STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005672	A. BUILDING: _____ B. WING _____	07/22/2021

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MAGNOLIA MANOR SHELTER CARE HM	1100 GRANT ELDORADO, IL 62930

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S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	Final Observations Annual Licensure Certification STATEMENT OF LICENSURE VIOLATIONS: 1/3 330.715a) 330.715b) Section 330.715 Request for Resident Criminal History Record Information a) A facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act) b) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender. This requirement was not met as evidenced by: Based on interview and record review the facility failed to ensure background checks were	S9999	Attachment A Statement of Licensure Violations	

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S9999	Continued From page 1 completed for 2 of 6 (R4 and R6) residents reviewed for background checks in the sample of 11. Findings Include: 1. R4's face sheet (not dated) documents R4 was admitted to the facility on 6/16/2021 with diagnoses that include schizophrenia, depression, asthma, history of substance abuse, and low intellectual function. R4's medical record did not document a background check or a Illinois sex offender check. V5 provided this surveyor with R4's background check from a previous facility with a date of 8/27/2020. 2. R6's face sheet (not dated) documents R6 was admitted to the facility on 3/24/2021 with diagnoses that include anxiety and manic depression. R6's medical record did not document a background check or a Illinois Sex Offender check. On 7/22/2021 at 10:46 AM, V5 (Assistant Administrator) confirmed the facility had not completed background checks with in 24 hours of admission for R4 and R6. 330.910a) Section 330.910 Personnel a) A facility shall not employ an individual as a nurse aide or a person who performs these types of duties unless the facility has inquired of the Department as to information in the Registry concerning the individual. (Section 3-206.01 of	S9999		

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S9999	Continued From page 2 the Act) The Department shall advise the inquirer if the individual is on the Registry, if the individual has findings of abuse, neglect or misappropriation of property in accordance with Sections 3-206.01 and 3-206.02 of the Act, and if the individual has a current background check. (See Section 330.911 of this Part.) This requirement was not met as evidenced by: Based on interview and record review, the facility failed to inquire about information in the Health Care Registry for new employees prior to employment. This has the potential to affect all 35 residents in the facility. The findings include: When asked for the criminal background checks for the last 5 new hires for the facility V5, Assistant administrator brought documents entitled "Livescan Fingerprint Request" for the following: (1) V6, Aide had a hire date listed as 9/8/2020 and the Live Scan request form has a request date of 9/15/2021 that has not been completed. (2) V7, Aide had a hire date listed as 7/12/21 and the Live Scan request form has a request date of 2/10/21 that has not been completed. (3) V4, Aide/cook had a hire date listed as 9/14/2020 and the Live Scan request form has a request date of 9/15/2020 that has not been completed. (4) V9, Aide has a hire date listed as 9/8/2020, and the Live Scan date request form has a request date of 9/15/2020 that has not been completed. On 7/21/2021 at 12:02 PM, V5 said they did not have any other information from the registry available. On 7/20/2021 at 2:35 PM, When asked about criminal background checks for employees, V1,	S9999		

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S9999	Continued From page 3 Administrator said the criminal background checks has not been done in a while and the fingerprints have not been completed. On 7/21/2021 at 12:02 PM, V5, Assistant Administrator said V11, Employee at a sister facility is notified of newly employed employees and he does them (criminal background checks), then sends the fingerprint form back that is needed to take to the fingerprint provider with the employee. V5 said new employees have not had fingerprints completed in a while and two of the last 4 newly hired employees have already quit, so they will not be taken to get their fingerprint scans. According to the staff schedule provided by V1 on 7/20/21, V4, V6 and V7 had a title of Aide. Section 330.911 Health Care Worker Background Check A facility shall comply with the Health Care Worker Background Check Act [225 ILCS 46] and the Health Care Worker Background Check Code (77 Ill. Adm. Code 955). (Source: Amended at 29 Ill. Reg. 12891, effective August 2, 2005) Section 955.165 Fingerprint-Based Criminal History Records Check b) If the individual has not had a background check or is not active on the Health Care Worker Registry, then the health care employer shall initiate a fingerprint-based criminal history records check. (Section 33(g) of the Act) This requirement was not met as evidenced by: Based on interview and record review, the facility	S9999		

