

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006522	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2021
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NAME OF PROVIDER OR SUPPLIER NEW ATHENS HOME FOR THE AGED	STREET ADDRESS, CITY, STATE, ZIP CODE 203 SOUTH JOHNSON STREET NEW ATHENS, IL 62264
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(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) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>Complaint #2148947/IL140891</p>	S 000		
S9999	<p>Final Observations</p> <p>Complaint #2148947/IL140891</p> <p>STATEMENT OF LICENSURE VIOLATIONS:</p> <p>300.696a) 300.696c)6) 300.1020a) 300.1020b) 300.1210b) 300.3240a)</p> <p>Section 300.696 Infection Control a) Each facility shall establish and follow policies and procedures for investigating, controlling, and preventing infections in the facility. The policies and procedures must be consistent with and include the requirements of the Control of Communicable Diseases Code, and the Control of Sexually Transmissible Infections Code. Each facility shall monitor activities to ensure that these policies and procedures are followed.</p> <p>Section 300.696 Infection Control c) Each facility shall adhere to the following guidelines and toolkits of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, and Agency for Healthcare Research and Quality (see Section 300.340): 6) Guideline for Isolation Precautions: Transmission of Infectious Agents in Healthcare Settings</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

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>Section 300.1020 Communicable Disease Policies a) The facility shall comply with the Control of Communicable Diseases Code (77 Ill. Adm. Code 690).</p> <p>Section 300.1020 Communicable Disease Policies 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 300.1210 General Requirements for 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.</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These regulations were not met as evidenced by:</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Based on observation, interview and record review the facility failed to implement infection control procedures to prevent the spread of COVID-19 as evidence by: failing to implement transmission-based precautions for persons exposed to COVID-19; failing to wear required Personal Protective Equipment (PPE); failing to have signage for employees and visitors regarding transmission based precautions, failing to implement environmental cleaning procedures; failing to quarantine residents who are newly admitted and unvaccinated; failing to encourage visitors and residents to wear mask and social distance.</p> <p>The facility failed to test R2 for COVID-19 upon R2 admission to the facility. On 11/3/21, R2 was allowed into the dining room for meals and hallway without a face mask, although R2 should have been on quarantine because R2 was not fully vaccinated and was a new admission. On the evening of 11/4/21, R2 was sent to the hospital for a change of condition and on 11/5/21 while in the hospital emergency room, R2 tested positive for COVID-19. Subsequently 13 more residents tested positive for COVID 19 and 4 expired from COVID-19 or complications from COVID-19. Due to these residents' comorbidities and vulnerabilities, this failure increased their risk for severe illness from COVID-19 and possible death for all 40 residents living in the facility.</p> <p>Findings include:</p> <p>1. The Facility provided Resident COVID-19 Testing Logs dated 11/8, 11/11, 11/13, 11/15, 11/18, 11/22, 11/26 and 11/29/21. The following was documented on these logs: R2 tested positive for COVID-19 on 11/5/21; R5 and R8</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>tested positive for COVID-19 on 11/8/21; R3, R7, R9, R10, R12 and R13 tested positive for COVID-19 on 11/13/21; R6 tested positive for COVID-19 on 11/15/21, R14, R15 R16 and R17 tested positive for COVID-19 on 11/18/21. Of the 14 residents who tested positive for COVID-19 from 11/5 through 11/18/21, the following 4 residents died from COVID-19 or complications from COVID-19: R2, R3, R5 and R6.</p> <p>R2's Death Certificate, dated 11/11/21, documents cause of death "COVID-19".</p> <p>R3's Death Certificate, dated 11/26/21, documents cause of death "2019-N COVID Acute respiratory disease."</p> <p>R5's Death Certificate, dated 11/15/21, documents cause of death "2019-N COVID Acute Respiratory Disease."</p> <p>R6's Death Certificate, dated 11/22/21, documents cause of death "Novel Corona COVID-19 Virus Infection."</p> <p>The Facility's LTC (Long Term Care) Respiratory Surveillance Line List documented that 6 staff persons tested positive for COVID-19 starting on 11/8 and the final employee testing positive on 11/22/21.</p> <p>2.R2's Face Sheet documents he was admitted to the facility on 11/1/21 with the diagnoses of Urinary Tract Infection, Parkinson's Disease and Osteoporosis.</p> <p>R2's Progress Note dated 11/1/2021 at 7:00 PM written by V6, Licensed Practical Nurse (LPN), documents R2 was on isolation precautions, had a negative COVID-19 test and had his 1st Pfizer</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>vaccine.