

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6007637	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  09/01/2023
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NAME OF PROVIDER OR SUPPLIER  ALLURE OF PROPHETSTOWN	STREET ADDRESS, CITY, STATE, ZIP CODE 310 MOSHER DRIVE PROPHETSTOWN, IL 61277
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S 000	Initial Comments	S 000		
	Annual Health & Certification Survey			
S9999	Final Observations	S9999		
	Statement of Licensure Findings 1 of 2 Violations			
	300.610a) 300.1010h) 300.1210b) 300.1210c) 300.1210d)2			
	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 300.1010 Medical Care Policies			
	h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The			
			<b>Attachment A</b> <b>Statement of Licensure Violations</b>	

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>facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. (B)</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> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>These Requirements were not met as evidenced by:</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Based on observation, interview, and record review the facility failed to prevent severe, unplanned weight loss (R59) and failed to implement a nutritional supplement (R1) for 2 of 2 residents reviewed for nutrition in the sample of 17.</p> <p>These failures resulted in R59 sustaining a 21.36 % weight loss over 5 months.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. R59's face sheet printed on 8/30/23 showed diagnoses including right sided hemiplegia (paralysis), expressive language disorder, metabolic encephalopathy, anxiety, dysphagia (difficulty swallowing), and unsteadiness on feet. R59's facility assessment dated 6/25/23 showed severe cognitive impairment and extensive to total staff assistance needed for bed mobility, transfers, locomotion, dressing, eating, toilet use, and hygiene. The same assessment showed no or unknown regarding any loss of weight over 5% or more the last month or loss of 10% or more in the last 6 months.</li> </ol> <p>R59's August 2023 physician order report showed an order dated 6/22/23 for a low concentrated sweets diet, pureed texture, thin consistency. The report did not have any orders for any weight supplement or how often weights should be done.</p> <p>On 8/29/23 at 11:35 AM, R59 was seated in a high back wheelchair in the main dining room. R59's eyes were closed, and her mouth was a gap while V13 (Certified Nurse Aide) fed her a pureed textured meal. V13 was able to drink and swallow after cueing from V13.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>On 8/30/23 this surveyor reviewed R59's weights from 4/3/23 (date of admission) to 8/24/23 (last recorded weight). Results indicated at 21.36% weight loss in five months, a 9.16% weight loss in three months, and a 6.3% weight loss over the last one month. R59's progress notes were also reviewed. There were only two nutrition progress notes which were dated 4/29 and 6/25. Neither note had any indication of significant weight loss concerns. Both notes showed a plan to continue monitoring, follow with registered dietician for consult as needed, and continue to monitor weights as needed.</p> <p>On 8/31/23 at 12:06 PM, V1 (Administrator) stated she is the current acting dietary manager. V1 said resident weights are reviewed by V4 (Registered Dietician) and V2 (Director of Nurses). V1 said all residents are weighed on their once or twice a week shower day. V2 reviews the weights weekly and V4 reviews them monthly. Weights are reviewed and discussed weekly on Thursdays at the risk management meeting. Any resident with a big weight gain or decrease is discussed. V4 does the nutritional recommendation for residents with big weight decreases. The recommendation is approved by the physician and put on the order report. V1 said it is important for the recommendations to be on order as soon as possible to stop the weight loss. V1 said large weight losses can lead into other medical issues. V1 stated residents on a puree diet have an even greater risk of weight loss. V1 reviewed R59's weights in the electronic medical record and said there has been a gradual significant weight loss during R59's time here. V1 said she had no idea why it had not been noted earlier or why interventions had not been put in place sooner.</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>On 8/31/23 at 12:50 PM, V4 (Registered Dietician) stated she reviews residents' weights monthly. V4 said the dietary manager left the facility around July 7 and she has been the one watching weights on a weekly basis since then. V4 said she charts weight changes if there is any change of 5 pounds or more. V4 said if there is nothing charted, then she did not have any problem with a resident's weight. V4 said she documents in the resident's nutritional notes any concerns and recommendations she has. The note is sent to the director of nurses to be approved by the physician or nurse practitioner. V4 said it is important to identify weight loss soon to avoid the potential for weakness, reduction in normal activities of daily living, or overall health. V4 said unchecked weight loss could exacerbate current medical conditions. V4 said nutritional recommendations need to be implemented sooner versus later to see if they are working or not. V4 defined a significant weight loss of 5% in one month, 7.5% in three months, and 10% in 6 months. V4 said yesterday (8/30) was the first time she had time to document R59's nutritional notes and did not have any dietary recommendations before then. V4 said yesterday was the first time she had recommended any dietary interventions in regard to R59's significant weight loss.</p> <p>R59's progress notes showed a nutritional note dated 8/30/23 at 3:11 PM (during the survey) for a recommendation to notify MD of 10.1-pound weight decrease in the last month, which indicates a significant weight loss. Add a health shake daily to aid in weight stability. R59's care plan also showed a newly added focus for an unplanned/unexpected weight loss start dated 8/31/23. All interventions were also start dated 8/31/23.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>The facility's undated Weight Monitoring policy states under the policy section: "Based on the resident's comprehensive assessment, the facility will ensure that all residents maintain acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise." The policy further states: "4. Interventions will be identified, implemented, monitored, and modified (as appropriate), consistent with the resident's assessed needs, choices, preferences, goals, and current professional standards to maintain acceptable parameters of nutritional status."</p> <p>2. R1's face sheet showed an 82-year-old female with diagnosis of mild protein calorie malnutrition, asthma, chronic obstructive pulmonary disease, obstructive sleep apnea, dyspnea, dementia, kidney failure, type 2 diabetes, heart failure, and rheumatoid arthritis.</p> <p>R1's physician order sheet showed a 6/23/23 order for a health shake three times daily.</p> <p>On 08/29/23 at 12:05 PM, R1 was in the dining room in a wheelchair. R1 was feeding herself a grilled cheese sandwich and complained it was salty.</p> <p>On 08/30/23 at 07:42 AM, R1 was in the dining room feeding herself a toast and egg sandwich.</p> <p>On 08/31/23 at 09:13 AM, V2 Director of Nursing said (while reviewing R1's medical record) she doesn't find any evidence that a health shake was given as ordered until the end of June. V2 confirms R1's 5/14/23 physician order for a health</p>	S9999		

