

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001044</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/25/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LEBANON CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1201 NORTH ALTON LEBANON, IL 62254</b>
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S 000	Initial Comments  Complaint Investigation: 2241054/IL143325  A COVID-19 Focused Infection Control Survey was conducted by the Illinois Department of Public Health on February 25, 2022.	S 000		
S9999	Final Observations  Statement of Licensure Violations: 300.610 a) 300.696 a) 300.696 c) 12)13)14) 300.696 e) 1)2) 300.696 f) 1)2) A) B)3) A)B) 4)  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.  Section 300.696 Infection Control EMERGENCY a) Each facility shall establish and follow policies and procedures for investigating, controlling, preventing, and testing for 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	S9999	Attachment A Statement of Licensure Violations	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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S9999	<p>Continued From page 1</p> <p>Control of Sexually Transmissible Infections Code. All staff shall be trained on the policies and procedures, and training records maintained for three years. Activities shall be monitored to ensure that these policies and procedures are followed. Infection control policies and procedures shall be maintained in the facility and made available upon request to facility staff, the resident and the resident's family or resident's representative, the Department, and the certified local health department.</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:</p> <p>12) Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes</p> <p>13) Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2</p> <p>14) Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic</p> <p>e) Each facility shall conduct testing of residents and staff, including individuals providing services under arrangement and volunteers, for the control or detection of communicable diseases when:</p> <p>1) The facility is experiencing an outbreak; or</p> <p>2) Directed by the Department or the certified local health department where the chance of transmission is high, including, but not limited to, regional outbreaks, epidemics, or pandemics.</p> <p>f) COVID-19 Testing and Documentation</p>	S9999			

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S9999	<p>Continued From page 2</p> <p>The facility shall test residents and facility staff, which includes any person who is employed by, volunteers for, or is contracted to provide services for a facility, or is employed by an entity that is contracted to provide services to a facility, for COVID-19. At a minimum, the facility shall:</p> <ol style="list-style-type: none"> <li>1) Prioritize and conduct immediate testing of residents or staff with symptoms of COVID-19;</li> <li>2) If a resident or staff in the facility tests positive for COVID-19, follow either a unit-based or broad-based approach for testing residents and staff, regardless of vaccination status. Testing shall include all residents and staff who have not tested positive in the past 90 days.               <ol style="list-style-type: none"> <li>A) If a unit-based approach is used, the facility must test all residents and staff immediately (but not earlier than two days after the exposure) in the unit (or department) where the staff worked, or the resident resided. Facilities shall continue to test every three to seven days until there are no more positive cases for 14 days.</li> <li>B) If a broad-based approach is used, the facility must test all residents and facility staff immediately (but not earlier than two days after the exposure). Facilities shall continue to test every three to seven days until there are no more positive cases for 14 days.</li> </ol> </li> <li>3) Documentation               <ol style="list-style-type: none"> <li>A) For residents, document in each resident's record any time a test was completed, including the result of the test, or whether testing was refused or contraindicated;</li> <li>B) For staff members, document in each staff member's confidential medical file (as distinct from the staff member's personnel file) any time a test was completed, including the result of the test, or whether testing was refused or contraindicated;</li> </ol> </li> </ol>	S9999		

