents (R40,

Illinois Department of Public Health STATE FORM

R199, R200, R201, R17, R37, R46, R4, R6)

PRINTED: 05/18/2021

**FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ B. WING IL6002984 04/14/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1515 BLACKHAWK BOULEVARD **FAIR OAKS REHAB & HEALTHCARE** SOUTH BELOIT, IL 61080 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 2 reviewed for transmission based precautions. This failure has the potential to infect high risk residents with COVID-19, and spread the disease of COVID-19 to negative residents. The findings include: 1.) R40's Face sheet, printed on April 13, 2021, showed R40 was readmitted to the facility on March 31, 2021. R199's Face sheet, printed on April 13, 2021, showed R199 was admitted to the facility on April 2, 2021. R200's Face sheet, printed on April 13, 2021, showed R200 was admitted to the facility on April 1, 2021. R201's Face sheet, printed on April 13, 2021, showed R201 was admitted to the facility on April 8, 2021. The Centers for Disease Control Preparing for COVID-19 in Nursing Homes-Create a Plan for Managing New Admissions and Readmissions, updated 11/20/2020, shows, "HCP (Healthcare personnel) should wear an N95 or higher-level respiratory, eye protection, gloves, and gown when caring for new admissions and readmissions. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission."

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The facility's vaccination tracking list, printed on April 12, 202,1 showed R40 and R199-R201 have

not been vaccinated for COVID-19.

STATE FORM

PRINTED: 05/18/2021 **FORM APPROVED** Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING IL6002984 04/14/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1515 BLACKHAWK BOULEVARD **FAIR OAKS REHAB & HEALTHCARE** SOUTH BELOIT, IL 61080 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Continued From page 3 S9999 S9999 On April 12, 2021 at 9:10 AM, R40 and R199-R201 had "Droplet Precaution" signs posted on their doors. R200 had no Personal Protective Equipment (PPE) cart outside their room; R199 and R201's PPE carts were empty. and R40's cart was empty and kept inside R40's room. On April 12, 2021 at 12:40 PM, V8, Certified Nursing Assistant (CNA), entered R199's room without donning PPE (gown, gloves, new surgical mask over N95), retrieved R199's lunch plate from the bedside table, and exited the room.. V8 then entered R200's room without donning PPE (gown, gloves, or new surgical mask over N95). retrieved R200's lunch plate from the bedside table, and exited the room. Upon entering both rooms. V8 had on the same surgical mask over her N95. On April 12, 2021 at 12:50 PM, V8 stated she should have put on PPE prior to entering R199 and R200's rooms. V8 stated correct PPE for droplet precaution (COVID quarantine) rooms is gloves, gown, eye protection, N95 mask, and surgical mask over the N95. On April 12, 2021 at 12:55 PM, V7, Registered Nurse (RN), stated if a resident is on droplet precaution COVID/PUI) you should wear a N95 mask, gown, gloves, eye protection, and a new surgical mask over N95 when in the resident's room. The surgical mask should be taken off with the other PPE when exiting the room.

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On April 12, 2021 at 1:10 PM, V3, Assistant Director of Nursing (ADON), stated staff should not be entering the COVID quarantine rooms unless they have on the correct PPE which includes N95, surgical mask, gown, gloves, and

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: \_ IL6002984 04/14/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1515 BLACKHAWK BOULEVARD **FAIR OAKS REHAB & HEALTHCARE SOUTH BELOIT, IL 61080** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (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 S9999 Continued From page 4 eye protection. On April 12, 2021 at 2:00 PM, V3 verified R40's PPE cart should not be placed inside the room, and R199-R201's PPE carts were missing and/or not stocked with PPE supplies. On April 13, 2021 at 8:30 AM, V3 stated we have supplies of gowns, gloves, surgical masks, hand sanitizer, and disinfection wipes. V3 stated, "I believe it was laziness why the carts were not stocked. When you take the last of something you replace it." On April 13, 2021 at 11:30 AM, V9, CNA, stated when you go into a COVID-19/guarantine room, "We are supposed to wear gown, gloves, masks, goggles/face shield." V9 stated, "If the cart was empty I would go get more PPE. I would not go into the room without proper PPE." On April 13, 2021 at 11:50 AM, V14, CNA, opened the PPE storage area. Inside the storage area there were multiple boxes of gloves, gowns, and surgical masks. V14 stated there was another box of gowns and other PPE supplies in the beauty shop. V14 stated she was out with COVID-19, but was able to work with maintenance to order more PPE while she was out. V14 stated the facility started running low while we had COVID in the building, but we never

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ran out, and were always able to order more PPE. V14 stated she did not know why the guarantine

The facility's PPE guidance for COVID-19 is the Illinois Department of Public Health (IDPH) guidelines, dated June 22, 2020. The guidance for admission/readmission residents showed required PPE includes N95 usage, gloves, eye

hall PPE carts were not stocked.