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S9999	Continued From page 6  shake to be given daily. V2 also confirmed a significant weight loss noted from May to June 2023. V2 said a health shake three times a day was ordered on 6/23/23. V2 said it is her expectation that residents receive dietary supplements as ordered. V2 said the May health shake order did not show up on her medication administration record (MAR). If they don't receive the supplements they may experience continued weight loss, wounds, an overall decline, and weakness.  R1's weight record showed the following: 5/3/23 weight-192 pounds, 6/3/23 weight-174.4 pounds. A 9.17 % weight loss in one month.  R1's 5/14/23 dietary note authored by V4 Dietician showed a significant weight loss of 6.1% in the last month. V4 recommended to add a health shake daily to aid in weight stability.  R1's 6/17/23 dietary note authored by V4 showed another significant weight loss of 8.3% in the last month. V4 recommended to increase health shakes to three times daily.  R1's May 2023 medication administration record (MAR) did not show the health shake order.  R1's June 2023 MAR showed a health shake was given once a day on 6/21 and 6/22/23.  R1's nutrition care plan has no intervention for a dietary supplement or mention of her significant weight loss.  R1's 7/25/23 facility assessment showed moderate cognitive impairment and requiring extensive assistance for bed mobility, transfer, dressing, personal hygiene and bathing. This	S9999		

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S9999	Continued From page 7  assessment showed weight loss while not on a physician prescribed weight-loss program.  (B)  Licensure Violations 2 of 2  300.610a) 300.696a) 300.1020b) 300.1210b) 300.1220b)2  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 Prevention and Control  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	S9999		



