

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003438	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/06/2023
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NAME OF PROVIDER OR SUPPLIER GALENA STAUSS NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 215 SUMMIT STREET GALENA, IL 61036
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S 000	Initial Comments Annual Health Certification Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 1 of 2 300.615e)f) Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act) f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender. This REQUIREMENT was not met as evidenced by: Based on interview and record review the facility failed to conduct criminal background checks	S9999	<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>within 24 hours for 8 of 10 residents (R30, R33, R36, R40, R41, R95, R96, R97) and failed to check Illinois Department of Corrections (IDOC) website and Illinois State Police (ISP) website for 10 of 10 residents (R6, R30, R33, R36, R40, R41, R42, R95, R96, R97) reviewed for background checks in the sample of 10.</p> <p>The findings include:</p> <p>On 2/3/22 a list of the 10 most recent admissions (R6, R30, R33, R36, R40, R41, R42, R95, R96, and R97) was requested as well as their criminal history background checks, Illinois Sex Offender Registration, and Illinois Department of Corrections sex registrant search. The facility did not produce the latter two search histories.</p> <p>R30, R33, R36, R40, R41, R95, R96, and R97's Admission Records and the Illinois State Police criminal history background check showed these residents background checks were initiated greater than 24 hours after their admission. The longest period being 18 days for R30 and the shortest period being four days for R36.</p> <p>On 1/03/23 at 11:16 AM, V2 Director of Nursing stated she is responsible for completing background checks on admission. V2 stated she was aware that "background checks were going to be an issue." V2 stated background checks should be done within 24 hours to determine if new admissions are identified offenders. V2 was not aware she needed to check the Illinois State Police or Illinois Department of Corrections websites for sex offender status.</p> <p>The residents' criminal history background checks showed, "...your submission did not include an inquiry into the Illinois State Police Sex</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Offender registration file. To determine if the subject of your inquiry is a registered sex offender, please check the Illinois State Police registered sex offender information website at www.isp.state.il.us."</p> <p>The facility's undated abuse policy showed "Residents admitted to the facility shall have criminal background checks and are pre-screened for potential abuse history ..." The policy showed no mention of sex offender history checks.</p> <p>(C)</p> <p>2 of 2 Findings</p> <p>300.610a) 300.696a) 300.696f)1 300.1210b) 300.1060b) 300.1060c) 300.1060d)</p> <p>Section 300.610 Resident Care Policies</p> <p>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</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.696 Infection Prevention and Control</p> <p>a) A facility shall have an infection prevention and control program for the surveillance, investigation, prevention, and control of healthcare-associated infections and other infectious diseases. The program shall be under the management of the facility's infection preventionist who is qualified through education, training, experience, or certification in infection prevention and control.</p> <p>f) Infectious Disease Surveillance Testing and Outbreak Response</p> <p>1) The facility shall have a testing plan and response strategy in place to address infectious disease outbreaks. Pursuant to the plan and response strategy, the facility shall test residents and facility staff for infectious diseases listed in Section 690.100 of the Control of Communicable Diseases Code in a manner that is consistent with current guidelines and standards of practice.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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>	S9999		

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S9999	<p>Continued From page 4</p> <p>Section 300.1060 Vaccinations</p> <p>b) A facility shall document in the resident's medical record that an annual vaccination against influenza was administered, arranged, refused or medically contraindicated. (Section 2-213(a) of the Act)</p> <p>c) A facility shall administer or arrange for administration of a pneumococcal vaccination to each resident in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, who has not received this immunization prior to or upon admission to the facility unless the resident refuses the offer for vaccination or the vaccination is medically contraindicated. (Section 2-213(b) of the Act)</p> <p>d) A facility shall document in each resident's medical record that a vaccination against pneumococcal pneumonia was offered and administered, refused, or medically contraindicated. (Section 2-213(b) of the Act)</p> <p>These Requirements were NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to have an Infection Control program and system in place to track or trend illnesses, failed to have a process to identify contagious residents, and failed to implement transmission based precautions for residents exhibiting infectious illness. This applies to all residents residing in the facility.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>These failures resulted in 19 residents (R1,R3,R5,R6,R8,R9,R11,R13,R14,R16,R18,R21 ,R23,R25,R29,R30, R35,R39,R42) experiencing gastrointestinal and respiratory illness.