</p> <p>On 12/7/21, at 10:15 PM, V6 (LPN) stated "I was working that night when I put in the notes, but I was not working when (R2) was admitted. (R2) should have been screened for COVID as all new admits should be screened upon admission for COVID. That would have been up to the nurse's on duty when R2 arrived not me as R2 was not admitted during my shift. I was not here when (R2) was admitted. I did not do a COVID test on (R2). Again, that would have been the nurse on duty's responsibility. I am not sure why I documented negative COVID test. I think that was what I was told that he (R2) was negative and had one dose of the COVID vaccine. I did not administer the COVID testing to (R2) or the vaccine."</p> <p>R2's Progress Note, dated 11/4/21 at 11:05 PM, documents R2's Medical Doctor (MD) was notified R2 had a fall and new order was received to send R2 to the local emergency room for evaluation.</p> <p>R2's Progress note dated 11/5/2021 at 1:13 PM documents, "Communication with Family/NOK (Next of Kin)/POA (Power of Attorney): Spoke with (local hospital) and they informed he (R2) has tested positive for Covid. Family contacted to inform them of the visitation restrictions when R2 returns to our facility."</p> <p>The Facility had no documentation that they conducted any type of contact tracing to determine who R2 may have had close contact with prior to R2 testing positive for COVID 19 on 11/5/21.</p> <p>R2's Progress Note dated 11/11/2021 at 9:20 AM</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>documents: "Call placed to (local hospital) for update on resident (R2). Spoke to (hospital staff), she states that resident will have a Hospice consult today for in house hospice due to the fact that resident cannot return to the facility while positive. This nurse told (hospital staff) that we would take resident back with a positive COVID test. (Hospital staff) stated they were under the assumption that we would not, again this nurse clarified that we will accept resident back. (Hospital staff) states resident is unresponsive at this time and may not make it back to facility."</p> <p>R2's Death Certificate documents he expired on 11/11/21 and lists his cause of death as COVID-19.</p> <p>On 12/8/2021 at 9:32 AM, V3, Assistant Director of Nursing (ADON) stated, "I am in charge of the COVID tracking. Any resident or staff that test positive I send their names and dates to the local health department. We track negative and positive residents. (R2) was our first resident to test positive for this second go around." When asked if a COVID-19 test was completed for R2 while R2 was at the facility, V3 responded "I do not have any test results positive or negative for (R2)."</p> <p>On 12/8/2021 at 9:39 AM, V4, Minimum Data Set (MDS Coordinator) stated, "We were testing everyone staff and residents once a week on Mondays. I thought (R2) was tested by (V14, LPN) and did not realize (R2) was not tested. We do all of our testing on Mondays and R2 was admitted later in the day. I think that is what happened and why R2 did not get tested. There was a note in R2's chart, so I did not realize R2 was not tested. Once a resident tests positive for COVID then staff are to wear surgical mask and</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>goggles. Staff have not had to wear any N95 mask because we are not on outbreak status. Because (R2) tested positive at the hospital we were never on outbreak status." V4 stated that R2 was not considered the first facility acquired case of COVID 19 because R2 tested positive at the hospital and not in the facility.</p> <p>The facility's COVID-19 testing documentation shows that the facility conducted routine COVID-19 testing on Mondays of each week. R2 was admitted on Monday 11/1/21 and was not tested. If R2 had not gone out to the hospital on 11/4/21, R2 would not have been tested until 11/8/21 the following week.</p> <p>On 12/9/21 at 10:20 AM, V2, Director of Nursing (DON), stated she was told that R2 was left sitting out in the hall by therapy on the afternoon before R2 was sent to the hospital. V2 stated R2 was left in the hall because R2 was a high fall risk. V2 stated she did not know about R2 being left in the hall until the next day when a staff informed her. V2 stated R2 should have been in R2's room because R2 was on quarantine due to being a new admit and not fully vaccinated. V2 stated they then rapid tested everyone after being notified R2 tested positive for COVID-19 the next day in the hospital.</p> <p>On 12/9/21 at 1:15 PM, V17, Certified Nursing Assistant (CNA) stated she took care of R2 on and off for the few days R2 was here. V17 stated when R2 was first admitted, R2 was not doing very well, but after a few days, R2 started doing better, even letting staff get R2 cleaned up and shaving R2. She stated on the last day she worked, R2 went to therapy and then they brought R2 back and left R2 sitting out in the hall. V17 stated she knows R2 had tried to crawl out of</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>bed a few times, but she does not know if that is why R2 was left sitting in the hall. She stated she could not remember if R2 was on isolation when R2 was admitted, or if R2 had any signs on his door.</p> <p>Centers for Disease Control and Prevention Guidance "Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes," updated as of 9/10/21, documented "In general, all unvaccinated residents who are new admissions and readmissions should be placed in a 14-day quarantine, even if they have a negative test upon admission." The CDC guidance documents "In nursing homes located in counties with moderate community transmission, unvaccinated HCP (Health Care Personnel) should have a viral test once a week."</p> <p>3. Throughout this survey, from 12/7 through 12/14/21, CDC's COVID-19 Data Tracker documented that the facility resides in a county/community with a high transmission rate of COVID-19.</p> <p>From 12/7 through 12/10/21, staff were wearing face masks but were not wearing any type of eye protection with the exception of V18, Nurse Practitioner.</p> <p>4. On 12/8/21 at 12:00 PM, R14 stated R14 has chosen not to receive the COVID vaccine because R14 doesn't feel like it has been around long enough. R14 stated the staff do not make R14 wear a mask when R14 comes out of his room.</p> <p>On 12/8/21 at 12:45 PM, R14 was propelling self in the hall in R14's wheelchair (w/c), stopping to</p>	S9999		