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S9999	<p>Continued From page 8</p> <p>Section 300.1020 Communicable Disease Policies</p> <p>b) A resident who is suspected of or diagnosed as having any communicable, contagious or infectious disease, as defined in the Control of Communicable Diseases Code, 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 and Section 300.620 of this Part. In determining whether a transfer or discharge is necessary, the burden of proof rests on the facility.</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> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>2) Overseeing the comprehensive assessment of the residents' needs, which include medically</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.</p> <p>These Requirments were not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to have a system in place to track or trend illnesses, failed to have a process in place to identify contagious residents, and failed to implement transmission-based precautions for resident exhibiting infectious illness. These failures resulted in 9 residents (R1,R8,R16,R22,R35,R45,R47,R54,R61) experiencing respiratory illness, 17 residents (R4,R10,R11,R13,R17,R18,R19,R21,R29,R33,R46,R50,R51,R53,R58,R59,R62) testing positive for COVID-19, and 3 residents (R4,R50,R58) being hospitalized for COVID-19.</p> <p>The findings include:</p> <p>Upon entrance to the facility on 8/29/23, no signage was posted indicating a respiratory outbreak in the facility. Staff and residents were not wearing masks. V1 (Administrator) stated no residents in the facility were currently on isolation. Residents were observed congregating in activity areas as well as participating in communal dining without face coverings. No personal protective equipment or isolation signs were observed at any resident rooms or doorways.</p> <p>A review of electronic medical records showed:</p> <p>On 8/26/23, R22 and R45 reported body pains</p>	S9999		

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S9999	Continued From page 10  and increased cough. R22 had a temperature of 99.7 degrees and R45's temperature was 102.3 degrees. On 8/27/23, R16 and R61 experienced body aches, malaise, and congestion. R47 experienced chest congestion and cough. R13 experienced body aches, malaise, and throat discomfort. R58 experienced a sore throat and cough. On 8/29/23, R35 experienced watery eyes and congestion. R1 experienced increased temperature and cough. R46 experienced a non-productive cough, increased drowsiness, congestion, and shortness of breath with exertion. R54 experienced a sore throat, productive cough with green phlegm, watery eyes, and a headache. R58 was sent to the local emergency room due to difficulty breathing and low oxygen saturations. R58 was diagnosed with COVID-19 in the emergency room. On 8/30/23, R62 experienced a cough with a sore throat. R50 experienced a loose, productive cough, increased shortness of breath, temperature 99.2 degrees, oxygen saturations 91% on 4 liters of oxygen, shaking, flush, and complaints of not feeling well. R50 was sent to the local emergency room and hospitalized with a diagnosis of COVID-19. On 8/31/23, R4 experienced increased lethargy, expiratory wheezing and crackles to all lung fields. R4 tested positive for COVID-19 and had a decline in respiratory status and was sent to the local emergency room and hospitalized.  On 8/29/23 at 9:21AM, R61 stated she has had watery eyes, sore throat, plugged ears, chills, and a headache since 8/25/23. No isolation signs or personal protective equipment (PPE) was located outside of R61's door. Staff are observed not wearing face masks throughout the facility.  On 8/29/23 at 11:23AM, R51 was in the dining room waiting for her meal to be served. R51 had	S9999		

