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:** A. BUILDING: _ COMPLETED С IL6008809 B. WING 09/24/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2601 NORTH CALIFORNIA** SQUIRE'S SHELTERED CARE HOME CHICAGO, IL 60647 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) **Initial Comments** S 000 S 000 Complaint Investigation 2186259/IL137560 S9999 Final Observations S9999 Statement of Licensure Violations: 330.2220 a)1) 330.2220 a)2) Section 330.2220 Housekeeping Every facility shall have an effective plan for housekeeping including sufficient staff, appropriate equipment and adequate supplies. Each facility shall: Keep the building in a clean, safe. and orderly condition. This includes all rooms, corridors, attics, basements, and storage areas. Keep floors clean, as nonslip as possible, and free from tripping hazards including throw or scatter rugs This requirements were not met as evidenced by: Based on observation and interview, the facility failed to provide a clean, safe, functional room for one resident (R1). The facility failed to provide a room with clean floors and free from tripping hazards including trash and electrical cords. This failure affects one (R1) of three residents reviewed for housekeeping in a total sample of three residents. Findings include: Attachment A

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ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

R1 is a 65 year old male with a diagnosis of

TITLE

Statement of Licensure Violations

(XB) DATE

PRINTED: 12/01/2021 FORM APPROVED

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION ANDPLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED IL6008809 B. WING 09/24/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2601 NORTH CALIFORNIA** SQURE'S SHELTERED CARE HOME CHICAGO, IL 60647 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 schizoaffective disorder. On 09/23/2021, at 10:30AM, R1's room had flies and gnats flying around the room. R1's room is very dirty. R1's room had old cans of trash, clothes all over the floor, clothes and trash covering R1's bed, and electrical cords covering the entry way to R1's room. R1 could barely make it out of the room door without tripping over multiple electrical cords. R1's shower is full of stuff. R1 allowed the surveyor to come in the doorway to the room. Surveyor had to step all over stuff to get in R1's room. R1 had to step over electrical cords and trash to squeeze through the doorway out of the room. R1 is not able to open the door to leave the room without tripping over cords and trash. On 09/23/2021, at 10:32AM, R1 stated, "I want my own place to wash my clothes and has a kitchen. I like to do things with my hands. I sleep on the bed. I do not really allow staff to clean my room. Staff take advantage of me. The staff put a microchip in my room and I am going to kill them and they f*** with me. This is a scam. You are not the real deal. I have to watch what they are doing and where they put my stuff." On 09/23/2021, at 10:00AM, V1 (Administrator) stated, "(R1) is in the process of cleaning his room out. Staff is in the process of moving his stuff to another room to clean his room. (R1) needs time to get this done." On 9/23/2021, at 10:20AM, V2 (Nurse) stated, "(R1) is so nasty. (R1) does not want anyone in his room. He is a hoarder and his sister knows it. (R1) keeps bringing stuff into the facility. (R1) has a fit when I tried to clear (R1's) room. (R1) will not let anyone in there. His sister needs to come and

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