

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004428	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/13/2022
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NAME OF PROVIDER OR SUPPLIER HILLSBORO REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 1300 EAST TREMONT STREET HILLSBORO, IL 62049
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S 000	Initial Comments	S 000		
	COVID 19 Focused Infection Control Survey			
S9999	Final Observations	S9999		
	<p>Statement of Licensure Violations:</p> <p>300.610 a) 300.696 a) 300.696 c)6 300.696 c)7) 300.1020 a) 300.1020 b) 300.1020 c) 300.1210 b) 300.3240 a)</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) 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,</p>			
			<p>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>and the Control of Sexually Transmissible Infections Code. Each facility shall monitor activities to ensure that these policies and procedures are followed.</p> <p>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):</p> <p>6) Guideline for Isolation Precautions: Transmission of Infectious Agents in Healthcare Settings</p> <p>7) Guideline for Infection Control in Healthcare Personnel</p> <p>Section 300.1020 Communicable Disease Policies</p> <p>a) The facility shall comply with the Control of Communicable Diseases Code (77 Ill. Adm. Code 690).</p> <p>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>c) All illnesses required to be reported under the Control of Communicable Diseases Code and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693) shall be reported</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>immediately to the local health department and to the Department. The facility shall furnish all pertinent information relating to such occurrences. In addition, the facility shall inform the Department of all incidents of scabies and other skin infestations.</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.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the Facility failed to implement Infection Control Measures in order to prevent the spread of COVID-19 as evidenced by: not isolating COVID-19 positive residents from negative residents; not isolating unvaccinated residents during COVID-19 outbreak; allowing COVID-19 positive residents to intermingle with other residents; not encouraging the use of masks/social distancing of residents; improper usage of Personal Protective Equipment (PPE); not posting signage for staff/residents/visitors education on appropriate isolation procedures; not implementing required environmental</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>cleaning; and not implementing an effective infection control surveillance and tracking system during a COVID-19 outbreak.</p> <p>These failures resulted V33, Housekeeper, testing positive for COVID-19 and the facility not performing contact tracing and place all unvaccinated residents in quarantine. R18 was the first resident who tested positive for COVID-19 on 11/22/21. R18 expired from COVID-19 on 12/17/21. 25 residents tested positive for COVID-19 and 4 expired from COVID-19 or complications from COVID-19. Due to these residents' comorbidities and vulnerability, these failures increased their risk for severe illness from COVID-19 and possible death for all 72 residents living in the facility.</p> <p>Findings include:</p> <p>1.The Facility's "COVID Positive Tracking" sheet, provided by the facility on 1/3/22, documented the following staff and residents tested positive for COVID-19 on these dates: V33, Housekeeper, tested positive on 11/11/21; R18 tested positive on 11/22/21; R19 tested positive on 12/17/21; R12 tested positive on 12/21/21; R34, R13, and R16 tested positive on 12/24/21; R22, R21, R3, and R20 tested positive on 12/27/21; R30, R31, R25, R32, R17, and R33 tested positive on 12/29/21; R29 tested positive on 12/31/21; and R35 tested positive on 1/2/22 at the hospital. The New COVID Positive Sheet, dated 1/7/22, provided by the facility documented R6, R36, R37, R38, R39, R40, and R41 tested positive.</p> <p>On 1/12/22 at 2:45 PM, V2, Director of Nursing (DON)/Infection Preventionist, stated the residents listed on the Form titled, "The New COVID Positives 1/7/22" were tested for their</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>routine whole facility outbreak testing. V2 stated the PCRs (Polymerase Chain Reaction-lab test) were completed on 1/3/22, and the results came back 1/7/22. V2 stated none of the residents on the list had symptoms.</p> <p>Of the 25 residents who tested positive for COVID-19 from 11/22/21 through 1/12/22, the following residents died from COVID-19 or complications from COVID-19:</p> <p>R18's Death Certificate, dated 12/20/21, documents R18 died on 12/17/21 with cause of death as, "Respiratory Failure/Disease."</p> <p>R19's Death Certificate, dated 12/29/21, documents R19 died on 12/24/21 with cause of death as, "COVID Pneumonia."</p> <p>R12's Death Certificate, dated 12/26/21, documents R12 died on 12/26/21 with cause of death as, "SARS Coronavirus 19."