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S9999	<p>Continued From page 11</p> <p>a congested cough. R51 coughed up a moderate amount of phlegm in her hand and wiped it on her sweater. R51 was not wearing a mask and was participating in communal dining. (R51 tested positive for COVID-19 on 8/31/23)</p> <p>On 8/30/23 at 8:33AM, V6 (Licensed Practical Nurse) was administering medications to R54. V6 stated, "Today is her first day of her antibiotic for her upper respiratory infection. We have not been COVID testing any residents with respiratory symptoms since I started working here in March." (V6 then entered R54's room with no mask on. R54 was not on any type of isolation and no PPE was located outside of her room).</p> <p>On 8/30/23, a list of all residents with current respiratory infections was provided to the survey team and showed 13 residents (R1,R8,R13,R16,R22,R35,R45,R46,R47,R50,R54,R61,R62) with current infections. The facility had not identified they were in outbreak status until the survey team requested this list.</p> <p>On 8/30/23 at 11:02AM, V3 (Regional Director of Operations) stated, "I just called the local health department to report the outbreak. We put isolation bins outside all of the infected resident's rooms, and have started COVID testing all of the infected residents and so far they are negative."</p> <p>On 8/30/23 at 1:11PM, V2 (Director of Nursing/Infection Preventionist) stated, "We just tested all of the residents who have respiratory symptoms for COVID-19 and they are all negative. The first resident who was sick was R45 I think and we COVID tested him right away because the doctor told us to. He was negative. We noticed different people (residents) coming up with respiratory symptoms and (V8-Nurse</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>Practitioner) gave us standing orders for Robitussin, Azithromycin (antibiotic), and albuterol nebulizer treatments. Today is when I would have identified an outbreak, not before. (V1-Administrator) is the one who reports outbreaks to the health department when we have them. I would not have considered us to be in an outbreak until you pointed it out today. I didn't realize how many residents were ill. I have been keeping track of the illnesses but only jotting down notes. I don't have any official tracking form that I use. I can't use the facility floor plan either to identify trends because I can't read it. Up until today we were just encouraging any resident with respiratory symptoms to stay in their room and keep drinking fluids. If residents do come out of their room, they should be encouraged to wear a mask. If we have a resident test positive for COVID then they need isolate immediately and if they had a roommate that roommate should be tested on days 1, 3, and 5 and isolate until all tests come back negative. We definitely encourage good hand hygiene for residents and staff. Prior to today, nobody except (R45) had been tested. I should have started testing when residents were showing symptoms. I know that now and our corporate office informed me that I did not take the correct action nor did I track the illnesses in order to identify any trends in certain areas of the building. As soon as we had residents coming up with respiratory symptoms, I should have had the residents isolate to prevent the spread of the illnesses."</p> <p>On 8/30/23 at 2:45PM, R8,R13,R16,R19,R35,R45,R46,R47,R50,R54, and R61 had a sign posted on their door showing, "Droplet Precautions: Everyone must clean their hands before entering and when leaving the room." No personal protective equipment was</p>	S9999		

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NAME OF PROVIDER OR SUPPLIER  ALLURE OF PROPHETSTOWN		STREET ADDRESS, CITY, STATE, ZIP CODE 310 MOSHER DRIVE PROPHETSTOWN, IL 61277		
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S9999	Continued From page 13  located outside any of the above resident's doors and staff were not wearing masks in the facility. Staff observed entering rooms showing "Droplet Precautions" were wearing surgical masks only. (Isolation was initiated 4 days after the first case of respiratory illness).  On 8/30/23 at 3:30PM, a sign was posted on the entrance to the facility showing a respiratory outbreak within the facility. (4 days after the first resident experienced respiratory illness)  On 8/30/23 at 3:09PM, V7 (Public Health Nurse) stated, "I got an e-mail from (V1-Administrator) about 2 hours ago regarding the respiratory outbreak. In the past when we have had different respiratory outbreaks we have considered 2 or more an outbreak. The last time the facility reported any type of illness was in December 2022. What they are supposed to do is e-mail the infectious disease e-mail so that anyone in our department can respond to them. They should have COVID tested immediately and isolated residents. They should definitely be masking for everyone. This is very basic at this point and all facilities should know this. COVID-19 is making a comeback and is very much still prevalent and should have been on their radar." On 8/31/23 at 8:10AM, R50's door was closed and staff stated resident was sent to the hospital on 8/30 due to COVID+ status. Staff not wearing masks throughout facility, no PPE located outside infected resident rooms.  On 8/31/23 at 8:16AM, V1 stated, "(R50) was sent to the hospital last night and is now our second COVID positive case. (R58) was our first one on 8/29. We did not test anyone after the first positive and we didn't isolate or test (R58's) roommate. I guess I just didn't think about it	S9999		

