STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510165	A. BUILDING: _____ B. WING _____	10/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GALENA STAUSS ASSISTED LIVING	200 ALTENBURG GALENA, IL 61036

(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) COMPLETE DATE
A 000	Initial Comment Annual Licensure Survey Conducted.	A 000		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng This Regulation is not met as evidenced by: Annual Survey Entrance 10/15/24, Exit 10/16/24 Violation Section 295.3000 Personnel Requirements, Qualifications and Training b) The establishment shall have on duty at all times at least one direct care staff person who has obtained cardiopulmonary resuscitation (CPR) training specific to adults, which includes a demonstration of the individual's ability to perform CPR, and who has current certification in CPR. This requirement was not met, as evidenced by: Based on interview and record review, the establishment failed to ensure at least one direct care staff person, with CPR certification, was on duty at all times. This failure creates a substantial probability of severe harm to a resident or residents, in that certified staff may not be available to respond in a medical emergency or have the knowledge to properly provide CPR. The findings include:	A3000		

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A3000	Continued From page 1 On 10/15/24, the caregiver schedule was reviewed for 8/1/24-10/15/24 and compared with staff that had current certified CPR certification. The establishment could not provide documentation to show CPR certified direct care staff were on duty for the following dates/times: 3:30 PM-11:00 PM on 8/6-8/7, 8/10-8/11, 8/14, 8/16, 8/20-8/21, 8/28, 8/30, 9/3-9/4, 9/7-9/8, 9/11-9/12, 9/16-9/18, 9/20-9/23, 9/25-9/26, 9/30, 10/2, 10/5-10/6, 10/9, 10/11, and 10/15 8:30 PM-11:00 PM on 8/13, 8/19, 8/27, 9/10, 10/3, and 10/14 On 10/15/24, E1 (Executive Director) was provided the opportunity to provide further documentation to show coverage and was not able to. E1 confirmed the findings.	A3000		
A4050	Seciton 295.4050 Tuberculin Skin Test Procedures This Regulation is not met as evidenced by: Type 3 Violation Section 295.4050 Tuberculin Skin Test Procedures Tuberculin skin tests for employees and residents shall be conducted in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). Section 696.130 Responsibilities of Health Care Settings	A4050		

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A4050	Continued From page 2 a) TB Risk Assessment. Every health care setting shall conduct initial and ongoing evaluation of the risk for transmission of M. tuberculosis, regardless of whether patients with suspected or confirmed active TB disease are expected to be encountered in the setting. The TB risk assessment shall address administrative, environmental and respiratory-protection controls needed for the health care setting and shall be reviewed at least annually. Section 696.140 Screening for Latent Tuberculosis Infection (LTBI) and Active Tuberculosis (TB) Disease A TB screening test shall be used when screening persons for latent TB infection (LTBI). Persons who have signs and symptoms of active TB disease or a positive TB screening test result shall complete a diagnostic evaluation for active TB disease in accordance with the Centers for Disease Control and Prevention (CDC) guidelines, Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection and Guidelines for Health-Care Settings. a) Screening for Latent TB Infection ... 2) Workers and clients at health care settings and other residential settings serving high-risk groups shall be screened in accordance with this subsection (a)(2) and the following CDC guidelines: Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection, Guidelines for Health-Care Settings, Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC.	A4050		

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A4050	Continued From page 3 A) Health care workers and workers in other residential care settings serving high-risk groups shall obtain a TB screening test within seven days after being employed. If Mantoux skin testing is used, two-step testing shall be done, with the first test placed within seven days after employment. However, a second skin test is not needed if the worker has a documented skin test result from any time during the previous 12 months. The need for routine periodic screening shall be determined by a risk assessment. B) All clients in non-acute care residential health care settings serving high-risk groups shall obtain a TB screening test within seven days after admission. If Mantoux skin testing is used for clients with an anticipated stay longer than 30 days, two-step testing shall be done, with the first test placed within seven days after admission. Routine periodic screening shall be determined by a risk assessment performed in cooperation with the local TB control authority. This requirement was not met, as evidenced by: Based on interview and record review, the establishment failed to ensure employees and residents completed an annual TB Risk Assessment or, at minimum, a TB Signs and Symptoms checklist. This applies to 8 of 8 employees (E1-E8) and 1 of 3 employees (R3) reviewed for this requirement. The findings include: On 10/15/24, employee and resident records were reviewed and showed the following	A4050		

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A4050	Continued From page 4 employees and residents did not complete an annual TB Risk Assessment or TB Signs and Symptoms checklist: E1 (Executive Director), E2 (Food Service /supervisor), E3 (Registered Nurse), E4 (Homemaker), E5 (Homemaker), E6 (Homemaker), E7 (Homemaker), E8 (Homemaker), and R3 On 10/15/24, E1 indicated they used to do the annual signs and symptoms checklist, but corporate instructed the establishment that annual they were not necessary for staff and residents, based on guidance from the county health department, which determined the county was low risk for TB transmission. The establishment policy titled TB Surveillance/TB Exposure and Skin Test/Protocol for Conversions (No Date) showed:...Procedure:...14) A TB risk assessment shall be conducted annually for the SCC (Senor Care Community) campus for employee related TB surveillance, Nursing Home residents and AL (Assisted Living) residents.	A4050		