</p> <p>R3's Death Certificate, dated 12/30/21, documents R3 died on 12/29/21 with cause of death as, "SARS Coronavirus 19."</p> <p>2. On 12/29/21 upon the initial tour of the facility at approximately 8:00 AM, the 200 hall was the designated COVID unit (Red zone). There was a Yellow zone (precautionary isolation) located at the beginning of the 200 hall and the Red zone was located behind a plastic barrier. The Memory Care Unit was located on the 100 hall.</p> <p>The Facility's 100 Hall Vaccinated/Unvaccinated Roster, dated 1/7/22, documents 20 residents reside on the Memory Care Unit. 6 of those residents (R17, R25, R30, R31, R32, R33) are positive for COVID-19. The Facility's "COVID</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>Positive Tracking" sheet, provided by the facility on 1/3/22, documented R17, R25, R30, R31, R32, and R33 tested positive on 12/29/21. The New COVID Positive Sheet 1/7/22, provided by the facility documented R6 and R41 on the Memory Care Unit tested positive on 1/7/22.</p> <p>On 12/29/21 at 4:15 PM, V22, Registered Nurse (RN), stated 6 residents tested positive for COVID-19 on 12/29/21 on the Memory Care Unit (100 Hall). V22 stated the residents that tested positive will have to move to the COVID unit (200 hall).</p> <p>On 12/29/21 at 4:21 PM, V12, Licensed Practical Nurse (LPN), stated, "I am now the nurse for 200 and 300 hall. The residents (R17, R25, R30, R31, R32, R33) started testing positive on the 100 hall at about 4:00 PM (today). They are all back there with masks on until we can move them. The ones that are negative are in the dining room so we can keep them separate."</p> <p>On 12/29/21 at 4:45 PM, V12, LPN, and V22, RN, assisted residents (R17, R25, R30, R31, R32, R33) from the 100 hall Memory Unit to the 200 hall (designated COVID unit) with N95 masks on both residents and staff, but no other PPE.</p> <p>On 12/30/21 at 8:52 AM, V19, RN stated, "Those residents (R17, R25, R30, R31, R32, R33) who were moved to the 200 hall on 12/29/21 are not back here (200 hall/Designated COVID Unit). They moved them all back to the Memory Care Unit."</p> <p>On 12/30/21 at 9:10 AM, V2, DON/Infection Preventionist, stated, "It is in our action plan (page 24) that we can leave the dementia residents on the unit (Memory Care) so now we</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>have two COVID units. We are to try to keep them in their rooms with masks on. I don't necessarily have a spread sheet to track (Respiratory Line List). Should I have a better system? Yes. This is how corporate told me to do it. It is very hard to get through to the local health department or have them call me back." At this time, The Facility's Line List for COVID-19 Outbreaks in Long Term Care Facilities was requested.</p> <p>On 12/30/21 at 1:00 PM, V13, R4's husband, exited the Memory Care Unit from the double doors and entering the main floor. V13 was still in full PPE and asked the surveyor, "Do I need to remove this?" There were no staff nearby to educate/instruct V13 on the proper PPE doffing techniques.</p> <p>On 12/30/21 at 2:00 PM, V2 stated, "Family members come in. I don't know how we would educate them. There should be signs."</p> <p>3. On 1/3/22 at 10:30 AM, R41 and R32 were observed in their room on the Memory Care Unit. They remained roommates throughout the day.</p> <p>The Facility's 100 Hall Vaccinated/Unvaccinated Roster, dated 1/7/22, documented R32 tested positive for COVID-19 and R41 is negative.</p> <p>The New COVID Positives 1/07/22 Sheet documents R41 was now positive.</p> <p>On 1/3/22 from 11:15 AM and throughout the day, R24 and R25 shared a room. The Facility's 100 Hall Vaccinated/Unvaccinated Roster, dated 1/7/22, documented R25 was positive for COVID-19 and R24 was not. The Facility's 100 Hall Vaccinated/Unvaccinated</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>Roster, dated 1/7/22, documented R48 and R30 are roommates. The Form documents R30 was positive for COVID-19 and R48 was not.</p> <p>On 1/3/22 at 11:45 AM, V9, LPN, stated residents that are positive are sharing rooms with COVID-19 negative residents. V9 stated it is impossible to keep residents in their rooms or sitting away from each other.</p> <p>On 1/3/22 at 11:15 until 1:00 PM, V33, Housekeeper, was mopping rooms on the Memory Care Unit where there was a mixture of COVID-19 positive residents and COVID-19 negative residents, and also cleaning the common hallway and dining area on the memory unit with the same mop head and the same mop water without the benefit of changing water, solution or mop head between surface exposures on the unit. V33 began cleaning R24's (COVID-19 negative) and R25's (COVID-19 positive) room who are roommates. V33 proceeded to R6's and R26's (both COVID-19 negative) room to clean. V33 proceeded to R27's and R28's room (both COVID-19 negative). V33 went to R17's (COVID-19 positive) and R3's room (COVID-19 positive). V33 proceeded to R17's room (COVID-19 positive) and ended V33's cleaning with R43's and R44's room (both COVID-19 negative).