

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005524	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/01/2022
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NAME OF PROVIDER OR SUPPLIER MARKLUND WASMOND CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1435 SUMMIT STREET ELGIN, IL 60120
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Z 000	COMMENTS	Z 000		
	Complaint 2271355 /IL143696			
Z9999	FINDINGS	Z9999		
	<p>Statement of Licensure Violations:</p> <p>390.620a) 390.760a) 390.760c)6)8) 390.760d)1)2) 390.760e)4)5) 390.1130a) 390.1130b) 390.3240a)</p> <p>Section 390.620 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. These written policies shall be formulated with the involvement of the medical advisory committee and representatives of nursing and other services in the facility. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually.</p> <p>Section 390.760 Infection Control</p> <p>a) Policies and procedures for investigating, controlling, preventing, and testing for infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm.</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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Z9999	<p>Continued From page 1</p> <p>Code 690) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed. 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 of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Services, Department of Health and Human Services (see Section 390.340):</p> <p>6) 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings.</p> <p>8) Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes</p> <p>d) 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 2) Directed by the Department or the certified local health department where the chance of transmission is high, including, but not limited to,</p>	Z9999		

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Z9999	<p>Continued From page 2</p> <p>regional outbreaks, epidemics, or pandemics</p> <p>e) COVID-19 Testing and Documentation</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>5) Have written procedures for addressing residents and staff, including individuals providing services under arrangement and volunteers, who refuse testing or are unable to be tested, including a requirement that all volunteers shall agree to testing</p> <p>Section 390.1130 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 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. In</p>	Z9999		

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Z9999	<p>Continued From page 3</p> <p>determining whether a transfer or discharge is necessary, the burden of proof rests on the facility.</p> <p>Section 390.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee, or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) (A, B)</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observations, record review and interview, the facility failed to implement the Centers for Disease Control (CDC) guidelines for isolation and quarantine for clients who tested positive for the COVID 19 infection. This applies to 22 of 26 clients (R1, R3-R10, R12-R20, R22-R23) located on the northside of the facility and to 1 of 1 client (R21) located on the southside of the facility. This has the potential to affect 1 of 1 client (R2) who is unvaccinated and tested negative for the COVID 19 infection. Also, R2 resides in the same room with R1 who tested positive for the COVID 19 infection.</p> <p>Findings include:</p> <p>1) R2's diagnosis report form printed 2/15/22 was reviewed. R2's diagnoses include the following: Acute and Chronic Respiratory Failure with Hypoxia, Acute Tracheitis without Obstruction, Chronic Kidney Disease and Profound Intellectual Disabilities.</p> <p>During random observations conducted on 2/15/22 at 1:20pm, in room 101, R2's door was</p>	Z9999		

