Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		11 0000400	B. WING		C	
		5.7770		12/05/2020		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
VINES AT COUNTRYSIDE 971 BODE ROAD ELGIN, IL 60120						
(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
\$ 000	Initial Comments		S 000			
	Complaint Investiga #2093200 / IL12234 #2074097 / IL12329					
S9999	Final Observations		S9999			
	Statement of Licensure Violations					
:	330.1130c) Section 330.1130 Communicable Disease Policies					
=	the Control of Com Control of Sexually (77 III. Adm. Code of immediately to the the Department. To pertinent information occurrences. In ad-	Idition, the facility shall also nent of all incidents of scabies				
	These regulations	were not met as evidenced by:				
	failed to report rece among staff and re	and record review, the facility ent cases of positive COVID-19 sident to the local health e Illinois Department of Public				
	Findings Include:					
	stated that the facil positive resident at	5AM, V1 (Executive Director) lity does not have any COVID this time, the last positive ctober 30, a new admit who		Attachment A Statement of Licensure Violations		0.0

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

PRINTED: 01/04/2021 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6002182 12/05/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 971 BODE ROAD VINES AT COUNTRYSIDE **ELGIN. IL 60120 SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 was isolated per COVID policy, and no one on transmission based precaution. They did have a lot of cases at the beginning of the pandemic but have been free for a couple of months. Recently. two staff members tested positive, one on November 15th, and the other on November 16th 2020, both have isolated at home and one have returned to work. When asked who does the reporting to local health department and IDPH and how often, she said that the DON (Director of Nursing) does all that and can answer questions regarding reporting better. 12/04/2020 at 12:41PM, V2 (DON) stated that the facility has been free of COVID-19 until one resident who was a new admit tested positive, and 2 employees just tested positive in November; one of them was a new hire who tested negative upon hire and then tested positive 2 days later, and they think she contracted it from somewhere else. The other staff is a housekeeper who works part-time and rarely in contact with residents. V2 added that those 2 staff members and one resident who tested positive were not reported to the local health department or IDPH. When asked why, she said that they should have been reported but the facility lost the administrative assistant who was doing all that recently, and since they have been COVID free for a while, they just got lax on reporting.

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template provided.

A document presented by V1 (Executive

Plan (undated), documents under item 8communication, that (a) New outbreaks are reported to IDPH via fax and Cook County via

Administrator) titled, The Vines Homes COVID-19

STATE FORM

Z34V11

PRINTED: 01/04/2021 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: _____ C B. WING IL6002182 12/05/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 971 BODE ROAD **VINES AT COUNTRYSIDE ELGIN, IL 60120** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 2 S9999 "B"

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