STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006761	A. BUILDING: _____ B. WING _____	01/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE CREEK NURSING & REHAB	4343 KENNEDY DRIVE EAST MOLINE, IL 61244

(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	Initial Comments FIC COVID 19 Survey & Complaint Investigation: 2220010/IL141963, 2129712/IL141928, 2129665/IL141853	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of 2 Violations 300.1210b) 300.1210d)6 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. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. These Requirements were not met as evidenced	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1	S9999		

by:

Based on interview and record review, the facility failed to implement additional fall interventions to prevent a fall for one of three residents (R3), reviewed for falls, in a sample of 25. This failure resulted in R3 falling from a bed and sustaining a cervical fracture, head injury, cardiorespiratory collapse and hospitalization at an out of state trauma center.

FINDINGS INCLUDE:

R3's (Hospital) Discharge Summary, dated 12/14/21 documents that R3 was discharged from a local hospital with the following diagnoses and physician orders: T9 (Thoracic) Spinal Cord Injury with subsequent Paralysis, Traumatic Right AKA (Above the Knee Amputation), End Stage Renal Disease on Hemodiaylsis, Wounds with Chronic Osteomylitis, Acute on Chronic Anemia and Deconditioning. Physician orders include: Admit to facility; Up with assist; Physical and Occupational Therapy.

R3's (Hospital) Fall Risk Assessment and Interventions, dated 12/14/21 include the following: Requires assist or supervision for mobility, transfers and ambulation. Side Rails x 2. Transfer with assist/device.

R3's (Hospital) Physical Therapy Notes, dated 12/8/21 document, "Anticipated Discharge to Rehabilitation Unit, Skilled Nursing Facility. (R3) will require skilled therapy in a facility able to provide dialysis and IV (Intravenous) antibiotics. Anticipated Treatments/Needs: Basic activities of daily living, Bed mobility training, Therapeutic exercises, Transfer training. Functional Mobility Details: With use of (side) rails, (R3) able to roll

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S9999	Continued From page 2 bilaterally independently." R3's (Facility) Admission Screen, dated 12/14/2021 and signed by V4/Registered Nurse documents, "Arrived via stretcher. Admitted from hospital. Alert, oriented to person, place, situation. Mobile per wheelchair. Side Rails (both sides)." R3's Progress Notes, dated 12/14/2021 and signed by V4/Registered Nurse document, "(R3) arrived via ambulance from (local) hospital. Alert and oriented X 4. (Person, Place, Time, Situation). (Mechanical lift) for transfers. Side rails for assisted movement and repositioning." R3's (facility) Physical Therapy Evaluation and Plan of Treatment document, dated 12/15/2021 documents, "Physical Therapy evaluation: Short Term Goal (R3) will safely perform bed mobility task with moderate assist with use of side rails. Long Term Goal (R3) will safely perform bed mobility tasks with stand by assist with use of siderails in order to get in/out of bed. Underlying Impairments: Balance deficits, Decreased functional activity tolerance, Muscle disuse/atrophy, Unilateral weakness and Sensation impairments." R3's (Medical Supply) Order, dated 12/16/2021 at 11:36 A.M. documents, "Deliver a forty two inch bariatric bed frame and forty two inch bariatric mattress for (R3), per request of V27/Central Supply Clerk. No bed rails to this facility." R3's (Medical Supply) Order, dated 12/16/2021 at 3:27 P.M. documents, "(V5/Assistant Director of Nurses) said they (facility) can't have (bed) rails (on R3's bed)." At 3:37 P.M., the order documents, "(Side) Rails refused."	S9999		

