Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6006688 B. WING 04/08/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2833 NORTH NORDICA AVENUE BETHESDA REHAB & SENIOR CARE CHICAGO, IL 60634 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S 000 Initial Comments S 000 **Annual Licensure** Final Observations S9999 S9999 Statement of Licensure Violations: 300.698(c) Section 300.698 COVID-19 Vaccination of Facility Staff **EMERGENCY** c) Each facility shall require its staff who are not up to date on COVID-19 vaccinations to undergo testing for COVID-19, twice weekly, with tests administered at least three days apart. If staff who are not up to date on COVID19 vaccinations are not tested as required by this subsection, the staff shall not be permitted to enter or work at the facility. These requirements were not met as evidenced Based on record review and interview the facility failed to ensure that Covid-19 test was performed to facility staff that are not fully vaccinated. These failures have the potential to affect all 69 residents living in the facility. Findings include: Review of all facility staff vaccination status was done. Facility submitted the list of all staff Covid-19 vaccination status. Under the list, there are a total of 112 facility staff and 12 contracted Attachment A staff for a total of 122. Under the same list, 3 **Interment of Licensure Violations** facility staffs and 1 contracted staff have no

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TITLE

(X6) DATE

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: _ COMPLETED IL6006688 B. WING 04/08/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2833 NORTH NORDICA AVENUE **BETHESDA REHAB & SENIOR CARE** CHICAGO, IL 60634 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE **TAG** CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 1 S9999 record of vaccination for Covid-19. Unvaccinated staff (both facility and contracted staff) are as follows: V2 (Director of Nursing) V18 (Registered Nurse) V19 (Certified Nursing Assistant) V20 (Dietitian) After request for Covid-19 testing results, the following were submitted: V2 has the following Covid-19 test results dated 3/31/2022 collection done by facility and the rest dated 3/9/2022, 3/19/2022, 3/25/2022, 3/29/2022 was done from different sources. V18 has only 1 Covid-19 test result dated 3/17/2022 collection done by facility. V20 has 2 Covid-19 test results collection done by facility dated 3/17/2022 and 3/31/2022. V19 no Covid-19 testing result was presented by facility. On 4/7/2022 at 10:45 AM. V16 (Infection Preventionist) stated per facility policy unvaccinated staff must be tested at least weekly. For staff working full time they must be tested twice a week. V16 stated facility does not do all the testing for staff. V16 said, "Facility does not do all Covid testing, we do it once a week because it will be a lot of expenses if we are to provide." As to the regulation that LTC facility must test residents and facility staff, including individuals providing services under arrangement and volunteers, for COVID-19. V16 stated, "We do not interpret it that way. I mean it is not necessary for us to initiate the testing if they can do it on their own. We also don't do rapid testing since it is less accurate than PCR testing."

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED B. WING IL6006688 04/08/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2833 NORTH NORDICA AVENUE **BETHESDA REHAB & SENIOR CARE** CHICAGO, IL 60634 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 Facility policy on Covid Testing Plan and Response Strategy dated March 10, 2022, in part reads: The facility will have a written Covid-19 testing plan and response strategy in place, based on contingencies informed by the CDC and, as applicable, CMS requirements. Serial Testing of unvaccinated staff can occur if no new cases of Covid-19 within the past 14 days. The minimum testing frequency is based on other factors for Covid-19 Transmission, then we will comply. (A)

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