

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/08/2015
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NAME OF PROVIDER OR SUPPLIER A MERKLE C KNIPPRATH N H	STREET ADDRESS, CITY, STATE, ZIP CODE 1190 E 2900 NORTH ROAD CLIFTON, IL 60927
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(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
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations: 300.670k1)2)3) 300.2620d)</p> <p>Section 300.670 Disaster Preparedness k) Coordination with Local Authorities 1) Annually, each facility shall forward copies of all disaster policies and plans required under this Section to the local health authority and local emergency management agency having jurisdiction. 2) Annually, each facility shall forward copies of its emergency water supply agreements, required under Section 300.2620(d), to the local health authority and local emergency management agency having jurisdiction. 3) Each facility shall provide a description of its emergency source of electrical power, including the services connected to the source, to the local health authority and local emergency management agency having jurisdiction. The facility shall inform the local health authority and local emergency management agency at any time that the emergency source of power or services connected to the source are changed. Section 300.2620 Water Supply d) Each facility shall have a written agreement with a water company, dairy, or other water purveyor to provide an emergency supply of potable water for drinking and culinary purposes</p> <p>These requirements were not met as evidence by the following:</p> <p>Based on record review and interview, the facility failed to provide copies of the facility's disaster plan, emergency water plan, and the source of emergency power to the local health authority and</p>	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 05/22/15
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S9999	<p>Continued From page 1</p> <p>local emergency agency. This failure has the potential to affect all 56 residents.</p> <p>The findings include:</p> <p>On 5-5-15 at 1:45 P.M., E5, Environmental Service Supervisor stated that he has no knowledge or evidence that the facility's disaster plan, emergency water plan, or the emergency power plan were provided to the local health and emergency management agencies. The facility did not provide evidence that the plans had been submitted to the local authorities. On 5-6-15 at 1:25 P.M., E1, Administrator stated that the plans had not been submitted for review before 5-5-15.</p> <p>According to the facility's "Resident Census and Conditions of Residents" dated 5-5-15, 56 residents reside at the facility.</p> <p style="text-align: center;">B</p>	S9999		