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S9999	<p>Continued From page 3</p> <p>4) Upon confirmation that a resident or staff member tests positive with COVID-19, or if a resident or staff member displays symptoms consistent with COVID-19, take immediate steps to prevent the transmission of COVID-19, including but not limited to cohorting, isolation and quarantine, environmental cleaning and disinfecting, hand hygiene, and use of appropriate personal protective equipment;</p> <p>This REQUIREMENT is not met as evidenced by:</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 evidenced by: failing to isolate COVID-19 positive resident from other residents whose COVID-19 status is unknown; failing to identify COVID-19 related symptoms and utilize testing strategies to determine the extent of outbreak; failing to implement required isolation procedures; failing to ensure all staff wear required personal protective equipment; failing to ensure staff conducted required screening and do not work with possible COVID-19 symptoms; and failing to encourage residents to wear source control and socially distance.</p> <p>As a result of these failures on 1/5/22 R14 who was COVID-19 positive was placed in a room with R13 whose COVID-19 status was unknown. Of the 17 residents (R1, R2, R5, R6, R8, R9, R11, R12, R13, R14, R16, R17, R18, R19, R20, R21, R22) who tested positive from COVID-19 from 1/4/22 through 2/17/22, R13 was hospitalized and R13 expired due to 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 54 residents</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>living in the facility.</p> <p>Findings include:</p> <p>1.The Facility Surveillance Log Line List documented the following residents tested Positive for COVID-19 on the following dates: R14, R16 and R18 tested positive on 1/5/22; R6, R13 and R17 tested positive on 1/8/2022; R19 and R20 tested positive on 1/14/2022; R9 tested positive on 1/17/2022; R8 and R21 tested positive on 1/20/2022; R5 tested positive on 1/24/2022; and R1, R2 and R22 tested positive on 1/26/2022. R11 was not documented but her medical records document she was positive on 2/14/2022 and R12 was positive as well. This is a total of 17 residents tested COVID-19 positive from 1/5/2022 to 2/17/2022.</p> <p>R13's Hospital Discharge/Death Summary documented R13 was admitted to the hospital on 1/16/22 and expired on 1/17/22. The Summary Documented "Patient tested positive for COVID."</p> <p>R13'S State of Illinois Certificate of Death Worksheet, dated 1/17/22, documents R13's cause of death as Acute Respiratory Failure, Chronic Obstructive Pulmonary Disease, COVID-19 Pneumonia.</p> <p>The Facility Surveillance Log Line List documents on 12/28/2021, V21 (Certified Nursing Assistant/CNA) tested positive for COVID-19. V1 (Administrator) was documented as testing positive on 1/1/2022. V20 (Social Service) was positive on 1/4/2022. V22 (Housekeeping/Supervisor) on 1/6/2022. V11 (CNA)was positive on 1/12/2022. V27 (CNA) was positive on 1/13/2022. V24 (Housekeeper Supervisor) was positive on 1/24/2022. V25</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>(Licensed Practical Nurse/ LPN) tested positive on 1/31/2022. V6 (CNA) tested positive on 2/2/2022.</p> <p>2. On 2/15/2022 at 10:44 AM, R11 resided in a room that is centrally located on the dementia care unit hallway across from the main dining area. R11 was sharing a room with R10. R11's door was open to the hallway. There was signage on R11's door indicating that R11 was on contact/droplet precautions.</p> <p>On 12/14/2022 at 10:44 AM, R12 resided in a room by self that is centrally located on the dementia care unit hallway across from the main dining area. There was signage on R12's door indicating R12 was on isolation.</p> <p>R12's Lab report with a specimen collected date of 2/10/2022 and reported date of 2/12/2022 documents R12 was positive for COVID-19.</p> <p>R11's Lab report with a specimen collected dated of 2/10/2022 and a reported date of 2/12/2022 documents R11 was positive for COVID-19.</p> <p>R10's medical record was reviewed. There was no documentation in R10's medical record that R10 was positive for COVID-19 although R10 was sharing a room with R11.</p> <p>On 2/16/2022 at 12:32 PM, R11 and R12 were both in the dining room on the dementia unit eating lunch with the rest of the residents. R11 and R12 were seated at their own table but they were not six feet apart from the table of R15. R11 and R12 are currently on contact isolation for COVID-19. R24 was also eating in the dining room being assisted with feeding and R24 was not vaccinated.</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>The weekly COVID-19 Vaccination Cumulative Summary for Residents for Long Term Care Facilities Tracking Worksheet provided by the Facility on 2/17/2022 at 10:03 AM, documents R24 had not received any vaccines.