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S9999	Continued From page 3 R3's Progress Notes, dated 12/27/21 at 7:56 P.M. and signed by V4/Registered Nurse document, "(R3's spouse) called over the phone and stating (R3) needed help. I immediately went down to assess the situation and noted (R3) on the floor with his bed in high position. (R3) was laying on the floor with his head toward the foot of the bed and his leg underneath the bed. (A) viable knot noted to the top of (R3's) head with a tinge of blood. (R3) started throwing up, denies pain. (R3) was unable to tell me how he fell. (R3's spouse) notified of situation and Paramedics called. Upon transferring (R3) to the gurney, (R3) lost consciousness. (R3) was transferred to (local) Hospital. Fall occurred at 7:30 P.M." R3's ED (Emergency Department) physician Notes, dated 12/27/21 at 8:28 P.M. document, "(R3) presents following an unwitnessed fall from bed. Tonight (R3) was talking to (R3's spouse) on the phone and suddenly she heard (R3) yell. (R3) reports he did hit his head. CT (Computerized Tomography) of the left lower extremity. Findings: Significant worsening of the left lower extremity since prior CT. The left femur is now shattered with multiple moderately displaced fractures throughout it's length. Nondisplaced fracture of the left inferior pubic ramus. CT of the cervical spine. Findings: Fracture through the right articular pillar of the C3 that does not appear to involve the vertebral artery foramen. Notes 9:09 P.M. (R3) (cardiac) rhythm is reading V(ventricular)-tach (tachycardia) on the monitor. Amidodarone (antiarrhythmic medication) given. (R3) will be transferred by (helicopter) to (ouf of state) Trauma Center. Condition is critical." On 1/4/22 at 11:45 A.M., V2/Director of Nurses (DON) stated, "I remember (R3). I know there	S9999		

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were some problems with (R3's) bed and bed rails. (R3) was a paraplegic from a previous car accident and had no control from the waist down. I know (R3's spouse) wanted bed rails (on R3's bed), but (V8/Former Administrator) wouldn't allow them. I think we finally got a trapeze for (R3's) bed. R3 was definitely at high risk for falls. I don't know why we never placed bed bolster on his bed or used fall mats beside his bed."

On 1/4/22 at 12:00 P.M., V5/Assistant Director of Nurses (ADON) stated, "I was the acting DON (Director of Nurses) when (R3) was admitted to the facility. (R3's spouse) was upset, because she said (R3) had side rails on (R3's) bed at home and while (R3) was in the hospital to help him reposition himself in bed and to prevent him from falling out of bed. (R3) was a paraplegic and had no control over his lower body. He also had a right leg above the knee amputation and had the joint in his left hip removed. If (R3) got too close to the edge of the bed, (R3) couldn't stop himself from falling. (V8/Former Administrator) would not let us add side rails to (R3's) bed. (V8) said they were against our policy. His bed was specialty bed and came from (Medical Supply Company). (R3) didn't have bed bolsters, a low bed or fall mats next to his bed. I don't know why we didn't have them for (R3)."

On 1/4/22 at 4:30 P.M.,V10/Medical Supply Sales Representative stated, "I am the representative that services the facility. We received a call from them on December sixteenth for a forty two inch mattress and an a bedframe. The facility refused to allow us to bring the standard bed rails that came with the bed." And at 5:16 P.M., V10 further stated, "If a resident is at risk for falling from the bed, we are able to offer a bed bolster which is simply an elevated lip that goes all around the

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S9999	Continued From page 5 mattress or fall mats to place on the floor to lessen the impact from a fall. The facility did not request any of these additional products." On 1/5/22 at 09:49 A.M., V11/Medical Supply Quality Assurance Director stated, "If a resident is at risk for falls, we would recommend a facility place bed bolsters on a bed, use a high/low bed which keeps the bed closer to the floor and fall mats on either side of the bed to lessen impact in the case of a fall." On 1/5/22 at 1:15 P.M., V5/Licensed Practical Nurse/Restorative Nurse stated, "(R3) was a paraplegic and an amputee. When (R3) was first admitted to the facility, (R3) was in a bed with rails on either side so (R3) could reposition himself. (R3) also said he felt safer, because if (R3) would get too close to the edge of the bed, (R3) would fall out. (R3) was unable to stop himself, once (R3) started falling. (R3) was high risk for falls, but we were instructed by the former administrator, to take the side rails off of (R3's) bed. We ordered (R3) a larger bed and put a trapeze on it so (R3) could reposition himself. (R3) did not use bed bolsters on (R3's) bed or fall mats on either side of his bed." On 1/5//22 at 1:44 P.M., V6/Registered Nurse stated, "I was the nurse that admitted (R3). (R3) was alert and oriented. (R3) had been in a car accident a number of years ago and was a paraplegic and an amputee. When I admitted (R3), (R3's) bed had two rails on either side that (R3) could use to reposition himself. At some point, (R3) was put in a different bed that didn't have rails. (R3) had a trapeze (R3) could use to reposition himself. (R3's) new bed didn't have bed bolsters or fall mats. I worked the night of 12/27/21. I had been in (R3's) room about fifteen	S9999		