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S9999	<p>Continued From page 14</p> <p>because we haven't had to do this for so long. We haven't had a COVID positive in months. The health department did e-mail me back last night and told me to just keep doing what we are doing because they had already talked to (V3). We are going to test every resident on (R50's) hall this morning."</p> <p>On 8/31/23 at 9:04AM, V7 (Public Health Nurse) stated, "I spoke with (V3) yesterday and the facility informed me they were doing increased monitoring for respiratory signs/symptoms, placed isolation buckets outside of the infected resident's rooms, and that staff were wearing gowns, masks, gloves in the isolation rooms. I recommended they keep doing that and I also spoke to her about RSV (Respiratory Syncytial Virus) and Influenza and she said that wouldn't really matter because they already started antibiotics. I informed her that these are viral so it would be beneficial to test. I recommended they do respiratory panels on all residents. They said they can't do that without a physician's order and I said okay. I did not tell them if they wanted to do it they could. It is highly recommended to do further testing if the COVID tests come back negative so we can identify exactly what illness we are dealing with. I would have expected to have been notified of their first positive COVID case so I could track it and keep in contact with the facility and help identify and trends or give recommendations to help slow the spread. I highly doubt the first COVID+ resident's symptoms started on 8/29/23 so the roommate should've been tested earlier than 8/30/23. (V3) reported to me that no residents have experienced a fever thus far. (At this time, 3 residents had reported increased temperature)</p> <p>On 8/31/23 at 12:05PM, V8 (Nurse Practitioner)</p>	S9999		

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S9999	<p>Continued From page 15</p> <p>stated, "If residents are displaying respiratory symptoms, you definitely should isolate them until you know that symptoms are resolving to prevent spreading the illness. I would have thought with their nursing judgement that they would have done the antigen testing in house. As a matter of fact, when I was notified of the first COVID positive case I told the staff, "I sure hope you're going to be testing the rest of the residents." I assumed they would have done that per their policy but apparently not. This definitely could have been less severe of an outbreak if they had isolated the residents and used personal protective equipment like they were supposed to. If you have a sign on the door that says droplet precautions then you have to have gowns, masks, and gloves outside the door, available for staff to put on PRIOR to entering the room or they are not protected against any illness that resident has."</p> <p>On 8/31/23 at 12:42PM, The facility completed their outbreak testing for COVID-19 on the entire facility and provided a list of 17 total residents (R4,R10,R11,R13,R17,R18,R19,R21,R29,R33,R46,R50,R51,R53, R58,R59,R62) who tested positive for COVID-19 in the facility. Two resident's (R50,R58) are currently hospitalized with COVID-19.</p> <p>On 9/1/23 at 9:42AM, V3 (Regional Director of Operations) stated, "(R4) was sent to the hospital last night due to declining condition and was one of our COVID positive residents."</p> <p>The facility's policy titled, "Infection Control Policy and Procedure for COVID-19 Facility Response Strategy" dated 5/25/23 showed, "COVID-19 testing is required for any of the following: Symptomatic residents or healthcare providers</p>	S9999		



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S9999	<p>Continued From page 16</p> <p>(HCP), even those with mild symptoms of COVID-19, regardless of vaccination status, should receive a viral test for COVID-19 as soon as possible. Implement recommended infection prevention and control practices when caring for a resident with suspected or confirmed COVID-19 infection. Asymptomatic residents and HCP with a close contact or higher-risk exposure are recommended to have a series of three viral tests for COVID-19 infection ... Outbreak testing: A broad-based approach includes the unit, floor, or other specific area of the facility where the positive COVID-19 case was identified."</p> <p>The facility's policy titled, "Infection Prevention and Control Program" dated 5/1/23 showed, "This facility has established and maintains an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infection as per accepted national standards and guidelines ...1. The designated infection preventionist is responsible for oversight of the program and serves as a consultant to our staff on infectious diseases, resident room placement, implementing isolation precautions, staff and resident exposures, surveillance, and epidemiological investigations of exposures of infectious diseases ...9. COVID-19 testing: a. anyone with symptoms of COVID-19, regardless of vaccination status, should receive a viral test for SARS-CoV-2 as soon as possible."</p> <p>The facility's policy titled, "Transmission-Based (Isolation) precautions dated 2023 showed, "It is our policy to take appropriate precautions to prevent transmission of pathogens, based on the pathogens' modes of transmission ...10. Droplet Precautions- e. healthcare personnel will wear a</p>	S9999		

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S9999	Continued From page 17  facemask for close contact with an infectious resident. F. based upon the pathogen or clinical syndrome, if there is risk of exposure of mucous membranes or substantial spraying of respiratory secretions is anticipated, gloves and gown as well as goggles (or face shield) should be worn."  (A)	S9999		