</p> <p>On 2/16/2022 at 12:39 PM, V19 (Licensed Practical Nurse/LPN), stated, "(R10 and R11) share a room. (R11) is positive for COVID but (R10) is not positive for COVID. I am not in charge of rooms. I have no idea why (R10) is sharing a room with a COVID positive resident."</p> <p>On 2/17/2022 at 11:02 AM, R11's door was open and R27 walked inside R11's room. R11 was sitting in the wheelchair. R27 entered R11's room and started going through R11's dresser drawers. R27 was touching all contact surfaces, and eventually sat down on R11's bed. R27 was in R11's from 11:02 AM to 11:33 AM.</p> <p>On 2/17/2022 at 11:37 AM, V28 (LPN) stated "(R27) should not be in that room. (R11) is on contact isolation but (R27) is not. I am not sure why the door was left open. It should stay closed, so no one comes inside here. I know (R11 and R12) are allowed to eat in the main dining room for this unit, but I am not sure why because (R11 and R12) are both on contact isolation."</p> <p>On 2/23/2022 at 8:03 AM, V2 (Director of Nursing/DON) stated, "We have 2 new residents that are positive for COVID this week (R10) and (R33)."</p> <p>R10's Lab with a specimen collected date of 2/17/2022 and reported date of 2/19/2022 document R10 was positive for COVID-19.</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>3. According to the Facility's January 2022 Census Report, R13 and R14 were roommates.</p> <p>R14's Progress Notes dated 1/4/2022 at 2:00 PM, "Resident had loose stool. Rapid COVID test done and positive results. (V18 Nurse Practitioner) here and aware."</p> <p>R14's PCR (polymerase chain reaction) COVID test was collected 1/4/2022 and reported on 1/5/2022 and document R14 was positive for COVID-19.</p> <p>There was no documentation R14 was removed from the room which R14 shared with R13 at the time R14 tested positive for COVID-19 on 1/4/22.</p> <p>R14's Progress Notes dated 1/6/2022 at 12:00 PM, "Seen by (V18), COVID positive PCR."</p> <p>R14's Progress Notes dated 1/7/2022 at 12:00 PM, "Isolation continues, COVID positive."</p> <p>On 2/15/2022 at 2:38 PM, V2 (Director of Nursing/DON), stated, "(R13) was in a room by self and (R14) became (R13's) roommate on 1/5/2022 according to my census report."</p> <p>R14's POS for February 2022, does not document any contact isolation for R14.</p> <p>R13's Progress Notes dated 1/3/2022 at 11:00 AM, "Change in condition reported to (V18 Nurse Practitioner), increased incontinence, sleeping more, hand tremors."</p> <p>R13's Progress Notes dated 1/4/2022 at 9:00 AM, "Resident stated (R13) isn't feeling well, loose stools x (times) 1, Respiratory even and non-labored. Alert and orientated able to make</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>needs known." R13's Progress Notes does not document R13 was placed on any type of isolation at that time.</p> <p>R13's Progress Notes dated 1/5/2022 at 9:00 AM, chest x-ray reported to (V18) New order doxycycline 100 milligrams by mouth for 10 days.</p> <p>R13's Progress Notes dated 1/5/2022 at 12:30 PM, "Labs reported to (V18 Nurse Practitioner) New order push fluids repeat BMP (Basic Metabolic Panel) 1/6/2022."</p> <p>R13's Progress Notes dated 1/6/2022 at 2:00 PM, "Resident on isolation related possible COVID. Antibiotics related to pneumonia. Stated (R13) doesn't feel well. Poor appetite, cough noted, Physician notified." This was 3 days later after R13's symptoms first appeared.</p> <p>R13's January 2022 Physician's Order Sheet (POS) does not document R13 was on contact isolation, and at the bottom of the form it documents, "Free of communicable disease dated 12/16/2021." The POS does not document any contact isolation.</p> <p>R13's Progress Notes dated 1/7/2022 at 11 AM, "Isolation related COVID. Continues Antibiotic related to pneumonia."</p> <p>R13's Progress Notes dated 1/8/2021 "STAT BMP (basic metabolic panel) ordered for today, Resident alert and orientated able to make needs known. Appetite is better, today 75 % of breakfast. No distress noted."</p> <p>R13's COVID-19 Lab results, collected on 1/4/22 and results dated 1/8/2022 at 3:23 PM, document Positive SARS-CoV-2/COVID-19 PCR. R13</p>	S9999		