</p> <p>On 1/3/22 at 1:00 PM, V33 exited the Memory Care Unit through the back the door to the outside. V33 did not remove V33's PPE, walked down the sidewalk, and reentered the facility on the 200 hall (Red/Yellow Zone). At that time, V33 entered R14's room to clean. R14 was in the yellow zone (COVID Observation area) due to new admission status. V33 cleaned R14's room with the same mop water and mop head that was used on the Memory Care Unit which residents</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>are both COVID positive and negative.</p> <p>On 1/3/22 at 1:30 PM, V20, LPN, and V31, Certified Nursing Assistant (CNA), entered R14's room in the Yellow zone (precautionary isolation). Outside of R14's room were isolation precaution signs displaying the need to use gown, goggles/face shield, N95 and gloves. V20 and V31 were wearing a mask and face shield, however, they were not wearing gloves or gowns when they entered R14's room. They obtained vital signs and provided R14 with water.</p> <p>On 1/3/22 at 2:10 PM, V33 stated mop water and mop heads get changed every 4 rooms. V33 stated, "I was never fully trained for housekeeping." V33 further stated, "I clean all the rooms the same, no different protocols or precautions when cleaning rooms on the Memory Unit. V33 stated V33 does not clean cleaning tools on V33's cart from room to room. V33 also stated V33 does the common areas like the main hallway and the dining area as V33 goes along, between going in and out of rooms.</p> <p>On 1/3/22 at 11:15AM to 1:00 PM, there was no signage posted regarding isolation precautions for R32, R33, R31, R30, R17, R25 who were all identified by facility as COVID-19 positive. All of these residents reside on the Memory Care unit.</p> <p>On 1/3/22 at 11:45 AM, V9, LPN, stated there has never been precaution signage on resident doors on the Memory Care unit.</p> <p>On 1/3/22 from 11:15 AM until 1:00 PM, none of the residents on the Memory Care unit were seen wearing any type of source control/face masks. The following staff were on the Memory Care unit during this time and did not encourage residents</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>to socially distance or wear face mask: V9 (LPN), V11, Certified Nurse's Aide (CNA), V23 and V24 (Maintenance).</p> <p>On 1/3/22, R32 was wandering about the unit. At 12:25 PM, R32 (COVID positive) and R25 (unvaccinated and COVID positive) were sitting at same table without masks and not socially distanced at least six feet apart. R33 (COVID positive) and R27 (vaccinated and COVID negative) were sitting at same dining table not socially distanced. Throughout this observation, R33 and R27 were holding hands, watching TV and walking down hallways together.</p> <p>On 1/4/2022 at 12:45 PM, V25, Housekeeper, was on the memory unit handling residents' lunch containers without gloves, improper use of an N95 (only one strap was being used), placing containers into trash bag pushing them down with ungloved hands, without hand hygiene at the end of task.</p> <p>On 1/5/22 at 9:30 AM, R33 (COVID positive) and R6 (vaccinated and COVID negative) were sitting in same living room common area in close proximity without masks. V9, LPN, intervened during an altercation between R33 and R6. After coming into contact with R6 (COVID-19 positive), V9 did not change V9's gown.</p> <p>On 1/3/22 at 11:45 AM, V9 stated the residents won't wear their masks even when encouraged to and many of times continuing to ask them to put them on causes a behavior. V9 stated positive and negative COVID residents all sit in the same day area/dining area and at the same tables as one another. V9 stated some residents you can't move their seating or it will cause a behavior, and some residents want to sit with certain groups or</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>residents. V9 stated "for example (R32) and (R25), they always sit at the same table." V9 also stated "(R33) and (R27) are everywhere together and trying to separate them is nearly impossible."</p> <p>On 1/5/2022 at 9:00 AM, on the Memory Care Unit, V11, CNA, was not using PPE properly; the gown was not tied, exposing V11's clothing on the backs and the sides. V11 was wearing a surgical mask, not a N95. On 1/5/2022 at 9:45 AM, V11, stated, "Yes, I have an N95. I just haven't had the chance to put it on."</p> <p>On 1/5/2022 at 10:30AM, V26, RN, stated all employees should be wearing an N95 all of the time, and V26 was also instructed if you entered the Memory Unit, you are not to leave and go to any other part of the building during the shift.