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S9999	Continued From page 8 talk to staff, and R14 was not wearing a mask or maintaining a 6-foot social distance. No staff offered R14 any reminders to wear his mask while R14 is out of his room. The Facility's Resident COVID-19 Testing Log, dated 11/18/21, documents R14 tested positive for COVID-19 on 11/18/21. 5. On 12/8/21 at 12:25 PM, R17 is unvaccinated and was sitting in therapy room with no mask on. On 12/8/21 at 2:04 PM R17 was sitting in the group room with several residents during an activity, with R17 wheel chair touching the wheel chair next to her. R17 and none of the other residents were wearing a mask. No staff offered R17 a mask or encouraged R17 to wear a mask. On 12/9/21 at 10:25 AM, V2, Director of Nursing, stated R7, R14 and R17 are the only residents in the facility who are unvaccinated. She stated the new admit R4, is not vaccinated and is only expected to be short term so she is not sure if R4 will be agreeable to getting vaccinated. She stated unvaccinated residents are allowed to have visitors and participate in facility activities, and they should be wearing a standard surgical mask. V2 stated she would expect staff to encourage these residents to wear masks if they come out of their rooms without a mask. 6. On 12/8/2021 at 2:57 PM, V14 was at the nurse's station with V14 mask pulled down and not covering her nose or mouth and was not wearing any goggles or a face shield. On 12/8/2021 at 11:57 PM, V14 was sitting at the nurse's station and was not wearing any eye protection.	S9999		

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S9999	<p>Continued From page 9</p> <p>7. R4's Electronic Medical Records for December 2021 documents R4 was admitted to the facility on 12/7/21 with an admitting diagnosis of COVID-19 (12/7/2021) and alcohol abuse.</p> <p>R4's Hospital Records document Infection: COVID 19 (11/26/2021), Admit date to Hospital was 11/26/2021 at 7:22 PM.</p> <p>On 12/8/2021 at 8:39 AM, R4's room has plastic all over the doorway with a zipper. There was a container next to the door that had a box of surgical mask on top of the container with gloves, gowns and face shields. There were no N95 masks in the container and no staff were wearing any N95 mask and or eye protection. There was no signage on or near the door documenting R4 was on contact isolation and or what type of precautions staff should take. R4 was heard coughing from outside of R4's room.</p> <p>On 12/8/2021 at 9:52 AM, V14 stated "(R4) is on contact isolation for COVID R4 does have a cough and R4 is not asymptomatic. He came in last night."</p> <p>R4's Progress Notes dated 12/8/2021 at 2:46 PM, "give dexamethasone tablet 4 mg (milligrams), give 4 mg by mouth one time a day for COVID until 12/11/2021 for 4 days."</p> <p>R4's Progress Notes dated 12/8/2021 at 5:18 AM, Late Entry: Note, Resident pleasant and cooperative with staff. Alert and orientated x 3. Occasional loose cough noted."</p> <p>On 12/8/2021 at 10:42 AM, V1, Administrator stated "(R4) just came back from the hospital. R4 is positive for COVID. R4 just came in last night.</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>(R4) is not having any symptoms, no fever, no cough nothing like that. R4 will come off of contact isolation on Friday, but we will probably keep R4 until Monday because the weekends always concern me. R4 was on contact isolation at the hospital and will be on contact isolation for a total of 14 days counting the hospital. I believe R4 is not vaccinated."</p> <p>On 12/8/2021 at 11:59 PM, V15, Registered Nurse (RN) came in front of R4's room and was only wearing a surgical mask and was not wearing goggles or face shield.</p> <p>On 12/8/2021 at 12:02 PM, V15 stated, "We do not have any resident's positive with COVID-19 that I am aware of."</p> <p>8. On 12/8/2021 at 1:30 PM, the facility had outside visitors performing a Christmas concert in the main activity room. All of the residents (approximately 20 residents) attending the performance were not being social distanced and none of the residents were wearing mask.</p> <p>On 12/9/2021 at 10:22 AM, V19, Local Health Department stated "Yes, there was an outbreak in the (facility) and currently at the local level we are at a high level and I would expect all staff to be wearing eye protection and mask when giving care. I would expect all residents and visitors to be wearing mask as well."</p> <p>9. On 12/8/21 at 12:50 PM V13, Housekeeper, stated staff wear gowns, gloves, face masks (depending if you have glasses or not) to go into residents' rooms who are on quarantine. V13 stated he does not go in the isolation rooms, and stated, "They don't want us to even go down there because they don't want us to cross</p>	S9999		