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S9999	<p>Continued From page 9</p> <p>remained in a room with R14 from 1/5 through 1/8/22 and facility was unaware if R13 was COVID-19 positive during this time.</p> <p>R13's Progress Notes dated 1/17/2022 at 10:31 AM document, "POA (Power of Attorney) notified facility that resident had expired 1/17/2022."</p> <p>R13's Hospital Discharge/Death Summary documented R13 was admitted to the hospital on 1/16/22 and expired on 1/17/22. The Summary Documented "Patient tested positive for COVID."</p> <p>On 2/16/2022 at 11:32 AM, V2 (Director of Nursing/DON), stated, "We do not track room numbers for COVID positive residents. We do not document names and room numbers only names on the infection control log. I have a room roster and map that I highlight any positive cases of COVID. I am not sure when (R13) and (R14) became roommates. Normally, if a resident is positive then the whole room goes on contact isolation for both people. We have the daily census that we go by. I usually highlight that room, so I know that room is positive for COVID. (R13) was in a room by self and (R14) became (R13's) roommate on 1/5/2022, according to the census report."</p> <p>4. The Facility's January 2022 Census Daily Report document R9 and R19 were roommates.</p> <p>R19's Physician Order Sheet for January 2022 documents a diagnosis of acute kidney injury, chronic kidney disease, diabetes mellitus, and moderate malnutrition.</p> <p>R19's Progress Notes dated 1/10/2022 at 6 PM to 6 AM, "Resident has a big cough will continue to monitor."</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>R19's medical records do not document any COVID-19 testing was performed for R19 before 1/12/2022, although R19 was experiencing symptoms of COVID-19. R19's medical records also do not document R19 went into quarantine isolation after experiencing signs and symptoms of COVID-19.</p> <p>R19's COVID -19 Lab Specimen Collected date of 1/12/2022 and reported date of 1/14/2022 documents R19 was positive for COVID.</p> <p>R9's January 2022 Physician Order Sheet (POS) documents R9 has diagnoses of absence of kidney, End Stage Renal Disease, Congestive heart failure, hypothyroidism, and vitamin D deficiency.</p> <p>R9's medical record documents R9 continued to reside with R19 after R19 tested positive for COVID-19 on 1/14/22.</p> <p>R9's Progress Notes dated 1/15/2022 at 1:00 PM, "Resident has been resting in bed, noted of non-productive cough. Resident (R9) feels fine other than (R9's) cough."</p> <p>R9's Lab Test specimen collected 1/17/2022 and reported 1/18/2022 documented R9 tested positive for COVID-19.</p> <p>R9's POS dated 1/18/2022 at 4:00 PM, documents R9 was COVID-19 positive. R9's POS does not have any order for isolation regarding R9's COVID-19 positive diagnosis.</p> <p>R9's Progress Notes, dated 1/18/2022 at 4:00 PM, documents R9 was positive for COVID-19 on 1/18/2022, which was four days after R9's</p>	S9999		
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S9999	<p>Continued From page 11</p> <p>roommate tested positive for COVID-19.</p> <p>R9's medical record had no documentation R9 was removed from the room when R19 tested positive for COVID-19 on 1/14/22.</p> <p>On 2/15/2022 at 3:28 PM V2 stated, "If a resident has COVID symptoms then we contact the doctor, and the doctor will tell us to put them on isolation. All isolations should be documented in the patient's Physician Order Sheet."</p> <p>On 2/18/2022 at 12:03 PM V1 (Administrator) stated "I do not believe that residents who test positive for COVID have to be separated from their roommate because they will automatically both go on contact isolation."</p> <p>The January Census Logs provided by the facility document R9 and R19 shared a room from 1/6/2022 to 1/24/2022.</p> <p>On 2/23/2022 at 8:49 AM V32 (On Call Physician for the Facility) stated, "I would expect the Facility to be following CDC guidelines and recommendations for COVID-19. I would expect residents that are positive for COVID-19 to be separated from negative residents and both to be put on quarantine. We would not want the negative resident to become positive for COVID. By keeping them together the negative has a better chance of getting COVID-19 if they are not separated. If the facility is on outbreak status, I would expect all staff to be wearing N95 mask and eye protection, goggles or face shields."</p> <p>5. From 2/10/22 through 2/25/2022 date of exit, the Centers for Disease Control and Prevention (CDC) COVID-19 Data Tracking website documents the Facility's County Community</p>	S9999		