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S9999	Continued From page 4 failed to perform background checks for new employees prior to employment. This has the potential to affect all 35 residents in the facility. The findings include: When asked for the criminal background checks for the last 5 new hires for the facility V5, Assistant administrator brought documents entitled "Livescan Fingerprint Request" for the following: (1) V6, Aide had a hire date listed as 9/8/2020 and the Live Scan request form has a request date of 9/15/2021 that has not been completed. (2) V7, Aide had a hire date listed as 7/12/21 and the Live Scan request form has a request date of 2/10/21 that has not been completed. (3) V4, Aide/cook had a hire date listed as 9/14/2020 and the Live Scan request form has a request date of 9/15/2020 that has not been completed. (4) V9, Aide has a hire date listed as 9/8/2020, and the Live Scan date request form has a request date of 9/15/2020 that has not been completed. On 7/20/2021 at 2:35 PM, When asked about criminal background checks for employees, V1, Administrator said the criminal background checks has not been done in a while and the fingerprints have not been completed. On 7/21/2021 at 12:02 PM, V5, Assistant Administrator said V11, Employee at a sister facility is notified of newly employed employees and he does them (criminal background checks), then sends the fingerprint form back that is needed to take to the fingerprint provider with the employee. V5 said new employees have not had fingerprints completed in a while and two of the last 4 newly hired employees have already quit, so they will not be taken to get their fingerprint	S9999		

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S9999	Continued From page 5 scans. According to the staff schedule provided by V1 on 7/20/21, V4, V6 and V7 had a title of Aide. (C) 2/3 330.920d) Section 330.920 Consultation Services d) If the facility does not employ a registered professional nurse, the facility shall arrange for consultation from a registered nurse. The consultant shall assist with developing policies, methods and procedures relating to the medical program, medication, in-service on these medications and in-service training on all aspects of personal care. (Source: Amended at 26 Ill. Reg. 10559, effective July 1, 2002) This requirement was not met as evidenced by: Based on interview and record review the facility failed to arrange for the consultation of a registered professional nurse to provide in-service on prescribed medications and resident personal care. This has the potential to affect all 35 residents of the facility. The findings include: On 7/20/2021 at 10:42 AM, V1, Administrator said he had not had a registered nurse consultant at the facility for a long period of time. Exactly how long he did not know but he said he had been looking for a while and had placed ads in the local news paper and did not have any candidates. V1 also said he only has one licensed staff member in the facility a Licensed Practical Nurse that	S9999		

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S9999	Continued From page 6 works on occasion. On 7/21/2021 at 11:30 AM, V2, Aide said he was unfamiliar with the diagnosis, care and medical follow-up of a cancer diagnosis for R2. A Document entitled Medication Administration in a notebook in the nurses station that says "Policy and Procedure for Residents All Employees Are To Read!" with a revised date of 9/5/2013 states under number 8 "All medications will be ordered by a Licensed Practical Nurse or the Registered Nurse consultant." On 7/21/2021 at 1:10 PM, V5 (Assistant Administrator) stated they haven't had a nurse working at the facility for approximately a year. V5 stated if they have a medical question/concern they call the physician who is only available during regular business hours. V5 stated if they have an emergency after hours, they take the residents to the emergency room. V5 stated they do not have a nurse to check the accuracy of the physician order sheets to ensure residents are getting the correct medications. V5 stated they don't have anyone who can train staff on signs/symptoms to monitor for and report. 330.1110e) Section 330.1110 Medical Care Policies e) Each resident admitted shall have a complete physical examination, within five days prior to admission, or within 72 hours after admission to the facility. This examination shall include documentation of the presence or the absence of tuberculosis infection by tuberculin skin test in accordance with Section 330.1135 and an evaluation of the resident's condition and recommendations for his care including personal	S9999		

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S9999	Continued From page 7 care needs and permission for participation in the activity program. (See Section 330.1310(c).) This requirement was not met as evidenced by: Based on interview and record review the facility failed to ensure physical examinations were completed by a physician in a timely manner for 2 of 6 (R4 and R6) residents reviewed for physician services in the sample of 11. Findings Include: 1. R4's facility face sheet (not dated) documents R4 was admitted to the facility on 6/16/21 with diagnoses that include schizophrenia, asthma, depression, low intellectual function, and chronic substance abuse. R4's medical record documents R4 was evaluated by his physician on 6/30/2021. On 7/21/21 at 2:11 PM V5 (Assistant Administrator) stated R4 was first seen by V12 (physician) on 6/30/2021 and was not evaluated by V12 within 72 hours of moving to the facility. 2. R6's face sheet (not dated) documents R6 was admitted to the facility on 3/24/2021 with diagnoses that include anxiety and manic depression. R6's medical record did not document a physical assessment by a physician. On 7/21/21 at 2:11 PM V5 (Assistant Administrator) stated R6 was first evaluated by V12 (physician) on 4/6/2021. V5 confirmed R4 was not evaluated by a physician within 72 hours of moving to the facility.	S9999		