</p> <p>The findings include:</p> <p>A review of electronic medical records showed: On 12/26/22, R13 reported being "very tired and rundown" and R14 experienced increased sore throat, congestion, and cough with green sputum. On 12/28/22, R23 experienced nausea and vomiting. On 12/31/22, R1, R3, R25, and R42 experienced nausea and vomiting while R18 and R35 experienced cough, sore throat, and congestion. On 1/1/23, R6 experienced coughing and wheezing. R21 experienced vomiting and R30 experienced a sore throat and cough. On 1/2/23, R5 experienced loose stools and R39 experienced sore throat and congested cough. R13 began experiencing a sore throat, green sputum, and congestion. On 1/3/23, R11 and R16 experienced several episodes of diarrhea. On 1/4/23, R29 experienced fatigue, cough, and congestion.</p> <p>On 1/4/23 at 1:19PM, V2 (Director of Nursing) stated, "There were several residents over the weekend with a gastrointestinal illness but I would have to look at every single resident's progress notes to figure out who they were. I didn't track them because it was the weekend." At 1:30PM, V2 then provided the facility's document titled, "Respiratory Symptom Pursuit" for 9 residents in the building. V2 stated these were all of the residents who have been ill and no new residents have displayed any symptoms. At this time, surveyors had identified 17 residents who had become ill with respiratory or gastrointestinal symptoms.</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>On 1/4/23 at 3:05PM, V1 (Administrator) stated, "We don't exactly have an infection control program. I know (V2) looks at infections but we don't do anything with the documentation. We just don't have the resources to dedicate someone to just look at infections. I'm not sure how often our policies are updated and reviewed but I know they are current with the standard of practice. I heard about the illnesses over the weekend but to my knowledge everyone is doing fine and better. We don't have a contact at the local health department and we did not reach out to them about this outbreak. I guess I didn't realize we had to or should have."</p> <p>As of 1/4/23 at 3:15PM, none of the above residents had been placed on transmission-based precautions for their symptoms, no contact had been made between the facility and the local health department regarding an illness outbreak, and no infection tracking had been initiated for an outbreak of a potentially contagious illness.</p> <p>On 1/5/23, R9 experienced congestion, productive cough with yellow and green sputum. R8 began experiencing a cough with yellow sputum.</p> <p>On 1/5/23, R9 was sent to a local hospital due to her respiratory symptoms. R9's medical records showed, "Patient here with complaint of shortness of breath, cough, generalized weakness and fatigue, increasing lethargy over the past 2 days. Patient was noted to be hypoxic to the high 80s on room air at facility, sent to the emergency room for further evaluation. She is on 3 liters nasal cannula. She does sound wheezy on lung exam, crackles to bilateral bases, my concern is</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>for infectious process including pneumonia" R9's diagnostic radiology report dated 1/5/23 showed, "Impression: 1. Small bilateral pleural effusions with nonspecific bibasilar opacity, which can be seen with atelectasis or consolidation. Infection is not excluded if there is clinical suspicion."</p> <p>On 1/5/23 at 10:22AM. V2 stated, "I have a book of other infections other than COVID. I print a spreadsheet and put it in the book but we don't do anything with it really. We discuss COVID in our Quality Assurance Performance Improvement (QAPI) meetings but don't necessarily discuss any other infections. We don't have an actual infection control program but we are working on it. Over this past weekend I was called for two residents that were sick with diarrhea and vomiting and there were a few that had respiratory symptoms. I told the staff just to try and keep those residents in their rooms and bring meal trays to them. I didn't see it as an outbreak necessarily because we didn't have a large group of residents that were ill. None of the residents that have been experiencing symptoms have been placed on transmission based precautions. We had one resident (R13) that has been tested for influenza but it was negative. No other residents were tested for influenza. I'm guessing we would report all illnesses to the health department. We did not call the health department for this illness. I didn't really think about it. It was the weekend and nobody was there so I don't even know who I would call. We have not identified any new residents other than the 9 resident symptom pursuit sheets I gave you. There are no new residents other than the initial 9 I gave you. It's like nothing ever happened. The only symptoms the residents had were vomiting and diarrhea so I don't even know what we do for</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>them besides keep them comfortable, hydrated, and give an antiemetic if needed. The symptom tracker sheet is the main way we keep track of these illnesses. Residents are assessed every shift for 72 hours or until symptom free. If a resident is not getting better after 72 hours or the resident has increased symptoms then we would reach out to the physician again for further orders. I did have the nurses start a symptom pursuit form for the 9 residents to keep track of their illness. It is more of a visual aide and reminder for them to check on the residents." At this time, the facility had only identified symptoms for R1,R11,R13,R16,R18,R21,R25,R30, and R35.