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S9999	<p>Continued From page 12</p> <p>Transmission Rate as "High" for COVID-19.</p> <p>On 2/10/2022 at 5:10 AM, on the XXX hall, V4 (LPN) was passing out medications and entering residents' rooms on the XXX hall. V4 was wearing a surgical mask only, with no eye protection, face shield, or goggles. V4's mask was not covering her nose. V4 entered all the resident's rooms on the XXX hall with no N95 or eye protection while passing out her medications.</p> <p>On 2/10/2022 at 5:11 AM, V4 stated she did not have any residents on the XXX hall that were positive for COVID-19 and the facility was not on outbreak status for COVID.</p> <p>On 2/10/2022 at 5:12 AM, V7 (CNA) was not wearing any mask/source protection or eye protection and walked from the YYY hall to the XXX hall and back to the YYY hall nurses' station.</p> <p>On 2/10/2022 at 5:13 AM, V7 stated the facility was not on outbreak status and there are no residents in the facility with COVID-19. V7 stated "I am not aware of any resident positive for COVID."</p> <p>On 2/10/2022 at 5:14 AM, V6 (CNA) was only wearing a surgical mask with no eye protection. V6 was working the dementia hall and was providing direct patient care to R10. V6 entered R10's room and took incontinent pads inside the room and closed the door. After exiting V6 stated she had cleaned (R10) up. V6 was walking down the hallway on the dementia unit and checking on residents.</p> <p>On 2/10/2022 at 5:15 AM, V5 (LPN) was wearing normal eyeglasses and a surgical mask, but it was not covering her nose. V5 was the nurse for</p>	S9999		

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S9999	<p>Continued From page 13</p> <p>the YYY hall, and she was standing on the dementia unit going from the nurse's area to the activity area where R30, R31 and R32 were sitting then back to the nurse's station area and back into the YYY hall non-dementia area nurse's station area.</p> <p>On 2/10/2022 at V5 stated, "I am not aware of any resident in the facility that has COVID, and we are not on any outbreak status."</p> <p>On 2/10/2022 at 5:27 AM V6 (CNA) stated, "I just came back to the facility from having COVID. I am working a double shift today. I am not sure if anyone on this hall has COVID. I don't think so though. On this unit, we have a lot of residents that are really active in the middle of the night and early morning. I do not think we are on outbreak status. I just came from being out, so I am not 100 percent sure."</p> <p>On 2/10/2022 at 6:14 AM V1 (Administrator) stated, "We are not on outbreak status for COVID. We are testing once a week. We are having residents eat in their rooms, but it is only as a precaution."</p> <p>On 2/10/2022 at 6:30 AM, R23 was in R23's wheelchair on the XXX hallway, and R23 was not wearing a mask. R23 was propelling self in the wheelchair and was stopping to talk to V9 (LPN). R23 was not wearing a mask or maintaining a 6-foot social distance. No staff was offering R23 assistance or reminders to wear R23's mask. There was no isolation precaution signage on R23's room door or PPE available for staff throughout the survey although R23 is unvaccinated, and the facility is on current outbreak status.</p>	S9999		

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S9999	<p>Continued From page 14</p> <p>On 2/10/2022 at 12:33 PM, during the lunch service on the dementia care unit, R10, R12, R24, R27, R28, R30, R31 and R32 were in the dining area. V11 (CNA) was serving food and was only wearing a surgical mask with no eye protection and the mask was not covering her nose.</p> <p>On 2/10/2022 at 12:38 PM, V6 (CNA) was on the dementia, was feeding at the table and was wearing a N95 mask, however, she was not wearing any type of eye protection.</p> <p>On 2/10/2022 at 12:39 PM on the dementia unit, V14 (CNA) was wearing a surgical mask, but no eye protection and the mask was not covering her mouth. V14 was sitting in the dining room while residents were eating their lunch and V14 was charting at a table and was within 6 feet or less from other residents in the dining room including R24, R27, R28, R30, R31 and R32.</p> <p>On 2/10/2022 at 1:42 PM, V15 (CNA) was sitting next to V16 (CNA) at the nurse's station, and they were not six feet apart and they were not wearing any type of mask or eye protection while sitting there and talking with each other.</p> <p>On 2/15/2022 at 2:32 PM, V12 (CNA) was on the dementia unit hall which was housing 2 positive cases of COVID-19 and she was wearing a surgical mask that was pushed down to her neck exposing her entire face. V12 was not wearing an N95 or eye protection. At 2:33 PM, V12 stated she was just leaving because her shift was over.</p> <p>On 2/15/2022 at 10:49 AM, V1 (Administrator) stated "Our County COVID rate is low today dropped from last week. I do not expect our staff to wear N95 and or eye protection unless they are</p>	S9999		