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S9999	Continued From page 8 330.1135 Section 330.1135 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). (Source: Amended at 23 Ill. Reg. 8064, effective July 15, 1999) Section 696.130 Responsibilities of Health Care Settings 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. b) Written Plans. A written TB infection control plan shall be developed that includes: protocols for the screening and management of latent TB infection among health care workers and clients; protocols for the screening, diagnosis and management of active TB disease among health care workers and clients; data collection; evaluation of data; reporting of persons with suspected or confirmed active TB disease to the local TB control authority; and a health care worker education program. All components of the plan shall reflect compliance with this Part. The plan shall include the name of the person or persons responsible for the TB prevention and	S9999		

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S9999	Continued From page 9 control program at each health care setting; procedures to protect health care workers and clients from contracting tuberculosis; and a referral mechanism to ensure that transmission of TB is prevented and treatment is completed for clients with TB who leave the health care settings. The written plan shall be updated at least annually. (See the Guidelines for Health-Care Settings.) This requirement was not met as evidenced by: Based on record review and interview, the facility failed to develop and implement a Tuberculosis Infection and Prevention program for resident and employees. This has the potential to affect all 35 residents in the facility. The findings include: On 7/22/21 at 9:35am, V1 (Administrator) said he has not seen a Tuberculosis control and prevention plan since he has been here. V1 said he thinks they screen residents but isn't for sure it is always done. V1 also said he knows they are supposed to do screenings upon admission for residents and for employees. V1 also said he has never spoke with the local health department regarding tuberculosis control and prevention. V1 said he thinks they screen new employees but said he don't think they have screened the last couple of employees. V5(Assistant Administrator) said they do not have records of resident TB screenings here at the facility. V5 said she would have to call the local health department or physician's office to obtain records. Review of R2's medical record document that R2 had a Tuberculosis skin test TB on 2/5/19. On 7/21/21 at 1:45pm, V5 (Assistant Administrator)	S9999		

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S9999	Continued From page 10 said she has no documentation of R2 having a TB (tuberculosis) skin test after 2019. Review of facility policy book indicate there was no policy or procedure for TB prevention and control or education for the staff. According to the facility hourly bed check resident list received upon entrance lists 35 residents. 330.1160a) 330.1160b) Section 330.1160 Vaccinations a) A facility shall annually administer or arrange for a vaccination against influenza to each resident, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention that are most recent to the time of vaccination, unless the vaccination is medically contraindicated or the resident has refused the vaccine. Influenza vaccinations for all residents age 65 and over shall be completed by November 30 of each year or as soon as practicable if vaccine supplies are not available before November 1. Residents admitted after November 30, during the flu season, and until February 1 shall, as medically appropriate, receive an influenza vaccination prior to or upon admission or as soon as practicable if vaccine supplies are not available at the time of the admission, unless the vaccine is medically contraindicated or the resident has refused the vaccine. (Section 2-213 of the Act) b) A facility shall document in the resident's medical record that an annual vaccination against influenza was administered, refused or medically contraindicated. (Section 2-213 of the Act)	S9999		

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S9999	Continued From page 11 This requirement was not met as evidenced by: Based on interview and record review the facility failed to document the administration, or refusal of the annual flu vaccine and failed to administer or arrange for annual flu vaccinations for 3 of 6 (R1, R3, and R5) residents reviewed for immunizations in the sample of 11. Findings Include: 1. R5's face sheet documents R5 was admitted to the facility on 1/23/2019 with diagnoses that include depression, anxiety, schizophrenia, chronic bronchitis, and gastroesophageal reflux disease. R5's medical record did not document a flu vaccine had been administered and/or declined by R5. On 7/22/2021 at 10:46 AM, V5 (Assistant Administrator) stated she did not have documentation R5 had received a flu vaccine since 2017. V5 stated probably none of the residents have had the flu vaccine since 2017. 2. R1 was admitted to the facility on 11/20/19. No documentation was provided on R1 receiving influenza vaccine. No documentation was provided on offering or refusal of vaccine. 3. R3 was admitted to the facility on 5/1/08. R3 is 49 years of age. No documentation was provided on R3 receiving the influenza vaccine. No documentation was provided on offering or refusal of the vaccine On 7/21/21 at 1:45 PM, V5 said as far as	S9999		