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S9999	Continued From page 6 minutes prior to (R3's) fall. (R3) wanted some cough drops and was talking to (R3's spouse) on (R3's) cell phone. The head of (R3's) bed was up and (R3) had the TV (television)on. (R3's spouse) called the nurse's station around 7:30 and said while she was talking to (R3), (R3) yelled that (R3) was falling and then the phone went silent. I ran to (R3's) room and found (R3) laying between the wall and (R3's) bed. (R3's) leg was twisted under the bed. (R3's) catheter tubing was stretched tight. (R3) was calm, but (R3) couldn't tell me how (R3) had fallen. (R3) was bleeding from (R3's) head. (R3) was a paraplegic and couldn't feel anything from the waist down. (R3) was laying on (R3's) side. I didn't move (R3). I yelled for a CNA (Certified Nursing Assistant) and called 911 for an ambulance. They were here quickly and transported (R3) to the hospital. I called the ER later that night and they told me (R3) had cardiac arrested and they revived (R3) and sent (R3) by helicopter to (an out of state trauma center." (A) 2 of 2 Violations 300.696a) 300.696b) 300.696c)6 300.696c)7 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	S9999		

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S9999	Continued From page 7 of Sexually Transmissible Infections Code. Each facility shall monitor activities to ensure that these policies and procedures are followed. b) A group, i.e., an infection control committee, quality assurance committee, or other facility entity, shall periodically review the results of investigations and activities to control infections. 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 6) Guideline for Isolation Precautions: Transmission of Infectious Agents in Healthcare Settings 7) Guideline for Infection Control in Healthcare Personnel These Requiremnts were not met as evidenced by: Based on observation, interview and record review the facility failed to quarantine a COVID-19 positive resident, place the COVID-19 positive resident and the exposed roommate on transmission based precautions, failed to follow transmission based precautions for a COVID-19 resident and failed to ensure staff wore required PPE (Personal Protective Equipment) while in the facility during a COVID-19 outbreak. The facility also failed to prevent a COVID-19 positive staff member, with symptoms, from providing direct resident care in building four. The facility also failed to have a facility specific COVID-19 surveillance plan, policy and procedure. These	S9999		

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S9999	Continued From page 8 failures have the potential to affect all 126 residents residing in the facility. Findings Include Facility "Infection Control: COVID-19 Contract Tracing" reviewed 1/2021 documents "The contact tracing policy has been created to provide guidance when an exposure to COVID-19 has occurred and to ensure that infection prevention practices are taken. Testing is recommended for all close contacts of confirmed or probable COVID-19 patients. Those contacts who test positive (symptomatic or asymptomatic) should be managed as a confirmed case and move to Red Zone." 1. Facility COVID-19 testing spreadsheet dated 1/5/21, documents "1/5/22 at 1:10 AM, (R11) Result: Positive." On 1/5/22 at 10:15 AM, V16, Infection Preventionist (IP), stated "(R11) was the only resident that tested positive. She was put in quarantine and is being moved to the red zone in building three. (R22) tested negative, so she is going to remain in the room under quarantine." On 1/5/22 at 10:56 AM, observation of R11 and R22's room. R11 remains in original room in building four with R22. R11 has not been moved to building three (Red ZONE). There are no isolation signs posted outside or on the door to the room. There is a sign posted outside the room that reads "Green Zone: Standard Precautions. PPE Required: Surgical Mask or KN95, Universal Precautions." On 1/5/22 at 11:00, V14, Licensed Practical Nurse (LPN), observed in R11 and R22's room	S9999		

