Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED B. WING ILL6007611 02/16/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2724 WEST RESERVOIR** JOHN C PROCTOR ENDOWMENT HOME **PEORIA, IL 61615** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 Initial Comments S 000 Annual Licensure S9999 Final Observations S9999 Statement of Licensure Violations Section 300.696 Infection Prevention and Control b) d) 6) 13) f) 4) Written policies and procedures for surveillance, investigation, prevention, and control of infectious agents and healthcare-associated infections in the facility shall be established and followed, including for the appropriate use of personal protective equipment as provided in the Centers for Disease Control and Prevention's Guideline for Isolation Precautions, Hospital Respiratory Protection Program Toolkit, and the Occupational Safety and Health Administration 's Respiratory Protection Guidance. The policies and procedures must be consistent with and include the requirements of the Control of Communicable Diseases Code, and the Control of Sexually Transmissible Infections Code. Each facility shall adhere to the following guidelines and toolkits of the Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, Agency for Healthcare Research and Quality, and Occupational Safety and Health Administration (see Section 300.340): Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in **Healthcare Settings** Attachment A Statement of Licensure Violations 13) Interim Infection Prevention and Control

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATEM	Department of Publication of Deficiencies of Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			FORM APPROVED (X3) DATE SURVEY COMPLETED	
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(X4)ID PREFIX TAG	SUMMARY ST (EACH DEFICIENC REGULATORY OR	PREFIX TAG	PROVIDER (EACH CORR CROSS-REFER	II D DE	(X5) COMPLETE DATE		
S9999	Continued From p	\$9999	1000000				
	Spread in Nursing f) Infectious I	Disease Surveillance Testing		4 33 7			Ω -
	and Outbreak Res	ponse				S ()	
	4) Upon conf	irmation that a resident, staff r, student, or student intern		J 8 +		W. 1	
	tests positive with a	an infectious disease, or		1		12	
	displays symptoms	consistent with an infectious ity shall take immediate steps				s- 1	
	to prevent the trans	smission by implementing		·			
	practices that inclu- cohorting, isolation	de but are not limited to					v 1
	environmental clea	ning and disinfecting, hand					.
	hygiene, and use o protective equipme	f appropriate personal			5 // 2		
	These REQUIREM evidenced by:	MENTS were not met as			9 E 3		
	Based on observati	on, interview and record		U.S.			- 1
	review, the facility fa	ailed to prevent resident					- 1
· · · · · ·	COVID-19 infection	tential transmission of by cohorting COVID-19				- 1	
	positive residents w	rith COVID-19 negative					
-	residents in the san	ne room. This failure has the I 56 residents in the facility. In					- 1
	addition this failure	resulted in a COVID-19					
	negative resident be	eing placed at additional risk sease during exposure to		13			- 1
	their COVID-19 pos	itive roommates aerosol	100		77		- 1
- 1	generating nebulize	r treatments.					- 1
	Findings include:						
	The Centers for Disc	ease Control and Prevention				P. (1)	
	(CDC) guidance: In	terim Infection Prevention mendations for Healthcare					
	Personnel During the	e Coronavirus Disease 2019					
1	(COVID-19) Panden	nic dated as updated 9/23/22					
	states, "The IPC (Inf	ection Prevention and	b				

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: ILL6007611 B. WING 02/16/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2724 WEST RESERVOIR JOHNC PROCTOR ENDOWMENT HOME PEORIA, IL. 61615 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD) BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S9999 Continued From page 2 S9999 Control) recommendations described below (e.g., patient placement, recommended PPE) also apply to patients with symptoms of COVID-19 (even before results of diagnostic testing) and asymptomatic patients who have met the criteria for empiric Transmission-Based Precautions based on close contact with someone with SARS-CoV-2 infection (commonly known as COVID-19). However, these patients should NOT be cohorted with patients with confirmed SARS-CoV-2 infection unless they are confirmed to have SARS-CoV-2 infection through testing." In addition, this guidance states, "Place a patient with suspected or confirmed SARS-CoV-2 infection in a single person room. The door should be kept closed (if safe to do so). Ideally, the patient should have a dedicated bathroom. If cohorting, only patients with the same respiratory pathogen should be housed in the same room." This guidance states, "Procedures that could generate infectious aerosols should be performed cautiously and avoided if appropriate alternatives exist." Further, this guidance includes information on aerosol generating procedures stating, "Some procedures performed on patients are more likely to generate higher concentrations of infectious respiratory aerosols than coughing, sneezing. talking, or breathing. These aerosol generating procedures (AGPs) potentially put healthcare personnel and others at an increased risk for pathogen exposure and infection." In addition, this guidance states, "Based on limited available data, it is uncertain whether aerosols generated from some procedures may be infectious, such as: nebulizer administration*(,) high flow O2 delivery(.) *Aerosols generated by nebulizers are derived from medication in the nebulizer. It is uncertain whether potential associations between performing this common procedure and

