

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/06/2008  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                           |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>145631</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>04/25/2008</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>NEWMAN REHABILITATION &amp; HCC</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>418 SOUTH MEMORIAL PARK DRIVE<br/>NEWMAN, IL 61942</b>              |                      |   |
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| F 501  | Continued From page 12<br>has a non-productive cough and a sore throat. The notes continue through 4/14/08 and show temperatures from 100.8 F. on 4/11/08 to 101.4 F. on 4/14/08. The notes show R6 was taken to the doctor on 4/16/08. A hospital laboratory report indicated blood cultures were drawn on 4/16/08 at 11:15 AM and showed that R6 was infected with Group A Streptococcus. A Physician's Progress Note demonstrated the Physician had seen R6 on 4/10/08. The note stated, "...Vitals: ...Temperature 101.2...Problem:...2. Temperature elevation - Like many in the facility today, (R6) has an elevated temperature..." The note was signed by Z1, Primary Care Physician and Medical Director of the facility. | F 501   |   |                      |   |
| F9999  | FINAL OBSERVATIONS<br><br>LICENSURE VIOLATIONS<br><br>300.696a)b)<br>300.696c)2)3)<br>300.1020a)b)c)<br>300.1210a)<br>300.1210b)3)<br>300.1220b2)3)<br>300.3240a)<br><br>Section 300.696 Infection Control<br>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 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  | F9999   |   |                      |   |

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| F9999  | Continued From page 13 and procedures are followed.<br>b) A group, i.e., an infection control committee, quality assurance committee, or other facility entity, shall periodically review the results of investigations and activities to control infections.<br>c) 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 (see Section 300.340):<br>2) Guideline for Hand Hygiene in Health-Care Settings<br>7) Guidelines for Infection Control in Health Care Personnel<br><br>Section 300.1020 Communicable Disease Policies<br>a) The facility shall comply with the Control of Communicable Diseases Code (77 Ill. Adm. Code 690).<br>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.<br>c) All illnesses required to be reported under the Control of Communicable Diseases Code and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693) shall be reported immediately to the local health department and to | F9999   |   |                      |   |

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| F9999  | <p>Continued From page 14</p> <p>the Department. The facility shall furnish all pertinent information relating to such occurrences. In addition, the facility shall inform the Department of all incidents of scabies and other skin infestations.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) The facility must 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 assessment and plan of care. 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>b) 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>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>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 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,</p> | F9999   |   |                      |   |

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| F9999  | <p>Continued From page 15 and drug therapy.</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</p> <p>Section 300.3240 Abuse and Neglect<br/>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to have, in place and functioning, an effective infection control program to protect residents from nosocomial infections and an infectious disease outbreak. This failure potentially affected 49 of 49 residents (eight residents were affected, two of whom died were cultured with Group A Streptococcus) within the facility. The facility also failed to establish a baseline (over a given period of time) of the usual number of respiratory illnesses/infections in the facility for both residents and staff, per Centers for Disease Control (CDC) Guidelines and standards of nursing practice. Also, the facility failed to conduct surveillance of the number of</p> | F9999   |   |                      |   |

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| F9999  | <p>Continued From page 16</p> <p>cases of actual respiratory illnesses/infections and symptoms in the facility (for both residents and staff) and assess for patterns for the months of March and April of 2008, and so was not aware of an outbreak of invasive Group A Streptococcus (GAS). In addition, the facility failed to take effective action once the presence of the Group A Streptococcus was reported to them by the hospital and consequently did not take actions to protect the remaining residents in the facility from the deadly outbreak. Even after the Local Health Department and the State Department of Public Health informed the facility of necessary actions the facility was slow to respond. The facility failed to have the effective services of a Medical Director for the purposes of infection control. This failure potentially affected 49 of 49 residents (eight residents were affected, two of whom died were cultured with Group A Streptococcus) within the facility.</p> <p>Findings include:</p> <p>E2, Director of Nurses (DON) on 4/16/08 at approximately 11:30 AM stated, "...I found out we had a patient at (hospital #1) with Group A Strep (Streptococcus) on Friday, April 11, 2008. The patient was (R3). I talked to the Medical Director (Z1) and notified him (of the Group A Streptococcus report) on Friday (4/11/08). I was not sure what to do exactly because I cannot locate my CDC Guidelines. I have been aware that we have had a large number of acute respiratory illnesses in the facility this winter....We have not been tracking resident illnesses. Not specifically looking at exact symptoms. After I talked to the doctor I went on line but I could not find anything. The doctor told</p> | F9999   |   |                      |   |