</p> <p>On 1/3/22 at 10:30AM, V2, DON/Infection Preventionist, stated the staff are treating all residents like they are COVID-19 positive. V2 stated all rooms of COVID-19 positive residents should have precaution isolation signage outside of their rooms. V2 stated the residents that are vaccinated and have roommates that are vaccinated are kept in their same rooms even if their roommate tests positive. V2 stated the only time residents are moved is when a positive resident has an unvaccinated roommate, then they would separate those residents. V2 stated staff are to change their PPE after having contact with a COVID-19 positive resident if their PPE/gown is soiled. V2 stated the facility doesn't have a policy, but the follow standards of practice; they have an action plan and follow CDC guidelines. V2 stated there are no barriers on the memory care unit and masks should be encouraged, and social distancing should be encouraged. V2 stated the first positive in the</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>building was on 11/11/21, which was a Dietary employee. V2 stated all employees should be wearing a face shield or goggles and an N95 at all times in the building and if in the Red Zone (COVID positive residents) 200 hall, Yellow Zone (precautionary isolation) 200 hall or on the Memory Care Unit 100 hall, staff should be wearing full PPE, N95, face shield/goggles, gown and gloves. V2 stated the facility has plenty of PPE and if they get low or run out, V2 would get it from a sister home. V2 stated staff have received PPE requirement education.</p> <p>4.The Facility's Unvaccinated Residents and Transition Times List, undated, documents R14, R20, R22, R29, R30, R31, R46, and R47 are all unvaccinated residents.</p> <p>There was no documentation provided by the facility that these residents were placed on quarantine during the facility COVID-19 outbreak.</p> <p>On 1/11/22 at 2:31 PM, V2, DON/Infection Preventionist, stated, "The transition time means they are new admits and on precautionary isolation for 10 days if they are not vaccinated. Our outbreak began on 11/11/21 when (V33, Housekeeping) tested positive. Contract tracing was not documented anywhere. The unvaccinated residents did their time in isolation (on admission). We are currently still in outbreak status. They (unvaccinated residents) have not remained in isolation this whole time. Over the weekend we had 3 more deaths, (R20, R31, and R35)."</p> <p>On 1/10/21 at 3:15 PM, V2 stated, "I don't believe it is in our action plan to quarantine the unvaccinated residents. We followed our action plan."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004428	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/13/2022
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NAME OF PROVIDER OR SUPPLIER HILLSBORO REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 1300 EAST TREMONT STREET HILLSBORO, IL 62049
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S9999	<p>Continued From page 12</p> <p>The Facility's LTC (Long Term Care) Respiratory Surveillance Line List, dated 11/11/21, documented, "No employees to report." It does not document V33 as having any symptoms or testing positive. The Line List, dated 11/15/21 and 11/16/21, document symptoms for V38, CNA, but no documentation any testing was done. The Line List for 11/16/21 does not include any information for V32. The Line List has no documentation V38 (CNA) tested positive on 11/29/21. The Line List has no documentation R18 tested positive on 11/22/21.</p> <p>The Facility's "COVID-19 Outbreak Timeline" undated, documents, "On Thursday 11/11/21, informed by staff nurse that an employee had positive rapid COVID test. A PCR was completed, and employee was sent home to quarantine." This document does not specify who the employee is.</p> <p>The Facility had no documentation they conducted any type of contact tracing to determine who R18 (the first positive resident) may have had close contact with prior to R18 testing positive for COVID-19 on 11/22/21. There was no documentation of contact tracing for V33 who tested positive on 11/11/21 or V32 who tested positive on 11/16/21.</p> <p>On 1/10/21 at 3:15 PM, V2, DON/Infection Preventionist, stated, "I can go through the contact tracking in my head. The first employee to test positive was the housekeeping gal (V33), and she works all over the building. She would have been around her boss and the other housekeeper. I guess she had called in a couple days and I didn't know it. She came to work with symptoms and her nurse did a rapid on her. The</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004428	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/13/2022