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increased risk of infection might be due to

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admission to ensure that appropriate precautions

STATE FORM

PRINTED: 04/18/2023 FORM APPROVED Illinois Department of Public Health A CONTRACTOR AND PROPERTY AND ADDRESS OF THE STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING ILL6007611 02/16/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2724 WEST RESERVOIR** JOHN C PROCTOR ENDOWMENT HOME **PEORIA. IL 61615** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 4 S9999 are implemented to prevent transmission of epidemiologically important pathogens pending confirmation of diagnoses." This policy documents that infection with the Coronavirus (COVID-19) infection requires Droplet/Contact isolation. A facility roster documents the facility has 18 residents who have currently tested positive for COVID-19 infection. This same roster documents five of these residents (R106, R107, R108, R112, R115) live in rooms which are shared with COVID negative residents (R109, R110, R111, R113, R114). A Facility Line Listing of Resident Infections dated 2/2023 documents the dates R106, R107, R108, R112, R115 tested positive for COVID-19. This line listing documents R112, R115, R106, R107 tested positive for COVID-19 on 2/9/23; and R108 tested positive 2/12/23. This line listing also documents that on 2/9/23 R109, R110, R111, R113, R114 all tested negative for COVID-19. On 2/14/23 at 1:30p.m., there was a sign on R112 and R113's closed door indicating this was an isolation room requiring contact/droplet precautions. V11 (Certified Nurse Aide/CNA) stated that R112 has COVID-19 but her roommate R113 does not. V11 stated the door is kept closed and gowns, gloves, a mask, and eye protection must be worn when entering R112 and R113's room. Upon entering R112 and R113's

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room, each resident was visible from the

doorway, but with privacy curtains partially closed. R113 was not wearing a mask, was seated in a recliner, confused, and unable to answer

questions. R112 was seated in a chair next to her bed and was also not wearing a mask. R112 was noted to be coughing during this observation.

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FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING ILL6007611 02/16/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2724 WEST RESERVOIR JOHN C PROCTOR ENDOWMENT HOME **PEORIA, IL 61615** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE **TAG** DATE **DEFICIENCY**) S9999 Continued From page 6 S9999 On 2/15/23 at 11:50a.m., there was a sign on R106 and R109's closed door indicating this was an isolation room requiring contact/droplet precautions. This sign instructed that isolation gowns, gloves, and eyes, nose, and mouth coverings be applied before entering the room. Upon entering this room, R106 and R109 were each visible on their sides of the room behind partially closed privacy curtains. R106 was lying on her bed asleep, while R109 was seated in a recliner talking on the phone. On 2/15/23 at 11:55a.m., there was a sign on R107 and R110's closed door indicating this was an isolation room requiring contact/droplet precautions. This sign instructed that isolation gowns, gloves, and eyes, nose, and mouth coverings be applied before entering the room. V7 (CNA) was seated outside R107 and R110's room. V7 verified that R110 was negative for COVID-19 infection and was cohorting with R107. who is COVID-19 positive. V7 stated that neither R107 nor R110 leave their room except for this morning when R107 was taken to the shower room for her scheduled shower. Upon entering the room, R107 and R110 were each visible on their sides of the room behind partially closed privacy curtains. R110 was seated in a recliner reading. R110 stated she was tested as negative for COVID-19 but has been isolated in her room with R107 since last week. R107 verified that she

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tested positive for COVID-19 approximately one week ago. R107 stated she has only left the room. for showers. R107 stated she was taken to the shower room this morning without wearing a mask while out in the resident hallway, R107. stated her only symptom has been a cough.

On 2/15/23 at 12:00p.m., there was a sign on

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIE IDENTIFICATION NUM ILL6007611		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G:	(X3) DAT COM	(X3) DATE SURVEY COMPLETED	
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