

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145473	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pearl of Orchard Valley		STREET ADDRESS, CITY, STATE, ZIP CODE 2330 West Galena Boulevard Aurora, IL 60506	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48944</p> <p>Based on interview and record review, the facility failed to implement its Infection Prevention and Control Program when it failed to provide surveillance data to the Local Health Department that identified other residents at risk for Legionnaire's disease after a confirmed case of Legionnaires' disease was associated with the facility. The facility also failed to identify R1's Legionnaire's diagnosis when he returned from the hospital and failed to notify R1's care team of the diagnosis. This applies to 8 of 8 residents (R1-R8) reviewed for communicable disease of Legionnaire's.</p> <p>The findings include:</p> <p>1. The EMR (Electronic Medical Record) showed R1 admitted to the facility on [DATE] and was discharged to the hospital on [DATE]. R1's EMR showed multiple diagnoses including pneumonia unspecified organism, acute respiratory failure with hypoxia, chronic obstructive pulmonary disease with exacerbation, obstructive sleep apnea, dependence on supplemental oxygen, and history of COVID-19.</p> <p>On [DATE] at 10:00 AM V2 (Director of Nursing/DON) said she was the facility's IP (Infection Preventionist). V2 said the Local Health Department notified her on [DATE] (48 days earlier) via telephone and e-mail that R1 tested positive for Legionnaire's disease at the hospital and R1's case was associated with the facility. V2 said R1 was hospitalized on [DATE] and readmitted to the facility on [DATE] with a diagnosis of pneumonia. V2 said R1 was residing at the facility when she received the notification. V2 said she could not recall if she reviewed R1's hospital medical records from [DATE]. V2 said R1 was no longer in the facility and had died after his last hospitalization on [DATE].</p> <p>On [DATE] at 2:53 PM, V11 (Respiratory Therapist) said she had provided respiratory care services to R1 at the facility. On [DATE] at 11:54 AM, V13 (Pulmonary Nurse Practitioner) also said she had provided pulmonary medical services to R1 at the facility. On [DATE] at 8:21 AM, V15 (Primary Physician) said R1 had been her patient at the facility. They said the facility did not report to them R1's positive test results for Legionnaire's disease.</p> <p>R1's EMR hospital records dated [DATE] showed R1 was treated for Legionella pneumonia and had a positive Legionella urine antigen result on [DATE]. R1's facility EMR did not show documentation of R1's facility medical team identifying his positive Legionella test results.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. On [DATE] at 11:33 AM, V2 (DON) continued to say the Local Health Department requested for her to submit data for Legionella Surveillance of the facility last month. V2 said on [DATE] she submitted an incomplete line listing report to V14 (Lead Disease Surveillance Practitioner for the Local Health Department). V2 said she was not too familiar with Legionella and the symptoms associated with the disease. V2 said she only tracks infections that require transmission precautions, not pneumonia. V2 said V14 called her on [DATE] to discuss the incomplete line listing report submitted and provided her with additional guidance. V2 said the line listing report was still incomplete and was planning to submit the line listing report on [DATE]. V2 said the data she was pulling from the EMR system seemed incorrect to her and she still had to analyze it to identify those with healthcare-associated pneumonia and at risk for Legionnaires' disease.</p> <p>On [DATE] at 2:23 PM, V14 (Lead Disease Surveillance Practitioner for the Local Health Department) said she informed V2 of R1's positive test for Legionnaire's disease on [DATE] and that his case was associated with the facility. V14 said she made multiple attempts to contact V2 to discuss further actions the facility had to take but was unsuccessful. V14 said she sent her an e-mail again on [DATE] informing V2 she had to submit a Legionella Surveillance report to identify others with healthcare-associated pneumonia, suspected and confirmed. V14 stated she gave V2 a deadline of [DATE] and provided her with multiple resources to complete the surveillance data. V14 said V2 did not submit the data on [DATE] and did not respond to multiple calls she made. V14 said finally V2 responded to an e-mail on [DATE] and submitted a very incomplete report. V14 said she spoke to V2 on [DATE] to discuss with her again the data requested and provided her with additional resources and gave her another deadline of [DATE]. V2 said she was very concerned about the facility's low responsiveness to the Local Health Department. V2 said one case of Legionnaires' disease in a LTC (Long-Term Care) facility triggers an investigation and she expects the facility to cooperate and follow up promptly because lack of response puts others in the facility at a potential health risk.