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S9999	Continued From page 11 contaminate other rooms. V13 stated the CNAs do a little cleaning in the isolation rooms. V13 stated the housekeepers don't go back in those rooms where residents on isolation reside until the resident is off isolation. V13 stated when the facility was in outbreak status for COVID, he did wear an N95 mask and goggles, but now he just wears what he normally does: surgical mask, and he wears gloves to empty trash. 10. On 12/9/2021 at 4:00 PM, the Facility Infection Control Policies were requested and reviewed. The Facility's Policy entitled "COVID-19 Interim Guidance- Infection Prevention and Control for patients with Suspected or Confirmed COVID-19 in Nursing Homes", documented "This policy reflects U.S. Centers for Disease Control and Prevention (CDC) Guidance and Recommendations through April 15, 2020." This policy was not in alignment with current CDC guidance regarding COVID-19 which was revised and updated on 9/10/21. The Facility Provided the surveyors with a Policy entitled "COVID-19 Interim Guidance-SARS-CoV-2 Testing in Nursing Homes" which documented "This policy reflects U.S. Centers for Disease Control and Prevention (CDC) Guidance published January 7, 2021." This policy was not in alignment with current CDC guidance regarding testing which was updated on 9/10/21. This guidance did not address the need for eye protection when the facility resides in a county with high transmission rates for COVID-19. Centers for Disease Control and Prevention (CDC) Guidance "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During Coronavirus Disease 2019 (COVID-19) Pandemic, updated September 10,	S9999		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006522	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2021
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NAME OF PROVIDER OR SUPPLIER NEW ATHENS HOME FOR THE AGED	STREET ADDRESS, CITY, STATE, ZIP CODE 203 SOUTH JOHNSON STREET NEW ATHENS, IL 62264
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(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) COMPLETE DATE
S9999	<p>Continued From page 12</p> <p>2021 documents "Several of the IPC (Infection Prevention Control Program) measures (e.g., use of source control, screening testing) are influenced by levels of SARS-CoV-2 transmission in the community. Two different indicators in CDC's COVID-19 Data Tracker are used to determine the level of SARS-CV-2 transmission for the county where the health care facility is located. If the two indicates suggest different transmission levels, the high level is selected." The CDC Guidance documents "Source control and physical distancing (when physical distancing is feasible and will not interfere with provision of care) are recommended for everyone in a healthcare setting. This is particularly important for individuals, regardless of their vaccination status, who live or work in counties with substantia to high community transmission."</p> <p>The CDC guidance Centers for Disease Control and Prevention (CDC) Guidance "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During Coronavirus Disease 2019 (COVID-19) Pandemic, updated September 10, 2021 documented "If SARS-CoV-2 Infection is not suspected in a patient presenting for care (based on symptom and exposure history), HCP (Health Care Personnel) working in facilities located in counties with substantial or high transmission should also use PPE as described below: Eye protection (i.e., goggles or face shield that covers the front sides of the face) should be worn during all patient care encounters."</p> <p>The CDC guidance Centers for Disease Control and Prevention (CDC) Guidance "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During Coronavirus Disease 2019 (COVID-19)</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006522	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/14/2021
NAME OF PROVIDER OR SUPPLIER NEW ATHENS HOME FOR THE AGED			STREET ADDRESS, CITY, STATE, ZIP CODE 203 SOUTH JOHNSON STREET NEW ATHENS, IL 62264		
(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) COMPLETE DATE	
S9999	Continued From page 13 Pandemic, updated September 10, 2021 documents "In situations when unvaccinated patients could be in the same space (e.g. waiting rooms, cafeterias, dialysis treatment room), arrange seating so that patients ca sit at least 6 feet apart especially in counties with substantial or high transmission. This might require scheduling appointments to limit the number of patients in waiting rooms, treatment areas, or participating in group activities." The CDC guidance Centers for Disease Control and Prevention (CDC) Guidance "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During Coronavirus Disease 2019 (COVID-19) Pandemic, updated September 10, 2021 documents under the section for Environmental Infection Control " Routine cleaning and disinfection procedures (e.g. using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the products' s label are appropriate for SARS-CoV-2 in healthcare setting, including those patient-care areas in which aerosol generating procedures are performed." 11. The Facility's Resident Census and Conditions of Residents form, CMS 672, dated 12/7/2021 documented the facility had a census of 40 residents. (AA)	S9999			