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| F9999  | <p>Continued From page 17</p> <p>me not to worry about it that the hospital would handle it... No, I did not do anything or take any precaution on Friday (4/11/08). I did not start an investigation right away, I did not start any inservicing of staff but I did tell staff that were here to practice good handwashing ...."</p> <p>Interview with Z1 on 4/16/08 at approximately 10:20 AM, per telephone, indicated he was generally aware of the increased infection rate but had given the facility no specific recommendations. Z1 stated, "I was aware of the number of infections. I am not certain whether I realized there were more infections than normal...I was first aware of a Group A Strep diagnosis on Friday, 4/11/08. I don't recall giving her (DON) any specific parameters. We talked generally about infection control techniques and getting people seen. I have not reviewed the facility's policies on infection control..."</p> <p>Review of the most current CDC Guidelines (Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007) indicate, "These recommendations (the guidelines) are designed to prevent transmission of infectious agents among patients and healthcare personnel in all settings where healthcare is delivered...Administrative Responsibilities...I.B. Make preventing transmission of infectious agents a priority for the healthcare organization. Provide administrative support, including fiscal and human resources for maintaining infection control programs....Surveillance....use information collected through surveillance of high-risk populations, procedures, devices and highly transmissible infectious agents to detect transmission of infectious agents in the</p> | F9999   |   |                      |   |

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| F9999  | <p>Continued From page 18</p> <p>healthcare facility....Apply the following epidemiologic principles of infection surveillance....Analyze data to identify trends that may indicate increased rates of transmission....Develop and implement strategies to reduce risks for transmission and evaluate effectiveness....When transmission of epidemiologically-important organisms continues despite implementation and a documented adherence to infection prevention and control strategies, obtain consultation from persons knowledgeable in infection control...."</p> <p>Interview with E2 on 4/16/08 at approximately 1:00 PM indicated that the facility had an outdated copy, designated as "Draft," of CDC Guidelines (as referenced above) dated March 6, 1999. E2 indicated the facility did not have Illinois Department of Public Health "Rules and Regulations for the Control of Communicable Disease and Related Documents, July 1, 2002." E2 confirmed the facility lacked effective infection control policies that addressed surveillance or detection of outbreak patterns of residents or staff within the facility. E2 also indicated the facility lacked policies that addressed the monitoring of residents or staff either by diagnosis or symptoms.</p> <p>Individual employee health questionnaires were filled out by all staff members on or about 4/17/08. The tabulated results were as follows: Out of a total of 50 employees, 25 had respiratory symptoms or were on an antibiotic from 3/1/08 to approximately 4/15/08. Out of that 25, fifteen employees admitted to coming to work ill. Out of those 15, eight were direct care staff. There were two staff who admitted to having Streptococcal infections in March of 2007 diagnosed by their</p> | F9999   |   |                      |   |

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| F9999  | <p>Continued From page 19</p> <p>physician. A review of an infection control log that was completed after arrival of the surveyor showed there were twenty residents with respiratory infections in February of 2008, nine in March of 2008 with respiratory symptoms, and 24 in April of 2008. The DON stated in interview on 4/17/08 at approximately 1:00 PM that neither the employee illnesses or the resident illnesses were being tracked or evaluated for patterns or outbreaks of infectious diseases.</p> <p>R2's Minimum Data Statement (MDS) dated 3/4/08 indicates she was a resident with modified cognitive independence who needed limited assistance with most of her Activities of Daily Living (ADL's). The most recent Physician's Orders dated April 2008 shows R2 has diagnoses of dysphagia and osteoporosis. Nurses notes dated 4/5/08 at 9:00 PM show R2 started to run a temperature of 100.5 Farenheit (F.) and had a non-productive cough. The notes indicate the temperature (up to 101.4 F.) and cough continued for the next three days and R2 deteriorated and was sent to (hospital #2) on 4/9/08 per orders of her physician. Interview with the E2 on 4/16/08 at approximately 1:00 PM indicated R2 died soon after getting to (hospital #2) on 4/9/08. The hospital laboratory report indicated blood cultures were drawn on 4/9/08 and showed that R2 was infected with Group A Streptococcus.</p> <p>R5's MDS indicates she is cognitively impaired and needs limited to extensive assist for her ADL's. Her April Physician's Orders show her with diagnoses of Atrial Fibrillation and Osteoporosis. Nurses notes indicate R5 started getting ill on 4/6/08 when she ran a temperature of 102.3 F. The notes also document R5 had a</p> | F9999   |   |                      |   |