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S9999	<p>Continued From page 15</p> <p>taking care of a COVID positive resident because our COVID rate is low." V1 was the Infection Control Specialist for the Facility.</p> <p>6. From 2/10/2022 until 2/17/2022, R11 and R12 on the dementia unit were the only residents on contact droplet isolation for COVID-19.</p> <p>The weekly COVID-19 Vaccination Cumulative Summary for Residents for Long Term Care Facilities Tracking Worksheet provided by the Facility on 2/17/2022 at 10:03 AM, documents the following residents were not vaccinated. R2, R22, R24, R25, R26 and R31. None of these residents were on contact droplet isolation from 2/10 through 2/17/22.</p> <p>On 2/10/2022 at 10:32 AM V2 (DON) stated, "We did have some residents and staff test positive for COVID a few days ago but everyone has done their quarantine and we do not have any resident on isolation precautions, and we are not on outbreak status. We test everyone here every Wednesday. Everyone in the facility is tested once a week. We do not test twice a week. I do not have any test (results) available for this past week because of the storm the lab was not able to process the samples and they were not any good. We should be getting this week's results sometime on Friday. We were not able to test staff because of the storm last week so I do not have any test for staff or residents for the past 14 days. We do not do any rapid testing we only do PCR test."</p> <p>On 2/15/2022 at 2:15 PM, V2 (DON) stated, "Our infection control specialist is no longer working here. We have a new staff member that has taken over the position, but she has only been in the position for 6 days now I believe. She still has</p>	S9999		
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S9999	<p>Continued From page 16</p> <p>to do the training. (V1 Administrator) has the certification for the Infection Control Specialist (ICP). We follow recommendations regarding COVID from (V17 Medical Director) and (V18 Nurse Practitioner.)"</p> <p>On 2/17/2022 at 12:10 PM, V2 stated they did not conduct contact tracing. V2 stated, "We use the Broad-based approach for our COVID testing. We test immediately, and then each week following. We test every Wednesday and we do not do rapid testing. We do the PCR lab test that usually come back within two to four days. We identify new positives from the labs."</p> <p>7. On 2/16/2022 at 9:22 AM V1 (Administrator) stated, "Staff are to check in with the time clock which will take their temperature and require them to answer COVID questions. If someone answers 'Yes' then the questions will prompt them to see the supervisor either myself or the DON. We will do a rapid test on them and if they are negative then they can work if they are positive then we will send them home. Of course, if they have vomiting then we would automatically send them home."</p> <p>On 2/16/2022 at 9:23 AM V2 (DON) stated, "We now have a clock that staff are to use, and it takes their temperatures and ask them some questions. We no longer do the paper version. If staff answer 'Yes' to any of the questions it will automatically prompt them to see a supervisor. We will then screen them and do a rapid test on them. If they are negative, then they can continue to work their shift."</p> <p>The Employee, Vendor Consultant COVID Screening Questionnaire which is to be completed by all people entering the facility</p>	S9999		

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S9999	<p>Continued From page 17</p> <p>undated documents, "Please complete upon entrance to the facility and give to the Nurse/DON. In an effort to protect our residents and staff from illness, we are screening all employees, vendors, surveyors, Ombudsman and consultants. New or worsening cough? Sore Throat? Chills or shaking with chills? Pain, GI upset (vomiting or diarrhea)? If you mark Yes to any new onset of a symptom below you must be evaluated by a nurse (Document p2)."</p> <p>On 2/16/2022 at 4:03 PM V3 (LPN) ICP in training, stated, "I have to go home. I am not feeling well. I think I ate something that bothered me. I am really nauseous. I had weight loss surgery, so I have to be careful. I hope I feel better tomorrow."</p> <p>On 2/17/2022 at 9:06 AM V2 stated, "Any staff member with symptoms of COVID will get a rapid test. We document all testing in the COVID tracking log. If they were tested, they are logged in the book."</p> <p>On 2/17/2022 at 9:07 AM, the COVID-19 tracking log was reviewed and does not document V3 was tested for COVID-19 when she was feeling nauseous and left work on 2/16/2022.</p> <p>On 2/17/2022 at 9:09 AM, V3 was sitting at the nurse's station. V3 stated, "I did not test for COVID because I know it was from my surgery. No, I do not have a waiver for not testing. I did not know I needed one."</p> <p>On 2/23/2022 at 10:59 AM, R33 was on the XXX hall, door was open, there was PPE outside of the door. R33 was laying on the bed, eyes were closed.</p>	S9999		

