

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000871	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/18/2022
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NAME OF PROVIDER OR SUPPLIER BETHANY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 4950 NORTH ASHLAND CHICAGO, IL 60640
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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
S 000	Initial Comments Complaint Investigation : 2285133/IL148580 - No Findings 2285205/IL148652 Investigation of Facility Reported Incident of May 26, 2022; IL147639	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of 2 330.710 a) 330.780 b) 330.780 c) Section 330.710 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 with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part. Section 330.780 - Incidents and Accidents b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a	S9999	Attachment A Statement of Licensure Violations	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>resident, the facility shall, after contacting local law enforcement pursuant to Section 330.785, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence.</p> <p>This requirement is not met as evidence by:</p> <p>Based on observation, interview, and record review, the facility failed to report an accident that resulted in serious injury to 1 of 3 (R2) residents in a sample of 7.</p> <p>Findings include:</p> <p>Hospital record, dated 7/9/22, shows Diagnosis of Contusion of face, abrasion of nose, closed head injury, closed fracture of nasal bone and closed nondisplaced fracture of head of right radius, initial encounter.</p> <p>Progress note, dated 7/9/22 at 5:30PM, states, "(R2) returned to the facility from hospital with her daughter. Head to toe assessment made, noted blood on the face, swollen face and right arm sling shoulder. Resident complains of mild pain and stated took Tylenol 650 mg tabs at the hospital. Discharge diagnosis: Contusion of face, abrasion of nose, closed head injury, closed fracture of nasal bone, closed non displaced fracture of head of right radius."</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>On 7/13/22 at 2PM, R2 was observed on the 1st floor, sitting with 3 other residents in the lobby area . R2 had severe bruising to the face .</p> <p>On 7/13/22 at 2PM, R2 stated, "I had a fall while outside the facility on the sidewalk . I got injured . I went to the hospital with my daughter."</p> <p>On 7/14/22, V3 (LPN) stated, "(R2's) fall incident with injury was not reported since it happened outside the facility. (R2) went for a walk and fell . Aman saw the fall and dialed 911. (R2) returned to the facility with the daughter ."</p> <p>Facility policy titled Handling of resident related - incidents and accidents Policy 3. shows "All incidents with injury requiring emergency services of a physician , hospital , police or fire department personnel are to be reported to the Illinois Department of Public Health, A Department of Public Health incident report is to be made out at the time of this notification. Such notification must be made within 24 hours of the occurrence . "</p> <p>(C)</p> <p>2 of 2</p> <p>330.790 a) 330.790 c) 4)</p> <p>Section 330.790 Infection Control a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. 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.</p> <p>c) Depending on the services provided by the facility, each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, as applicable:</p> <p>4) Guidelines for Infection Control in Health Care Personnel</p> <p>This requirement is not met as evidence by:</p> <p>Based on interview and record review, the facility failed to implement its policy on COVID-19 infection control practice by allowing a staff member who displayed symptoms of Covid after being quarantined to work in the facility. This failure affected the 48 residents in the facility .</p> <p>Findings include:</p> <p>On 7/11/22, V2 (Director Of Nursing/ Infection Preventionist) was requested to produce the facility current covid infection control policy used by the facility . V2 produced policy titled "Thorek Memorial Hospital COVID-19 Heath and safety plan" ,dated January 2022.</p> <p>On 7/11/22 at 12:10PM, V2 (Director Of Nursing/Infection Preventionist) stated, "We are currently using policy Return to Work Criteria titled Work Restrictions for HCP with Sars-coV-2 Infection Contingency. This states 5 days with/without negative test , if asymptomatic or</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>mild to moderate illness (with improving symptoms). employees can return to work."