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Z9999	<p>Continued From page 4</p> <p>opened, and the privacy curtains were closed, around R1's, R2's and R3's beds. R1, R2 and R3 were in the room at the time of the observations. According to the facility's list for positive COVID 19 clients, R3 was positive on 1/12/22 and R1 was positive on 2/8/22. R2 tested negative on 2/8/22 and 2/15/22.</p> <p>Surveyor interviewed E6, nurse on 2/15/22 at 1:32pm. E6 verified that R1 is positive for COVID-19 and resides in the same room as R2.</p> <p>E1, Administrator, was interviewed on 2/15/22 at 2:30pm. E1 stated, "R1 is positive now as of 2/8/22." Surveyor asked does R1 have roommates. E1 answered, "Yes, R2 and R3." Surveyor asked whether R2 and /or R3 had tested positive for COVID 19 before and are R2 and /or R3 vaccinated. E1 answered, "R3 tested positive while she was in the hospital on 1/12/22 and she is vaccinated. R2 has not tested positive for COVID 19 and is unvaccinated." Surveyor asked why R2 is in the same room with R1? E1 didn't answer. Surveyor asked how the facility is isolating the clients. E1 answered, "We close the privacy curtains around them." When asked why is the door to the bedroom opened? E1 answered, "Because R1 is a fall risk." Surveyor asked, can the beds be lowered and are the clients able to climb over their bed rails. E1 answered, "Yes, the beds can be lowered and R1 is not able to climb out of her bed if the bed rails are up."</p> <p>Surveyor showed E1 the policy on isolating clients on 2/16/22 at 12:15pm. E1 stated, "We didn't look at it (placing R1 who is COVID 19 positive with R2 who is unvaccinated in the same room) like you did." E1 continued, "With your concerns, it brought a different light on it."</p>	Z9999		
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Z9999	<p>Continued From page 5</p> <p>2) The facility's list of COVID 19 infections was reviewed. It was noted that 22 of 26 clients (R1-R20 and R22-R27) on the northside of the facility and 1 client (R21) on the south side of the facility had positive COVID 19 tests between 12/29/21 and 2/8/22. On 2/15/22, the facility's total census was 60 clients, with 38.33% of the clients being positive in the whole facility and 84.61% of the client positive in the northside of the facility.</p> <p>Further review of the facility's COVID 19 infection list revealed the following clients who had positive COVID 19 test results. Per interview with E1, Administrator, on 2/16/22 at 11:42am, these clients stayed in the same room as other clients who have not tested positive for COVID yet.</p> <p>> R9 (vaccinated) had a positive COVID 19 test result on 1/1/22 and stayed in the room with R14 (unvaccinated) and R13 (vaccinated), who both had negative test results at that time.</p> <p>>R10 (unvaccinated) had a positive COVID 19 test result on 1/2/22 and stayed in the room with R16 (vaccinated) and R24 (vaccinated), who both had negative test results at that time.</p> <p>>R13 (vaccinated) had a positive COVID 19 test result on 1/4/22 and stayed in the room with R16 (vaccinated) and R15 (vaccinated), who both had negative test results at that time. On 1/5/22, both R16 and R15 had positive COVID test results.</p> <p>>R17 (vaccinated) had a positive COVID 19 test result on 1/6/22 and stayed in the room with R19 (unvaccinated) and R20 (unvaccinated), who both had negative test results at that time. On 1/7/22, R19 had a positive COVID 19 test result. On</p>	Z9999		

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Z9999	<p>Continued From page 6</p> <p>1/8/22, R20 had a positive COVID 19 test result.</p> <p>>R18 (vaccinated) had a positive COVID 19 test result on 1/7/22 and stayed in the room with R23 (vaccinated) and R25 (vaccinated), who both had negative test results at that time. On 1/11/22, R23 had a positive COVID 19 test result.</p> <p>3) E1, Administrator, was interviewed on 2/15/22 at 2:30pm. Surveyor asked if any of the clients were sent out to the hospital for COVID 19 infection management. E1 answered, "We sent out 4 clients." Surveyor asked who they were and how long they stayed in the hospital. E1 answered;</p> <p>R4 1/6/22 - 1/26/22 (admitted on 5/12/18) R14 1/7/22 - 1/24/22 (admitted on 8/28/17) R19 1/7/22 - 1/27/22 (admitted on 5/16/18) R20 1/12/22 - 2/1/22" (admitted on 4/29/02)</p> <p>E1 verified that R4 expired in the hospital on 1/26/22.</p> <p>The facility's COVID 19 vaccination list was reviewed. It was noted that all 4 clients were unvaccinated.</p> <p>The facility's COVID 19 Vaccination Policy revised 1/28/22 was reviewed. Under offering COVID 19 vaccine, it includes the following: > COVID 19 vaccinations will be offered to all staff and residents per CDC (Centers for Disease Control and Prevention) and / or FDA (Food and Drug Administration) guidelines unless such immunization is medically contraindicated, the individual has already been immunized during this time period, or the individual refuses to receive the vaccine. > All staff and residents / representatives will be educated on the COVID 19 vaccine they are</p>	Z9999		

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Z9999	<p>Continued From page 7</p> <p>offered, in a manner they can understand, including information on the benefits and risks consistent with CDC and / or FDA information..."</p> <p>Surveyor interviewed E1, Administrator, on 2/18/22 at 9:55am. E1 stated, "The guardians and parents are denying vaccinations and unfortunately there is nothing we can do about that." E1 added that COVID 19 vaccinations were offered to the guardians and parents of the all the clients.</p> <p>The CDC (Centers for Disease Control and Prevention) Interim Infection Prevention and Control Recommendations to Prevent SARS-COV-2 (COVID 19) Spread in Nursing Homes (Nursing Homes and Long-Term Care Facilities) updated 2/2/22 was reviewed. Under manage residents with suspected or confirmed SARS-Cov-2 Infection it includes; "...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. In general, it is recommended that the door to the room remain closed to reduce transmission of SARS-COV-2..."</p> <p>(A)</p>	Z9999		