

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/12/2021
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NAME OF PROVIDER OR SUPPLIER WHITEHALL NORTH, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 300 WAUKEGAN ROAD DEERFIELD, IL 60015
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S 000	Initial Comments Annual Licensure and Certification Survey	S 000		
S9999	<p>Final Observations</p> <p>Licensure Violations: 300.610 a) 300.696 a) 300.696 c)2) 300.696 c)7)</p> <p>Section 300.610 Resident Care Policies 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 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 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed. c) Each facility shall adhere to the following guidelines of the Center for Infectious Diseases,</p>	S9999	<p>Attachment A Statement of Licensure Violations</p>	

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

TITLE

(X8) DATE

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S9999	<p>Continued From page 1</p> <p>Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services</p> <p>2) Guideline for Hand Hygiene in Health-Care Settings</p> <p>7) Guidelines for Infection Control in Health Care Personnel</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to ensure staff followed Centers for Disease Control and Prevention (CDC) recommendations by not wearing gowns and an N95 mask when testing residents for COVID-19 and not performing hand hygiene in between resident test. The facility failed to ensure staff wore a N95 mask for residents on contact/droplet precautions to rule out COVID-19 and spread the disease of COVID-19 to negative residents. This applies to all 125 residents residing in the facility. The facility staff failed to apply appropriate PPE when entering room of a resident on contact isolation (R38).</p> <p>These failures resulted in an Immediate Jeopardy.</p> <p>The Immediate Jeopardy began on 5/10/21 when V4 (Contracted laboratory staff) were testing residents for COVID-19 without wearing a gown or N95 mask. The Immediate Jeopardy was identified on 5/10/21. V1 (Administrator) was informed of the Immediate Jeopardy on 5/11/21. The surveyor confirmed by observation, interview and record review that the Immediate Jeopardy was removed on 5/12/21; however, noncompliance remains at a Level two because additional time is needed to evaluate the</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>implementation and effectiveness of the in-service training.</p> <p>The findings include:</p> <p>The facility's room/bed list provided on 5/10/21 shows, there are 125 residents residing in the facility.</p> <p>The facility's resident COVID-19 vaccine record provided on 5/10/21 shows, 78% of the residents are vaccinated for COVID-19.</p> <p>The facility's employee COVID-19 vaccine record provided on 5/10/21 shows, 68% of the staff are vaccinated for COVID-19.</p> <p>The facility's "quarantine" list provided on 5/10/21 shows 6 residents (R64, R66, R155, R159, R160, and R161) are on droplet/contact precautions to rule out of COVID-19. The roster provided by the facility shows these residents are not vaccinated.</p> <p>1. On 5/10/21 at 9:36 AM, V4 and V5 both (Contracted laboratory staff) were testing residents on the XXX unit for COVID-19. V4 was doing the actual testing of residents while V5 was doing the paperwork for the testing. V4 was wearing a KN95 mask and did not have a gown on. V5 was wearing a surgical mask with a KN95 over it. V4 went into R50 and R28's room to test both residents. He tested R50 and walked out of the room, handed the test tube with the swab to V4 and went back in and tested R28. He was not wearing a gown or washing his hands in between testing.</p> <p>On 5/10/21 at 10:20 AM, V4 (Contracted laboratory staff) entered R37's room without a gown on and swabbed R37 for COVID-19. V4</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>exited R37's room, removed his gloves but did not wash his hands or hand sanitize.</p> <p>On 5/10/21 at 10:25 AM, V4 entered R9's room and donned his gloves but did not put on a gown and swabbed R9 for COVID-19.</p> <p>On 5/10/21 at 10:36 AM, V2 (DON) said when testing residents for COVID staff should wear a KN95 mask, gown, gloves, and face shield.</p> <p>The facility's COVID Testing undated Policy states "NP or trained RN to obtain NP swab and wear required PPE for testing (N95, goggles/face shield, gown and gloves)remove gloves and perform hand hygiene between each HCP test ..."</p> <p>The CDC's Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic last updated 2/23/21 shows, "Collection of Diagnostic Respiratory Specimens: When collecting diagnostic respiratory specimens (e.g., nasopharyngeal or nasal swab) from a patient with possible SARS-CoV-2 infection, the following should occur: Specimen collection should be performed in a normal examination room with the door closed. HCP in the room should wear an N95 or equivalent or higher-level respirator, eye protection, gloves, and a gown. Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control below."</p> <p>2. On 5/10/21 during initial tour, V7 (LPN), V8 (RN), V9-V12 (All CNA's) were wearing KN95 masks. R64, R66, R155, R159, R160, R161, R356 were all on contact/droplet precautions to rule out COVID-19.</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>On 5/10/21 at 11:20 AM, V6 (Housekeeping) was on the first-floor cleaning rooms. She had a surgical mask on under her KN95 mask. She said the staff told her to wear it this way.</p> <p>On 5/10/21 at 11:16 AM, V7 (LPN) was wearing a kn95 mask. V7 said residents who are admitted from the hospital are placed on "quarantine" contact/droplet precautions. V7 said staff should wear a gown, gloves, kn95 mask and face shield for "quarantine." V7 said he has been working for the facility for about one year and has not been fit tested for a N95 mask and does not have a N95 mask.</p> <p>On 5/10/21 at 10:36 AM, V2 (DON) said new admissions are placed on "quarantine" droplet/contact isolation to rule out COVID-19. V2 said "right now" we have primarily KN95 mask for staff; "that's how we have been doing it." V2 confirmed they are not in crisis capacity for PPE usage. Staff have been fit tested for N95 mask since November or December. They are not done fit testing all staff.</p> <p>The CDC's Interim Infection Prevention and Control Recommendations for Healthcare Personnel during the Coronavirus Disease 2019 (COVID-19) Pandemic last updated 2/23/21 shows, "2. Recommended infection prevention and control (IPC) practices when caring for a patient with suspected or confirmed SARS-CoV-2 infection. The IPC recommendations described below also apply to patients who have met criteria for a 14-day quarantine based on prolonged close contact with someone with SARS-CoV-2 infection. Patients in this 14-day quarantine period should be isolated in a single-person room and cared for by HCP using all PPE recommended for a patient with suspected or confirmed SARS-CoV-2 infection."</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>The CDC use of personal protective equipment (PPE) when caring for resident with confirmed or suspected COVID-19 shows, "Preferred PPE- Use N95 or higher respirator (both straps attached to the person's head), face shield or goggles, gloves, and isolation gown." The facility has these signs taped up on the walls randomly around the facility.</p> <p>The Immediate Jeopardy that began on 5/10/21 and the immediacy was removed on 5/12/21 when the facility took the following actions to remove immediacy and correct the non-compliance:</p> <ol style="list-style-type: none"> 1. On 5/10/2021 on-going education to all staff/all shift in-service was initiated regarding proper PPE use, including donning a N95 and eye protection as well as a review of isolation precautions. In-services were conducted by nursing supervisors and department heads and will continue on through 5/16/21 until all staff receive the re-education. 2. Effective 5/12/2021, all department heads will check their respective departments daily at the start of each shift for proper PPE usage as well as provide infection control in servicing. This will continue until substantial compliance is determined by the department. 3. The DON or ADON will meet with lab staff at the start of their shift on the facility testing days to insure their continued understanding and compliance regarding proper PPE use/isolation precautions. 4. The facility began N95 fit testing on 	S9999		