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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:** COMPLETED A. BUILDING: \_\_ IL6002984 04/14/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1515 BLACKHAWK BOULEVARD **FAIR OAKS REHAB & HEALTHCARE** SOUTH BELOIT, IL 61080 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 5 S9999 protection, and gowns. The facility's COVID-19 Positive Result Tracking. printed on April 13, 2021, showed facility's current "outbreak" status, started on March 18, 2021. 2.) R17's 2/11/2021 Minimum Data Set (MDS) shows she has a cognitive impairment, requires extensive assistance from staff for her Activities of Daily Living (ADL's), and is always incontinent of bowel elimination. A laboratory report in R17's electronic medical record shows she tested positive for Clostridium difficile (C-Diff) (bacteria in the colon causing diarrhea) on 1/28/2021. R17's current care plan shows on 1/28/2021 interventions were added to place R17 on contact isolation for Clostridium difficile infection. The same care plan shows R17 has a history of smearing feces and touching other objects. The Center for Disease Control (CDC) contact precaution isolation requirements signage, for outside of resident rooms, provided by the facility. says staff should clean their hands, including before entering, and when leaving the room. And also states providers and staff must also: "Put on gloves before room entry. Discard gloves before room exit. Put on a gown before room entry. Discard gown before room exit." On 4/12/2021 at 11:45 AM, R17 was sitting up in a wheelchair in her room. There was a clear 3 drawer plastic isolation cart outside of her doorway. No visible sign was posted on the door to the room or on the cart, to indicate what PPE (Personal Protective Equipment) was required to enter R17's room.

Illinois Department of Public Health

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coverings.

passing water and juice to other residents.

On 4/13/2021 at 8:25 AM, V13 (CNA) said R17 is on isolation, and everyone who enters the room should wash their hands and also put on gowns, gloves, face shield, masks, and wear shoe

On 4/13/2021 at 8:35 AM, V3, Assistant Director of Nursing (ADON), said R17 has been on

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COME	COMPLETED	
IL6002984		B. WING		04/1	04/14/2021		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
FAIR OAKS REHAB & HEALTHCARE  1515 BLACKHAWK BOULEVARD SOUTH BELOIT, IL 61080							
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S9999	Continued From page 7		S9999	- "			
	contact isolation since she tested positive for C Diff. V3 said all staff should wear gowns, gloves,					1	
	masks, and eye wear to enter the room. V3 also said what the staff indicated to the surveyor about not needing PPE to enter R17's room is absolutely not true. She said all staff should have had PPE on to enter her room even if just to drop off a tray. V3 also said R17 does have a history of						
	smearing feces in the	he room.					
	performed a blood s glucometer. V7 wipe the glucometer quic (red top) and threw	21 at 11:43 AM, V7 (RN) sugar check for R37 with a ed the front and the back of kly using a disinfecting wipe away the wipe. At 11:51 AM,			-		
	the same glucometer glucometer wiping to away the wipe. V7 s multi-use, and there	ner blood sugar check using er on R46. V7 cleansed the he front and back then threw said the glucometers are is not a certain amount of unse with the disinfectant wipe; air dry.					
	The Infection Preve Cleaning and Disinf states, "It is the poli	ntion and Control Manual for ecting Blood Glucose Meters cy of the facility to clean and					
	Resident to resident pathogens is a well- lancets, needles and monitors that are sh	nt use blood glucose meters. t transmission of blood-borne known risk when using d syringes. Blood glucose hares must be cleansed and e cleansed and disinfected					
. 17.10	between each use	9. Follow manufracture's ing and disinfecting of glucose			- 1		
,	disinfection states, 'hard non-porous su	label instructions for 'Thoroughly wet pre-cleaned, rface with a wipe, keep wet llow to air dry. Use as many					

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FAIR OAKS REHAB & HEALTHCARE  1515 BLACKHAWK BOULEVARD SOUTH BELOIT, IL 61080							
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S9999	Continued From page 8	S9999		1			
	wipes as needed for the treated surface to remain wet for the entire contact time"						
	4.) On April 12, 21 at 9:31 AM, V12 (CNA) assisted R4 to the bathroom. V12 cleansed R4's bottom of stool, and with the same contaminated gloves applied barrier cream. V12 then pulled up R4's pants and removed her gloves. V12 then assisted R4 to her wheelchair and gathered her toothbrush and toothpaste. V12 then went to R6 (R4's roommate) without washing her hands and applied gloves, checked her incontinent brief, and removed her gloves and left the room without washing her hands or hand sanitizing.						
	On April 13, 2021 at 12:33 PM, V13 (CNA) said handwashing should be done before and after patient care. Gloves should be changed after cleansing a resident and before applying barrier cream.						
	5.) On April 12, 10:14 AM, V12 (CNA) removed R6's saturated incontinent brief then removed her gloves and pulled down her face mask to talk to the resident. V12 then left the room without washing her hands. V12 returned back to the room and provided care to R4 without washing her hands or hand sanitizing.						
	The facility's Infection and Control Manual states, "Appropriate hand hygiene is essential in preventing transmission of infectious agents"			18 N			
	(B)						
			2				
		60					

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