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S9999	<p>Continued From page 13</p> <p>second was (V32, CNA) and she usually works the 400 hall."</p> <p>The Facility's "COVID-19 Outbreak Timeline" undated, documents, "On Friday 12/17/21, informed by staff nurse that an employee had positive rapid COVID test. A PCR was completed and employee was sent home to quarantine. Residents were transferred to COVID unit." It documents that 2 residents tested positive. This document does not specify who the employee or residents were. It documents, "Contacted (local health department) and updated with outbreak status."</p> <p>There were discrepancies discovered on the COVID Positive Tracking document, dated 1/3/21. For example, R32 was listed as testing positive on 12/29/21 via a rapid test. The Facility's LTC Respiratory Surveillance Line List, dated 12/29/21, does not list R32 as testing positive or having symptoms.</p> <p>On 1/10/21 at 1:45 PM, V3, Assistant Director of Nursing (ADON), stated, "(R32) isn't positive. I don't know why he is on that list (COVID Positive Tracking). Now I am confused. We just tested him. At this time, V3 provided a generic list and stated, "this is how we keep track when we test them. I am sure this is from 12/29/21 and (R32) was negative. There were 6 residents." R28 was included on this list as testing positive, but not on the COVID Positive Tracking List provided on 1/3/21.</p> <p>On 1/5/21 at 10:40 AM, V2, DON/Infection Preventionist, stated V2 documents symptoms on The Facility's LTC (Long Term Care) Respiratory Surveillance Line List. V2 stated V2 runs a report of the COVID assessments daily and fills the line</p>	S9999		
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Illinois Department of Public Health

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S9999	<p>Continued From page 14</p> <p>list out according to the report of symptoms. V2 stated the Facility's LTC Respiratory Surveillance Line List should also include positive residents and staff and it should be completed accurately. V2 stated if the resident is unvaccinated and exposed, they should go into transition (precautionary isolation- Yellow zone). V2 stated V2 was not sure why the Facility's LTC Respiratory Surveillance Line List was blank for 11/11/21 and no symptoms were listed.</p> <p>On 1/5/22 at 10:47 AM, V2 stated the Line list is how V2 tracks symptoms, a running log of positives. V2 stated V2 was sending it to IDPH and somehow, V2 lost the file. V2 stated, "I've been scrambling to find it. It was our timeline-tracker documented when they became positive which was lost." V2 stated this included room changes related to COVID-19 positive results. V2 stated on 12/29/21, the facility began whole house routine outbreak testing for employees and staff. V2 stated they did rapid tests because they didn't have PCR's (Polymerase Chain Reaction-lab test). V2 stated, "Staff's testing results are on the timeline that is lost." V2 stated V2 just recreated COVID Positive Tracking sheet on 1/3/21.</p> <p>On 1/5/2022 at 10:25 AM, V30, Corporate Nurse, stated staff should promote residents to wear their masks and to social distance the best they can. V30 stated the memory unit has its own dedicated housekeeper that goes nowhere else in the building. V30 stated changing PPE every time it's been exposed to a COVID resident is not feasible.</p> <p>On 1/5/2022 at 1:50 PM, V2 stated the residents that are unvaccinated were quarantined if they were new admits. V2 stated on the Yellow unit</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004428	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/13/2022
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NAME OF PROVIDER OR SUPPLIER HILLSBORO REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 1300 EAST TREMONT STREET HILLSBORO, IL 62049
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S9999	<p>Continued From page 15</p> <p>(COVID observation unit), staff should be wearing full PPE (gloves, goggles/face shield, N95, and gown) when entering these resident rooms, all staff should put on full PPE before entering. V2 stated when staff are entering R14's room, full PPE should be being worn while R14 resides in the Yellow unit area.</p> <p>On 1/6/22 at 8:15 AM, V39, Local Health Department Nurse, stated V39 was not made aware of any COVID positive cases at the facility until Tuesday January 3, 2022 at 5:00PM, and the list she received from V1, Administrator, documented the first COVID-19 positive as 11/16/2021. V39 stated V39 had no messages V39 was aware of from the facility, and V39 is also reachable via email. V39 also stated if the facility was doing rapid tests, they weren't reporting them to the Health Department. V39 stated with an outbreak, the recommendation to the facility would be to increase testing to every 3 days, get PCR's, keep unvaccinated residents in a private room on the Yellow zone, staff to use full PPE (gloves, gowns, face shield/goggles, N95), test residents every 3 days, and track symptoms for 10 to 14 days of start of outbreak. V39 stated new admits should be 14 days of isolation with full PPE to be worn by staff.</p> <p>On 1/10/22 at 10:00AM, V3 stated, "COVID positive residents should have Droplet Precaution signs outside of each of their rooms and a tier cubby with all the PPE outside their rooms." V3 stated that gown, gloves, goggles/face shield, N95 should be worn when having resident connect with COVID-19 residents. V3 stated V3 would expect staff to change their PPE after contact with a COVID-19 positive resident and before caring for another resident.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004428	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/13/2022