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| F9999  | <p>Continued From page 20</p> <p>cough and was in pain. The fevers continued between 100.2 F and 102.0 F. R5 expired in the facility at approximately 6:30 AM on 4/7/08. The notes show the family declined to send R5 to the hospital.</p> <p>R3's MDS dated 1/24/08 shows she is cognitively impaired and needs limited assist for most all of her ADL's. Her Physician's Orders dated April 2008 show her with diagnoses of Atrial Fibrillation and Coronary Artery Disease. Her nurses notes demonstrate R3 started to get ill on 4/7/08 when she had a fever of 102.0 F. The notes show a non-productive cough with the temperature. On 4/8/08 the notes document a large lump on the left side of her cheek along with tenderness to the area. On 4/9/08 the notes state R3 has swelling to her face, nose, and upper lip. R3 was sent to (hospital #2). A hospital laboratory report indicated blood cultures were drawn on 4/9/08 at 12:10 PM and showed that R3 was infected with Group A Streptococcus.</p> <p>R1's most recent MDS dated 2/13/08 shows she was a resident with modified cognitive independence and needed only supervision with ADL's. The most recent Physician's Orders dated April of 2008 indicate R1 was diagnosed with arthritis and hypertension. Nurses Notes dated 4/8/08 demonstrated that R1 was running a temperature and complaining of nausea. The notes show R1 was running a temperature off and on (up to 103.5 Farenheit), had a cough and a sore throat and was not feeling well from 4/8/08 through 4/9/08. On 4/9/08 at 11:50 AM she was sent to (hospital #1). A note dated 4/9/08 at 3:15 PM indicates the hospital called the facility and R1 had expired. The hospital laboratory report indicated blood cultures were drawn on 4/9/09 at</p> | F9999   |   |                      |   |

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| F9999  | <p>Continued From page 21</p> <p>1:03 PM and showed that R1 was infected with Group A Streptococcus.</p> <p>R4's Physician's Orders dated April of 2008 show diagnoses of constipation, colostomy, and transient ischemic attack. Her MDS dated 1/31/08 indicates she has modified cognitive independence and needs minimal assist for most of her ADL's. The nurses notes show R4 started to get sick on 4/10/08 with a cough, sore throat, and a temperature of 99.0 F. The notes indicate R4's condition deteriorated, spiking temperatures of 101.6 F. She was admitted to (hospital #1) on 4/11/08. Review of a hospital laboratory report indicated blood cultures were drawn on 4/11/08 at 12:41 PM and showed that R4 was infected with Group A Streptococcus.</p> <p>R6's April 2008 Physician's Orders shows a diagnosis of Alzheimer's. The MDS dated 2/6/08 indicates R6 needs supervision for most of her ADL's. The nurses notes demonstrate that R6 started to get ill on 4/11/08. This note shows R6 had a non-productive cough and a sore throat. The notes continue through 4/14/08 and show temperatures from 100.8 F. on 4/11/08 to 101.4 F. on 4/14/08. The notes show R6 was taken to the doctor on 4/16/08. A hospital laboratory report indicated blood cultures were drawn on 4/16/08 at 11:15 AM and showed that R6 was infected with Group A Streptococcus. A Physician's Progress Note demonstrated the Physician had seen R6 on 4/10/08. The note stated, "...Vitals: ...Temperature 101.2...Problem:...2. Temperature elevation - Like many in the facility today, (R6) has an elevated temperature..." The note was signed by Z1, Primary Care Physician and Medical Director of the facility.</p> | F9999   |   |                      |   |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                           |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>145631</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>04/25/2008</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NEWMAN REHABILITATION &amp; HCC</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>418 SOUTH MEMORIAL PARK DRIVE<br/>NEWMAN, IL 61942</b>              |                      |   |
| (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) COMPLETION DATE |   |
| F9999  | <p>Continued From page 22</p> <p>R6's nurses notes describe a scenario of a symptomatic (later confirmed Group A Streptococcus infected resident) that was allowed to have unrestricted access within the facility and possibly infect other residents. On 4/11/08 at 11:00 PM R6 had a temperature of 101 F. The notes demonstrate R6 continued to have a non-productive cough. On 4/12/08 at 9:00 AM R6 was noted to be "...playing bingo... n/p (non-productive) cough...." Interview with E4, Activity Aide on 4/23/08 at approximately 2:00 PM confirmed R6 was at bingo on 4/12/08. E4 stated all participants sat at a cluster of three tables within close proximity. E4 confirmed R19, R16, R12, and R18 were present and within close proximity of R6. Microbiology Report with a collection date of 4/16/08 indicated R19 had a heavy growth of Group A Streptococcus. Microbiology Report with a collection date of 4/16/08 indicated R16 had a heavy growth of Group A Streptococcus. Microbiology Report with a collection date of 4/16/08 indicated R12 had a heavy growth of Group A Streptococcus. Microbiology Report with a collection date of 4/16/08 indicated R18 had a growth of Group A Streptococcus.</p> <p>The facility was notified of the recommendations of the Local Health Department which were sanctioned by the State Department of Public Health on Tuesday, April 15, 2008. However the facility did not implement some of the most critical aspects of the plan, such as staff in servicing until Thursday, April 17, 2008.</p> <p>(A)</p> | F9999   |   |                      |   |