**FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED IL6007413 B. WING 05/21/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1212 SOUTH SECOND STREET PINE ACRES REHAB & LIVING CTR **DEKALB, IL 60115** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 000 **Initial Comments** S 000 Annual Licensure Survey S9999 Final Observations S9999 1)Statement of Licensure Violations: 300.610 a) 300.696 a) 300.696 c)7) 300.1020 a) 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.

Illinois Department of Public Health

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

Diseases Code (77 III. Adm. Code 693).

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

Activities shall be monitored to ensure that these

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED B. WING \_\_\_\_\_ IL6007413 05/21/2021

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

(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) COMPLET DATE
S9999	Continued From page 1	S9999		
	policies and procedures are followed.			
	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):			th in
	7) Guidelines for Infection Control in Health Care Personnel			
	Section 300.1020 Communicable Disease Policies			
	a) The facility shall comply with the Control of Communicable Diseases Code (77 III. Adm. Code 690).	-		
	These requirements are not meet as evidenced by:			
÷ -	I. Based on observation, interview, and record review the facility failed to have a policy following the Centers for Disease Control (CDC) recommendations for Personal Protective			
	Equipment (PPE) for new admissions, the facility failed to follow recommendations from the CDC by not wearing N-95 masks or eye protection when caring for a newly admitted resident (R272)			
f	on contact/droplet precautions being monitored for COVID-19, and the facility failed to have appropriate signage up for a resident on contact/droplet precautions. These failures have		· .	
f F	he potential to affect 13 residents (R11, R16, R19, R21, R26, R29, R32, R34, R46, R52, R65, R69, R73) who are not fully vaccinated and have			
r	no history of COVID-19 within the past 90 days.			

Illinois Department of Public Health

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 IL6007413 05/21/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1212 SOUTH SECOND STREET** PINE ACRES REHAB & LIVING CTR **DEKALB, IL 60115** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 R272's electronic face sheet printed on 5/18/21 showed R272 was admitted to the facility on 5/13/21 with diagnoses including but not limited to urinary tract infection, heart failure, chronic obstructive pulmonary disease, diabetes mellitus. and Alzheimer's disease. On 5/18/21 at 9:32 AM, R272's room was observed with isolation bins outside of her door. There were no signs outside of R272's door as to what type of isolation was being utilized. The only sign posted showed, "Attention: isolation room please do not enter without personal protective equipment on. Don (apply) gown, N95 or facemask, gloves. Doff (remove) gloves, gown. facemask." On 5/18/21 at 9:37 AM, V3 (Registered Nurse-RN) stated, "(R272) is on isolation for 14 days due to a recent hospital stay. We know what personal protective equipment to put on because the sign on the door shows us how to put our PPE (personal protective equipment) on and take it off. In (R272's) room we wear a gown, gloves, and a surgical mask. We don't need to wear an N-95 mask in her room. (R272) has not received her COVID-19 vaccination."

have an N95 or eye protection on). At 10:44 AM, Illinois Department of Public Health

mask on.

On 5/18/21 at 10:30 AM, V4 (Certified Nursing Assistant-CNA) applied her gown, surgical mask. and gloves. (V4 did not have an N95 or eye protection on). Upon exiting the room, V4 removed her gown & gloves but kept her surgical

On 5/18/21 at 10:33 AM, V5 (Advanced Practice) Nurse) applied her gown, surgical mask, and gloves and entered R272's room. (V5 did not