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S9999	<p>Continued From page 16</p> <p>The Facility's ACTION PLAN-COVID 19, updated 11/19/21, documents under the section entitled "A Proactive Approach to Keep Residents, Staff and Visitors Safe" documents "3. Require source control (mask, face covering or respirators that correctly cover the mouth and nose; 4. Physical distancing at least six feet between persons, in accordance with CDC guidance; 5. Instructional signage throughout the facility and proper visitor and staff education on COVID-19 signs and symptoms, infection control precautions, visitation, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designate areas, hand hygiene." The Plan documents "7. Cleaning and disinfecting high frequency touched surfaces, equipment or areas in the facility often; 8. Appropriate use of Personal Protective Equipment (PPE); and 9. Effective cohorting of residents (e.g., separate areas dedicated to COVID-19 care- Transition area and Recovery area)." The Plan documents "Residents are required to wear a well-fitting cloth facemasks or medical grade mask-procedure or surgical (if tolerated) at all times when exiting their rooms, when leaving the community grounds, when around others outside of their room, when entering a congested communal area with the property and or when staff enter their rooms." The Facility's ACTION PLAN-COVID 19, updated 11/19/21, documents under the section entitled "A Proactive Approach to Keep Residents, Staff and Visitors Safe" documents "In performing cleaning or sanitation services int the Transition or Recovery Areas, housekeeping staff must wear PPE: N95 respirator or higher, secondary face covering, proper eye protection consisting of face shield or goggles, gowns (disposable or reusable) and gloves at all times on the unit. PPE should also be applied when entering these areas,</p>	S9999		
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Illinois Department of Public Health

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S9999	<p>Continued From page 17</p> <p>removed accordingly when exiting each room and areas." The Plan documents "Staff will follow manufacturer's instructions for all cleaning and disinfection products and will use products that are EPA approved for use against the virus that cause COVID-19."</p> <p>The Facility's ACTION PLAN-COVID 19, updated 11/19/21, documents under the section entitled "A Proactive Approach to Keep Residents, Staff and Visitors Safe" documents "Communal dining may resume without interruption while adhering to infection control practices, social distancing measures and mask wearing to ensure all resident have access to we-prepared food in a timely, safe manner. Face covering or mask over nose and mouth for all residents, regardless of vaccination status, to be worn at all times while indoors during communal dining and to the from the dining rea and when around other visitors, staff or unvaccinated residents."</p> <p>The Facility's ACTION PLAN-COVID 19, updated 11/19/21, documents under the section entitled "For residents that reside in Skilled Memory Care" for Residents who have been tested and are laboratory confirmed COVID-19 positive: "1. Every attempt will be made to have the resident remain on the unit; 2) If possible, place in a private room; 3) If the unvaccinated resident attempts to wander outside of their room, ensure a facemask is put on the resident prior to leaving their room and perform hand hygiene; 4) Ensure the unvaccinated residents maintains a 6-foot social distancing from other residents 5) If the unvaccinated resident touches any objects or surfaces while out of their room, clean surfaces and objects with a n EPA approved disinfectant."</p> <p>The Facility's ACTION PLAN-COVID 19, updated 11/19/21, documents under the Section "Confirmed COVID-19 Positive (Recovery Area) "Move COVID-19 Positive resident to designated</p>	S9999		
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Illinois Department of Public Health

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S9999	<p>Continued From page 18</p> <p>Recovery Area (private available, otherwise Cohort with others with like symptoms or diagnosis." The Plan documents "Immediately place resident on droplet precautions." The Plan documents "1. Signage shall be placed at the entrance of the Recovery Area instructing staff that they must wear PPE: N95 respiratory or higher, secondary face covering, proper eye protection consisting of face shield or goggles, gowns (disposable or reusable) and gloves at all time on the unit. PPE should also be applied when entering the area and prior to patient encounter." The Plan documents "Signage shall be placed at the exit of the Recovery Area identifying the general population area and instructing staff that they are leaving the isolation zone. Staff are to remove and discard gowns glove and secondary masks before exiting."