</p> <p>On 7/11/22 at 12:06 PM, V2 (Director Of Nursing / Infection Preventionist) stated, "We had 6 staff positive in the dietary . 3 are back to work; 3 are still out . The staff were all vaccinated for Covid . They were not required to get tested . They showed symptoms. Once they notified us of symptoms, they then got tested on their own . They tested positive, and then were restricted from working for 5 days per guidelines ."</p> <p>On 7/12/22 at 1:18PM, V2 (Director Of Nursing / Infection preventionist) stated, "(V13 , Food Service Staff/ Front Desk Clerk) was first tested 6/20/22 ,was found positive for COVID. (V13) came back to work on 6/27/22. (V13) stated he was asymptomatic. However, another staff member said she saw him cough on 6/27/22. We did another test, which was the PCR test, which came back positive. We quarantined (V13) for the 2nd time. (V13) did not return to work for another 7 days. He was verified asymptomatic and returned to work. Our policy (Contingency plan of the COVID-19 Health and Safety Plan) states after 5 days if asymptomatic an employee can return to work."</p> <p>On 7/12/22 at 11:47AM, V13 (Dietary Worker/ Front desk clerk) stated, "I live in the Independent living on 2nd floor. I work in the dietary area and at the front desk. One day I was feeling sick. (R2) told me to go the Covid testing facility at urgent care 6/20. I walked there. I tested positive for Covid. I came back and notified the Administrator. I went to my room and notified the kitchen staff. I stayed in my room for 5 days. I no longer had any symptoms that I knew of. I went back to work. When I was working at the front desk, I started</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>coughing. The facility had me go and get another test. It was positive. I was off a few days, but I didnt quarantine. I came back to work around three days later."</p> <p>On 7/14/22, review of electronic punch card showed V13 worked on 6/27/22, when he displayed continuing symptoms of covid (coughing). Electronic punch card for 7/1/22 and 7/2/22 shows V13 worked at the front desk , which would have been day 4 and day 5 of 2nd 5 day quarantine V2 stated V13 was supposed to be doing.</p> <p>V2 (Director Of Nursing /Infection preventionist) produced a list of covid positive residents and staff on 7/12/22 .</p> <p>R4 tested positive test on 7/2/22 ; R5 tested positive on 7/7/22; and R6 tested positive on 7/11/22 .</p> <p>Employees that tested positive: V13 (Food Service / Front Desk Clerk) tested positive on 6/20 and 6/27/22 ; V14 (Food Service) tested positive on 6/29/22 ; V6 (Food Service) tested positive on 6/29/22 ; V8 (Food Service) tested positive , V15 (Food Service) tested positive on 7/7/22 ; V9 (Food Service) tested positive on 7/7/22 , V11 (Medial Staff) tested positive on 7/10/22 , V10 (Medical Staff) tested positive on 7/10/22, and V6 (Medical Staff) tested positive on 7/11/22.</p> <p>The facility's policy named COVID-19 Health and Safety Plan, revised date January 2022, included the following: Medical Removal from the Workplace. The facility will immediately remove an employww from the workplace when: -The employee is COVID-19 positive (i.e., confirmed positive test for or has been diagnosed</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>by a licensed healthcare provider with, COVID-19);</p> <ul style="list-style-type: none"> -The employee has been told by a licensed healthcare provider that they are suspected to have COVID-19; -The employee is experiencing recent loss of taste and/or smell with no other explanation; or -The employee is experiencing both a fever of at least 100.4 degree Fahrenheit and new unexplained cough associated with shortness of breath. <p>Return to Work Criteria-Facility will only allow employees who have been removed from the work place to return to work in accordance with guidance from a licensed healthcare provider or in accordance with the last CDC's Isolation Guidance and Return to Work Healthcare Guidance.</p> <p>-Vaccination Status: Up to Date and Not up to Date- Conventional: 10 days or 7 days with negative test, if asymptomatic or mild to moderate illness (with improving symptoms) and Contingency 5 days with/without negative test, if asymptomatic or mild to moderate illness (with improving symptoms).</p> <p>(B)</p>	S9999		