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S9999	Continued From page 9 providing resident care with N95 mask and eye protection on with no other PPE. On 1/5/22 at 11:02 AM, V14, LPN, verified there are no isolation signs posted outside of R11 and R22's room and stated "I don't know if (R11) is supposed to be in isolation or not. I know she tested positive for COVID, but I'll have to ask about the isolation." On 1/5/22 at 11:03 AM, V22, Certified Nursing Assistant (CNA), observed placing isolation sign outside of R11's room that reads "Yellow Zone: Transmission Based Precautions. PPE Required: N95 Mask, Face shield, Single Gown - with each encounter, gloves (hand hygiene donning and doffing)." V22, CNA, stated "I was given the sign to post for (R11)'s isolation, but didn't get it posted. That's what I'm doing now." On 1/5/22 at 11:07 AM, V14, LPN, stated "I just checked and I was supposed to wear the full PPE because (R11) is in isolation for COVID." V14, LPN, verified the "Yellow Zone" sign outside R11's room identifies the correct PPE she was to wear when entering R11's room. On 1/5/22, V14, LPN, continued providing direct resident care on Unit 4-1 the remainder of her 6:00 AM to 2:00 PM shift. On 1/5/22 at 1:17 PM, V16, IP, verified R11 tested positive on 1/5/22 at 1:10 AM, but was not moved to the red zone until after 11:30 AM. V16, IP, also stated "(R11) should have had a red zone sign and not a green or yellow zone sign posted outside due to the positive COVID-19 result." On 1/6/22 at 2:40 PM, V17, LPN, observed conducting rapid COVID-19 tests on residents.	S9999		

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S9999	Continued From page 10 V17, LPN, stated "If there's a test that comes up positive, I would immediately shut the residents door, place an isolation sign on it, notify the nursing supervisor and then get the resident moved to the red zone." On 1/6/22 at 2:46 PM, V2, Director of Nursing (DON) stated "Once we identify a positive COVID-19 results, the resident should be moved to the red zone within an hour, but ideally within 15 minutes." 2. The facility's COVID-19 tracking log for employees dated 12/31/21 at 10:00 PM, documents V21, CNA, tested positive for COVID-19. V21's "Positive COVID-19 Test" form dated 1/1/22, documents "Symptoms: Yes, headache, body sore/ feel weak. Date symptoms started: 12/31/21." Nursing schedule dated 12/31/21, documents V21, CNA, worked in building four from 10:00 PM to 2:00 AM. On 1/4/22 at 10:52 AM, V21 CNA, stated "I came into the facility on the night of 12/31/2021, around 10:00 P.M. and punched in. My nose was a little stuffy and I was tired, but I didn't think I had COVID. I did my (rapid test) and left it lay next to the time clock and went to the floor I was assigned, building 4, second floor. The shift supervisor was at the back door when I came in, but she left. I heard she was working a floor. I didn't wait to see my test results before I went to the floor. Around 2:00 in the morning (1/1/22), I came back down to the time clock to sign out for my break, and I saw my positive test. I called the supervisor and punched out and went home."	S9999		