</p> <p>The Centers for Disease Control and Prevention (CDC) Recommendations, updated 9/10/21, "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic" 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 substantial to high community transmission or who have: Not been fully vaccinated; or Suspected or confirmed SARS-CoV-2 infection or other respiratory infection (e.g., those with runny nose, cough, sneeze); or Had close contact (patients and visitors) or a higher-risk exposure (HCP) with someone with SARS-CoV-2 infection for 14 days after their exposure, including those residing or working in areas of a healthcare</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 19</p> <p>facility experiencing SARS-CoV-2 transmission (i.e., outbreak); or Moderate to severe immunocompromise; or Otherwise had source control and physical distancing recommended by public health authorities."</p> <p>The Centers for Disease Control and Prevention (CDC) Recommendations, updated 9/10/21, "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic" documents "Place a patient with suspected or confirmed SARS-CoV-2 infection in a single-person room. The door should be kept closed (if safe to do so). The patient should have a dedicated bathroom. Facilities could consider designating entire units within the facility, with dedicated HCP, to care for patients with SARS-CoV-2 infection. Dedicated means that HCP are assigned to care only for these patients during their shifts. Only patients with the same respiratory pathogen should be housed in the same room. Limit transport and movement of the patient outside of the room to medically essential purposes."</p> <p>The Centers for Disease Control and Prevention (CDC) Recommendations, updated 9/10/21, "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic" documents "HCP who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and use a NIOSH-approved N95 or equivalent or higher-level respirator, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face)."</p>	S9999		
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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004428	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/13/2022
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S9999	<p>Continued From page 20</p> <p>The Centers for Disease Control and Prevention (CDC) Recommendations, updated 9/10/21, "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic" documents "Dedicated medical equipment should be used when caring for a patient with suspected or confirmed SARS-CoV-2 infection. All non-dedicated, non-disposable medical equipment used for that patient should be cleaned and disinfected according to manufacturer's instructions and facility policies before use on another patient. 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 product's label) are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol generating procedures are performed."</p> <p>The CDC guidance, updated 9/10/21, "Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes" documents "Manage Residents with Suspected or Confirmed SARS-CoV-2 Infection. HCP caring for residents with suspected or confirmed SARS-CoV-2 infection should use full PPE (gowns, gloves, eye protection, and a NIOSH-approved N95 or equivalent or higher-level respirator). Ideally, a resident with suspected SARS-CoV-2 infection should be moved to a single-person room with a private bathroom while test results are pending."</p> <p>The CDC guidance, updated 9/10/21, "Interim Infection Prevention and Control</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004428	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/13/2022
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S9999	<p>Continued From page 21</p> <p>Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes" documents "New Infection in Healthcare Personnel or Resident. Alternative, broad-based approach: If a facility does not have the expertise, resources, or ability to identify all close contacts, they should instead investigate the outbreak at a facility-level or group-level (e.g., unit, floor, or other specific area(s) of the facility). Broader approaches might also be required if the facility is directed to do so by the jurisdiction's public health authority, or in situations where all potential contacts are unable to be identified, are too numerous to manage, or when contact tracing fails to halt transmission. Perform testing for all residents and HCP on the affected unit(s), regardless of vaccination status, immediately (but not earlier than 2 days after the exposure, if known) and, if negative, again 5-7 days later. Unvaccinated residents and HCP: Unvaccinated residents should generally be restricted to their rooms, even if testing is negative, and cared for by HCP using an N95 or higher-level respirator, eye protection (goggles or a face shield that covers the front and sides of the face), gloves and gown. They should not participate in group activities."</p> <p>The Facility's Resident Census and Conditions of Residents, printed 1/4/22, documents there are 72 residents living in the facility.</p> <p>(AA)</p>	S9999		