</p> <p>On [DATE] at 3:40 PM, V2 said she updated the Legionellosis/HC Associated Pneumonias Case Log (during the survey). The log report now showed R4-R7 were identified with HAI PNA (healthcare-associated infection pneumonia).</p> <p>On [DATE] at 10:16 AM, V2 said she gathered additional data and updated the Legionellosis/HC Associated Pneumonias Case Log (during the survey). The log report then showed R8 was also identified with HAI PNA in [DATE]. V2 said she added R8 because he had a positive chest x-ray result. The log did not include R2 (R1's roommate) and R3. V2 said R2 was at the hospital because she became short of breath on [DATE] and did not have a chest x-ray done at the facility, and R3 did not appear on the diagnosis report V2 ran for pneumonia.</p> <p>On [DATE] at 11:15 AM, V1 (Administrator) and V3 (Regional Nurse Consultant/RNC) said V2 (DON) was the IP for the facility. They said they expected V2 to communicate and respond and report to the Local Health Department as requested. They said V2 should have submitted the requested information for the Legionella Surveillance report as requested because others at the facility could be possibly exposed.</p> <p>The facility's report titled Order Listing Report for antibiotics with order date range of [DATE]-[DATE] showed R3 received treatment for pneumonia on [DATE], R4 received treatment for lung infiltrates on [DATE], R5 received treatment for pneumonia on [DATE], R6 received treatment for pneumonia on [DATE] and [DATE], and R7 received treatment for lung infiltrates on [DATE].</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The Local Health Department e-mail titled Legionellosis-Healthcare-associated infection at [facility] dated [DATE], provided the facility with instructions on how to collect and analyze data, and showed Legionella Surveillance IDPH is requesting that a retrospective AND a prospective surveillance of all healthcare-associated pneumonias (HAI PNA), suspected and confirmed .Please send this information by Friday, [DATE] .</p> <p>The facility's [DATE] policy titled Legionella Surveillance and Detection showed Policy Statement- Our facility is committed to the prevention, detection and control of water-borne contaminants including Legionella. Legionnaire's disease will be included as part of our infection surveillance activities. Procedure: 1. Clinical staff will be trained on the following signs and symptoms associated with pneumonia and Legionnaire's: a. cough; b. shortness of breath; c. fever; d. muscle aches; e. headaches; and f. diarrhea, nausea and confusion associated with Legionnaire's disease. 2. If pneumonia or Legionnaire's disease are suspected, the nurse will notify the physician or practitioner immediately .6. If Legionella is detected in one or more residents, the Infection Preventionist will: a. Initiate active surveillance for Legionnaire's disease; b. Notify the local health department; .</p>

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<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>48944</p> <p>Based on interview and record review, the facility failed to have a designated certified IP (Infection Preventionist) who was responsible for the facility's Infection Control Prevention Program. This applies to all 130 residents residing at the facility.</p> <p>Findings include:</p> <p>The facility's document titled Resident Listing Report dated 4/16/2024, showed the facility's census of 130 residents.</p> <p>On 4/16/2024 at 9:00 AM, V2 (Director of Nursing/DON) said she was the IP for the facility. V2 said she took the IP role in October 2023. V2 said she started an infection preventionist training course approximately six years ago but never completed the certification exam and never received a certification.</p> <p>On 4/17/2024 at 11:15 AM, V1 (Administrator) and V3 (Regional Nurse Consultant) said V2 (DON) was the IP for the facility and believed V2 had completed the IP training required and was certified. They said the IP role required specialized infection training certification.</p> <p>The facility's Infection Preventionist policy with a reviewed date of 6/01/2023 showed Policy Statement: The Infection Preventionist is responsible for coordinating the implementation and updating of our established infection prevention and control policies and practices. Procedure: 1. Facility will hire a licensed professional nurse for the Infection Preventionist role. IP will complete IP specialized training recommended by CDC .</p>		