</p> <p>On 1/5/23 at 11:05AM, V21 (Director of Clinical Services-Health Department) stated, "If there is an outbreak within a facility I am usually in contact with the Director of Nursing or the Administrator. Each facility should have a list of illnesses or symptoms that should be reported to the health department and when they should be reported. I have not received any communication from the facility regarding any recent outbreak of illnesses. If the facility is having any outbreak of a potentially infectious disease I would say 2 or more residents is an outbreak that should be reported to us. The facility has access to my phone number and I am available 24/7 so I can be reached any time. If the facility would have contacted me I would have asked for further information regarding what is going on and ask as many questions as I can. I would go through the Illinois Department of Public Health (IDPH) for specific pathogen guidance if we know the organism. It's on the IDPH web portal for them also but I would go over that and share the guidance with them. I would link them up with people at the state if it was more than I could handle. If the cases seem like they are all linked, I</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>would wonder if its food borne or viral illness. I would have suggested they contact the physician and get an order to do stool testing done to see if we could find exactly what we were dealing with. If we suspected it was food borne illness we would go one route and viral another route. If it was something we thought could be food borne we would get our environmental health on board and get a kitchen inspection going, contact IDPH and go from there to determine what the pathogen is. There are so many avenues to this and so much tracking and documentation I would need to see to start making recommendations. They should have jumped into action within the first few cases to prevent an outbreak of this illness. Now they are behind on testing residents stool and testing for possible influenza. If it was a foodborne illness then it may be too late to try to get that information because they did not report it to me immediately. The purpose of the facility reaching out to us is so we can provide them guidance for infection control, find out what is going on, and stop it as soon as possible. They should contact us early when there is a small amount of cases and we could help them determine the cause and prevent further exposure and spread."</p> <p>On 1/6/23 at 11:33AM, V2 stated, "In the residents electronic medical record program there is an infection control section that you can monitor infections. It's called a symptom pursuit and that's similar to what we use on paper and document in the system. The symptom pursuits go on the communication board on the dash board within the electronic charting program. I go over that every day. I guess I didn't see the new symptom pursuits for the additional residents you identified. I use the McGee Criteria for Infection Surveillance."</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>The CMS 672 dated 1/4/22 showed 44 residents reside in the facility.</p> <p>R40, R21, R97, R41, R31, R6, R17, R12, R39, R38, R36, R42, R96, R95, R30, R25, R34, R13, R37 and R35's Immunization Reports and Immunization Records showed the Pneumococcal vaccine was not documented in any capacity, either offered, refused, historical (given prior to admission) and/or education was provided for the vaccine.</p> <p>R2's Immunization Record showed, as of 1/3/23, she was 95 years old, and the pneumococcal vaccine variant, PCV13 was given on 9/26/2017. (Over 5 years ago.)</p> <p>R16's Immunization Record showed, as of 1/3/23, she was 94 years old, and the pneumococcal vaccine variant, PCV13 was given on 1/4/18. (5 years ago.)</p> <p>R32's Immunization Record showed, as of 1/3/23, she was 71 years old and the pneumococcal vaccine variant, PCV13 was given on 10/8/15. (Over 7 years ago.)</p> <p>R6's immunization record from a local area hospital showed she received the PCV13 vaccine on 10/3/19. (Over 3 years prior.)</p> <p>The Centers for Disease Control and Prevention (CDC) guidance titled Pneumococcal Vaccine Timing for Adults (dated 4/1/22) showed, "For those who have never received a pneumococcal vaccine or those with unknown vaccination history administer one dose of PCV15 or PCV20..." The CDC guidance also showed; for adults 65 and older, without an immunocompromising condition,</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>and who received the PCV13 vaccine; they should be given the PPSV23 at least 1 year after the PCV13 vaccine was given. This is regardless of the age at which the PCV13 vaccine was given.</p> <p>On 1/4/23 at 11:14 AM, Immunization Records, to include flu and pneumonia, were requested for all residents in the facility.</p> <p>On 1/5/23 at 10:21 AM, V2 Director of Nursing/Infection Preventionist stated the resident vaccine records and reports, if completed and documented, would include administration, refusal, and education for the flu and pneumococcal vaccines. V2 stated she would use the CDC website for determine proper guidance for the scheduling of pneumococcal vaccines. V2 stated, if the PCV13 vaccine was given then the PPSV23 should have been offered per CDC guidance. V2 stated the purpose of the pneumococcal vaccine is to prevent or lessen the effects of bacterial illness.</p> <p>The facility's undated policy titled, "Communicable Disease Reporting" showed, "Objective: To establish policy in compliance with Illinois law for mandatory reporting of communicable diseases; as indicated per the IDPH rule and guidelines for reporting of communicable diseases ...4. Suspected clusters of diseases, which may not be reportable at the time, may also be recorded on a log, and shall be reviewed and monitored per infection control officer, or designee ...11. Per IDPH: Certain infectious disease with public health significance shall be reportable by phone, as soon as possible within 3 hours, to the appropriate local health department ...b. Any unusual case or cluster of cases that may indicate a public health hazard."</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>On 1/5/23, V2 provided surveyors with the Revised McGeer Criteria for Infection Surveillance Checklist that she uses for guidance on monitoring and reporting purposes. The undated criteria showed, "Gastroenteritis: In the presence of an outbreak, stool specimens should be sent to confirm the presence of norovirus or other pathogens."</p> <p>The facility's undated policy titled, "Infection Control and Standard/Isolation Precautions" showed, "Objectives: To protect residents, visitors, students, and staff from communicable diseases and healthcare-associated infections ...5. The nurse or physician shall institute and maintain isolation techniques as required by ...suspicion of disease or as recommended by infection control officer."</p> <p>(B)</p>	S9999		