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S9999	Continued From page 11 On 1/5/22 at 2:32 PM, V16, Infection Preventionist (IP), stated "I found out (V21, CNA) tested positive for COVID-19 on 12/31/21. I was told she had worked the floor from 10:00 PM till 2:00 AM while positive when I came into work Monday morning (1/3/22). All the residents exposed to the positive staff member were tested for COVID-19 on 1/5/22. The staff are responsible for screening themselves when they come in and the supervisors and staff are responsible for the COVID-19 testing. I have the employee screening right here for 12/31/21 and unfortunately (V16, CNA) didn't fill out the COVID screening when she came in. She also didn't wait for her rapid test results before going to work in building four." 3. On 1/5/22 at 12:56 PM, V18, CNA, observed carrying meal trays through the dining room. V18's N95 mask is down around her neck exposing her mouth and nose. V18's eye protection is propped up on top of her head and not over her eyes. V18, CNA, then stopped at the table where R14, R15, and R16 are sitting eating lunch and talking to residents and V20, CNA. On 1/5/22 at 1:00 PM, 20, CNA sitting at a table with R23, R24 and R25. V20, CNA, is assisting R25 with his meal. V20's, CNA, N95 mask is down around her neck exposing her mouth and nose with her eye protection propped up on top of her head not covering her eyes. On 1/5/22 at 1:17 PM, V16, IP, verified V18, CNA and V20, CNA are required to wear the N95 mask covering their mouth and nose along with eye protection and stated "Because we're in a COVID-19 outbreak status, the staff are required to wear the N95 mask and eye protection at all	S9999		

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	IL6006761	A. BUILDING: _____ B. WING _____	01/12/2022

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HOPE CREEK NURSING & REHAB	4343 KENNEDY DRIVE EAST MOLINE, IL 61244

(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 12	S9999		

times when in resident care areas. The only time they're allowed to take it off is when they're in the breakroom or office.

4. On 1/6/22 at 9:30 AM, record review of facility COVID-19 surveillance plan, and COVID policy and procedures. Facility does not have a policy on employee or resident screening for COVID-19, COVID-19 positive resident assessments, response to a COVID-19 outbreak or a policy on the required PPE during a COVID-19 outbreak.

On 1/6/22 at 10:00 AM, V16, IP, stated "I was given the CDC (Center for Disease Control) guideline and was told that's what we use for response to a COVID outbreak. We don't have a policy that specifically states what we do when we have an outbreak or what PPE is required. Because the CDC guidelines change so often we can't be updating the policy every week, so we just print out the guidelines and follow them."

On 1/7/22 at 10:50 AM, V16, IP, stated "We don't have a policy on employee or resident screening. We go by the current CDC guidelines. When a resident has COVID-19, we just put in a general order of what needs to be done, but there's no policy on it."

Facility Midnight Census Report dated 1/3/22 and verified by V2, DON, documents a 126 residents residing in the facility on 1/3/22.

On 1/12/21 at 11:30AM, the surveyor confirmed through interview and record review the facility took the following actions which were initiated on 1/5/21 and completed on 1/12/21 to remove the Immediate Jeopardy situation.

* The COVID positive resident was moved to the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006761	A. BUILDING: _____ B. WING _____	01/12/2022

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HOPE CREEK NURSING & REHAB	4343 KENNEDY DRIVE EAST MOLINE, IL 61244

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S9999	Continued From page 13 facility COVID Unit. * All staff, currently working on 1/5/2022 were In-Serviced on wearing the proper PPE while caring for COVID positive residents. * The exposed room mate was placed on appropriate Transmission based Precautions. * Education, provided immediately by Director of Nurses and Infection Preventionist including: Positive Residents placed in Quarantine or on Transmission based Precautions immediately after identification of a positive COVID-19 test; Staff educated on policy and procedures for potential resident and roommate exposure; Dedicated staff are assigned to the COVID-19 Unit; Personal Protective Equipment education to all staff, residents and vendors while in facility; Education of facility staff on the COVID-19 Plan and Testing Protocols. All staff will be educated on the above concerns and education will continue until every employee is In-Serviced. This will be completed by 1/12/22. *Outside vendors will be educated on PPE requirements and Transmission based Precautions before providing care to residents. Initiated 1/11/22 and will continue. * Agency staff will be educated before providing care to residents on all above concerns and will continue daily, prior to beginning of their shift. * Facility Infection Preventionist and Director of Nurses will continue to be able to communicate changes to staff and residents as it relates to the COVID-19. The Director of Nurses and Infection Preventionist Nurse will have clear understanding of the facility policy and procedure as it relates to COVID through the direct education of the Regional Nurse Consultant. (A)	S9999		