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S9999	<p>Continued From page 18</p> <p>R33's Lab Report date specimen collected 2/16/2022 and reported 2/19/2022 document R33 was positive for COVID-19.</p> <p>On 2/16/2022 at 4:22 PM V26 (Former Infection Control Preventionist) stated, "Yes, I worked at the facility as the ICP. It was tough because staff were constantly not wearing masks. I was always trying to get staff to follow basic CDC guidelines. I was having issues with testing, as we were supposed to be testing and I was getting push back from the company because they did not want us to test. We were not testing like we should have been testing and I just could not handle it, so I left. I am now working at another facility, and we are testing here two times a week just like we are supposed to."</p> <p>On 2/11/2022 at 10:14 AM V16 (Local Health Department Infection Prevention Manager) stated, "The facility is in outbreak status, and we are in the 'high risk' category, all staff should be wearing N95 mask and eye protection and following all CDC infection control guidelines. It makes no sense for any staff member not to be wearing mask at this point. The facility had two residents test positive on 1/4/22, two more residents testing positive on 1/20/2022, and then one staff member on 1/21/2022 followed by 3 more residents testing positive on 1/26/2022. The facility should be testing two times a week and reporting. As of today, I do not have any more information as far as anyone else testing positive, but they have to go 28 days straight without anyone else testing positive before they are out of outbreak status. I would expect the facility to set up yellow and red zones in the facility if they have a positive resident for COVID and set up designated red and yellow areas. When community transmission levels are substantial or</p>	S9999		
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S9999	<p>Continued From page 19</p> <p>high, Health Care Providers (HCP) must wear a well-fitted mask and eye protection while present in patient care areas. HCP are not required to wear eye protection for COVID-19 when working in non-patient care areas (e.g., offices, main kitchens, maintenance areas) when there are substantial or high community COVID-19 transmission levels. HCP should wear eye protection when entering the patient care areas. Unvaccinated staff should be tested twice a week since we are in high transmission per the guidance from the State." (The information the Local Health Department received was not the same information found in residents' medical records. R13 was documented as testing positive for COVID on 1/4/2022. On 1/8/2022, R12 was documented as positive for COVID.)</p> <p>The Center for Disease Control (CDC) and Prevention Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Home website, updated 2/2/2022, documents, "A strong infection prevention and control program is critical to protect both resident and healthcare personnel. Even as nursing homes resume normal practice, they must sustain core ICP (infection control practices) and remain vigilant for SARS-Co-among residents and HCP in order to prevent spread and protect residents and HCP from severe infections, hospitalization and death. Determine the location of the COVID-19 care unit and create a staffing plan. The location of the COVID-19 unit should ideally be separated from other rooms or units housing residents without confirmed SARS-CoV-2 infection. Ideally, a resident suspected or confirmed SARS-Co-C-2 infection should be moved to a single person room with a private bathroom. Ideally the HCP who will be assigned to work only in the</p>	S9999		

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S9999	<p>Continued From page 20</p> <p>COVID-19 care unit."</p> <p>The CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic dated 2/2/2022 document, "NIOSH-approved N95 or equivalent or higher-level respirators should be used for: All aerosol-generating procedures, NIOSH-approved N95 or equivalent or higher-level respirators can also be used by HCP working in other situations where additional risk factors for transmission are present such as the patient is not up to date with all recommended COVID-19 vaccine doses, unable to use source control, and the area is poorly ventilated. They may also be considered if healthcare-associated SARS-CoV-2 transmission is identified and universal respirator use by HCP working in affected areas is not already in place. To simplify implementation, facilities in counties with substantial or high transmission may consider implementing universal use of NIOSH-approved N95 or equivalent or higher-level respirators for HCP during all patient care encounters or in specific units or areas of the facility at higher risk for SARS-CoV-2 transmission. Eye protection (i.e., goggles or a face shield that covers the front and sides of the face) should be worn during all patient care encounters. 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</p>	S9999		