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 IL6007413 05/21/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1212 SOUTH SECOND STREET** PINE ACRES REHAB & LIVING CTR **DEKALB, IL 60115** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY**) S9999 Continued From page 3 S9999 V5 left R272's room without changing her surgical mask. The resident roster provided by the facility on 5/18/21 showed V5 visited 11 residents throughout the facility on 5/18/21. On 5/18/21 at 10:43 AM, V4 (CNA) stated, "(R272) is on isolation because she was in the hospital. She's been here about a week. In her room we have to wear a gown, gloves, and a surgical mask. We do not need to wear eve protection. I'm sure it would be different if she was COVID positive. Technically I have eye protection on because I wear glasses, right?" On 5/18/21 at 11:43 AM, V4 stated, "I am covering all of the north side residents today which is all of 200 hall." The resident roster provided by the facility on 5/18/21 showed 18 residents residing on the 200 hall. (R272 resides on this hall) On 5/18/21 at 12:12 PM, V4 delivered R272's room tray. V4 applied her isolation gown, gloves. surgical mask, and goggles and entered R272's room. Upon exiting the room, V4 left her surgical mask and goggles on. V4 did not disinfect her goggles or replace her surgical mask upon leaving R272's room. V6 (Certified Nursing Assistant) was observed on 3 separate occasions from 5/18/21 thru 5/20/21 not wearing a face covering while in resident care areas. On 5/18/21 at 2:10 PM, V2 (Director of Nursing) stated, "There should be a sign on (R272's) door

Illinois Department of Public Health

indicating what type of isolation precautions she is on, but for some reason there isn't. She is only

investigation due to a recent hospitalization. We

on contact isolation as a person under

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED						
IL6007413		B. WING		05/21/2021							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
PINE ACRES REHAB & LIVING CTR  1212 SOUTH SECOND STREET  DEKALB, IL 60115											
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)		(X5) COMPLETE DATE					
S9999	Continued From page	ge 4	S9999			31					
a .	facility from the hos had her COVID vac COVID-19. When e be wearing gloves, a protection. Staff are leaving the room an	her. She was admitted to our pital on 5/13/21 and has not cine yet, nor has she had ntering her room, staff should gown, surgical mask, and eye to take PPE off prior to d they should take off their mask. I suppose eye									
	protection could be it's not required. Our about 3-4 weeks ag monitoring of reside of your facility. We disgns and symptoms on) and doff (take of N95's in the building track of our burn ratneed to wear an N-9	wiped down and reused but r last in-service was done o and included close nts and keeping COVID out liscussed how to monitor for s of COVID, how to don (put ff) PPE. We have plenty of and we continue to keep e for our PPE. Staff do not 15 mask in (R272's) room t have any symptoms. If she									
	residents (R19, R21 that are unvaccinate physician refusal or roster showed 7 resi	ovided on 5/19/21 showed 7 , R26, R34, R46, R65, R272) d for health conditions, family refusal. The same dents (R11, R16, R29, R32, are not fully vaccinated until	E								
	Protective Equipmer protective equipmen investigation with- sue eye protection (N-95 mask for aerosol ger protection- acceptab mask with an attacher	tled, "COVID-19 Personal at Policy" showed, "Personal t for a person under argical mask, gown, gloves, mask instead of surgical nerating procedures). Eye le eye protection: a surgical ed face shield, a full-face pecial droplet and contact			8						

PRINTED: 07/28/2021 **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: A. BUILDING: COMPLETED IL6007413 B. WING 05/21/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1212 SOUTH SECOND STREET** PINE ACRES REHAB & LIVING CTR **DEKALB, IL 60115** SUMMARY STATEMENT OF DEFICIENCIES (X4) iD PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 5 S9999 The CDC website pertaining to unvaccinated residents without a personal history of COVID-19 within the past 90 days updated on March 29, 2021 showed, "Nursing homes must sustain core infection control practices and remain vigilant for COVID-19 infection among resident and healthcare providers in order to prevent spread and protect residents and healthcare providers from severe infections, hospitalizations, and death ...healthcare providers should wear well-fitting source control at all times while they are in the healthcare facility ... any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses ...eye protection should be worn during patient care encounters to ensure the eyes are also protected from exposure to respiratory secretions ...healthcare providers should wear an N95 or higher level respirator, eye protection, gloves, and gown when caring for residents in quarantine ...In general, all other new admissions and readmissions should be placed in a 14-day quarantine, even if they have a negative test upon admission." (B)

Illinois Department of Public Health