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S9999	<p>Continued From page 6</p> <p>12/11/2020 and this process is on-going. As of 5/11/2021, 86 staff members remain to be fitted. The fit testing is conducted by RT and RN's. The Human Resource Director began contacting the 86 remaining staff members at 4pm on 5/11/2021 to advise them of their fit testing schedule and that anyone not tested will be prohibited from working until this is complete. The target completion date for fit testing is 5/24/21. All new hires will be required to be fit tested prior to start date effective 5/11/2021.</p> <p>5. The ADON or Designee will conduct a 3-month weekly audit of staff/vendors to ensure compliance with proper use of PPE and isolation precautions.</p> <p>6. On 5/11/2021 at 6pm, all vendors were sent a correspondence regarding proper use of PPE and isolation precaution awareness/compliance required at the facility.</p> <p>7. Current infection control policies will be updated to reflect all current CDC and state regulations/guidance.</p> <p>8. The facility QAPI plan will be reviewed and revised in the areas related to infection control and proper PPE usage.</p> <p>3. R38's face sheet shows she was admitted to the facility on 3/20/2021 with diagnoses including enterococcus (infection) as the cause of the disease.</p> <p>R38's current care plan shows she is on contact isolation for VRE (Vancomycin-resistant Enterococcus) an infection in her wound. R38's active physician orders shows she has an order for contact isolation with a start date of</p>	S9999		

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S9999	<p>Continued From page 7 3/21/2021.</p> <p>On 5/10/2021 outside of R38's room there was a sign posted showing she was on contact isolation and gown and gloves should be worn when entering her room. There was an isolation cart outside of her room that contained disposable gowns and gloves.</p> <p>On 5/10/2021 at 1:37 PM, V25 (Registered Nurse/RN) entered R38's room without putting on a gown or gloves. He went over beside R38's bed and was talking to her while leaning on the over bed table. R38 exited the room at 1:44 PM. The surveyor asked what PPE (Personal Protective Equipment) was required to enter R38's room he responded that he did not put a gown and gloves on because he was only talking to her. V25 also said he cannot remember why R38 is on contact isolation because it is hard to keep track of 30 residents.</p> <p>On 5/10/2021 at 1:45 PM, V24 (CNA) entered R38's room and did not apply a gown or gloves. When the surveyor asked R38 why she did not apply a gown she responded, I am just taking her off the bed pan.</p> <p>On 5/12/2021 at 9:11 AM, V2 (Director of Nursing) said that the expectation for any resident on contact isolation is that a gown and gloves should be worn by staff when entering the residents room.</p> <p>(B)</p>	S9999		