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S9999	<p>Continued From page 21 same room."</p> <p>The CDC Facility COVID-19 Screening Form updated on 2/15/2022 documents, "Documents the following questions: "Regardless of your vaccination status, have you experienced any of these symptoms in the list below in the past 48 hours; fever or chills, cough, shortness of breath, fatigue, muscle weakness or body aches, headache, new loss of taste or smell, sore throat, congestion, nausea or vomiting, or diarrhea. If you have had any of these symptoms in the last 48 hours, DO NOT physically return to the workplace until symptoms have been improving for more than 48 hours. If you have a medical condition that causes any of these symptoms and you need access to a CDC facility within the next few days, you will need a waiver from CDC's Occupational Health Clinic (OHC). To begin the waiver process, please contact your CIO management officer and ask them to request a waiver on your behalf through OHC. When OHC contacts you, please be ready to email medical documentation supporting your waiver request to ClinicInfo@cdc.gov. Waivers will only be granted in exigent circumstances and only if it is safe to do so. OHC will not respond to waiver requests made by individuals. Fully vaccinated individuals or individuals up-to-date with their COVID-19 vaccines who have symptoms will also require a waiver and should work through their Management Officer."</p> <p>The COVID-19 Control Measures Policy provided by the facility on 2/17/2022 at 1:30 PM, with a revision dated of 1/3/2022 document, "To prevent transmission of the COVID-19 Virus and to control outbreaks. In the event of a facility outbreak, all employees must wear an N95 and eye protection when caring for all residents until</p>	S9999		

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S9999	<p>Continued From page 22</p> <p>14 days have passed with no new cases. For facilities residents in a county where the community transmission level is substantial or high, employees providing services to residents must wear a face mask and eye protection. If residents are out in the facility or in the presence of others, face coverings should be worn if tolerated, regardless of vaccination status. If a resident is unable to tolerate face coverings, then a face shield can be utilized. Employees should screen prior to beginning of shift. If any employee is identified as being ill, ask them to return home and contact their primary physician. Asymptomatic, fully vaccinated residents that have prolonged close contact with someone confirmed positive for COVID-19, should be quarantined for 10 days and tested as above. Educate all employees, if having symptoms or a respiratory infection, fever, sore throat, nausea, vomiting, diarrhea, extreme fatigue, muscle pain, loss of taste and/or smell to not report to work and to contact their supervisor. All staff regardless of vaccination status, should socially distance and wear facemasks during breaks and avoid areas that social distancing cannot occur (i.e. employee area for breaks, conference rooms). If a resident is symptomatic regardless of vaccination status, place in isolation using transmission-based precaution and test as above. Asymptomatic fully vaccinated residents that have had prolonged close contact with someone confirmed positive for COVID-19, must be quarantined for 10 days and tested as above. Doors shall remain closed for residents who have a positive Antigen or PCR or are suspected of having COVID-19."</p> <p>8. The Facility's Resident Census and Conditions of Residents form, CMS 672, dated 2/10/2022 documented the facility had a census of 54</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001044</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/25/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LEBANON CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1201 NORTH ALTON LEBANON, IL 62254</b>
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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	Continued From page 23 residents.  "A"	S9999		