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S9999	Continued From page 12 vaccines, she does not know. She said if they want a flu shot they can get it. She said if it's done, it is done at the doctor's office or the health department. She said with them not having a Registered Nurse they have no way of doing them here. V5 said that the local health department or physician's office do not send them reports of the visits. 330.1310c)1) 330.1310c)4) 330.1310g) Section 330.1310 Activity Program c) Activity Director and Consultation 1) A trained staff person shall be designated as activity director and shall be responsible for planning and directing the activities program. This person shall be regularly scheduled to be on duty in the facility at least four days per week. 4) Except for individuals qualified as a CTRS, OTR/L, LSW or LCSW as listed in subsection (c)(2) of this Section, any person hired as an activity director after November 1, 2000 shall have taken a 36-hour basic orientation course or shall register to take a 36-hour basic orientation course within 90 days after employment and shall complete the course within 180 days after employment. This course shall be recognized by an accredited college or university or a nationally recognized continuing education sponsor following the guidelines of the International Association for Continuing Education and Training and include at least the following: resident rights; activity care planning for quality of life, human wellness and self-esteem; etiology and symptomatology of persons who are aged, developmentally disabled or mentally ill;	S9999		

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S9999	Continued From page 13 therapeutic approaches; philosophy and design of activity programs; activity program resources; program evaluation; practitioner behavior and ethics; resident assessment and supportive documentation; standards and regulations concerning activity programs; management and administration. Individuals who have previously taken a 36-hour basic orientation course, a 42-hour basic activity course or a 90-hour basic education course shall be considered to have met this requirement. g) The facility shall provide a specific, planned program of individual(including self-initiated) and group activities that are aimed at improving, maintaining, or minimizing decline in the resident's functional status, and at promoting well-being. The program shall be designed in accordance with the individual resident's needs, based on past and present lifestyle, cultural/ethnic background, interests, capabilities, and tolerance. Activities shall be daily and shall reflect the schedules, choices, and rights of the residents (e.g., morning, afternoon, evenings and weekends). The residents shall be given opportunities to contribute to planning, preparing, conducting, concluding and evaluating the activity program. This requirement was not met as evidenced by: Based on observation, interview, and record review the facility failed to implement an activities program, ensure the activity director was qualified and at the facility four days a week. This has the potential to affect all 35 residents residing at the facility. Findings Include:	S9999		

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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	Continued From page 14 The July 2021 monthly activity calendar documents the following activities were scheduled; 7/20/2021 10:00 AM exercise, 2:00 PM Mary Jo, 6:00 PM moon day, 7/21/2021 8:00 AM music, 10:00 AM walk, 1:00 PM craft, 6:00 PM popcorn social, 7/22/2021 8:00 AM music, 10:00 AM exercise, 1:00 PM bingo, and 6:00 PM staff choice. On 7/20/2021 exercise was not observed at 10:00 AM and Mary Jo was not observed at 2:00 PM. On 7/21/2021 a walk was not observed at 10:00 AM and a craft was not observed at 1:00 PM. On 7/22/2021 music at 8:00 AM was not observed. On 7/22/2021 at 9:15 AM after reviewing the monthly activities calendar, V13 (Activities Director) stated the music in the morning is done independently by the residents, the activity listed as Mary Jo is a Bible study done by a volunteer and she did not show up this week, and the activity of walking and a craft on 7/21/2021 did not occur because she had to take a resident to an appointment. When asked what her work schedule was V13 stated she works Wednesday, Thursday, and Friday each week. On 7/22/2021 at 1:35 PM V1 (Administrator) stated V13 (Activity Director) has worked at the facility since before he (V1) started working here in November of 2019. V1 stated V13 is working online to get the certification for activities. When asked when she started the online certificate program V1 stated she was working on it when he started working here in November of 2019. V1 confirmed V13 has worked as the activity director of the facility since prior to November 2019 and has been working on getting the certification since that time.	S9999		

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S9999	Continued From page 15 According to the facility hourly bed check resident list received upon entrance lists 35 residents. 330.1520a) Section 330.1520 Administration of Medication a) All medications taken by residents shall be self-administered, unless administered by personnel who are licensed to administer medications, in accordance with their respective licensing requirements. Licensed practical nurses shall have successfully completed a course in pharmacology or have at least one year's full-time supervised experience in administering medications in a health care setting if their duties include administering medications to residents. This requirement was not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure medications were self administered as ordered by the physician for 4 of 12 (R6, R9, R10, and R11) residents reviewed for medication administration in the sample of 11. Findings Include: 1. On 7/20/2021 at 4:05 PM, V14 (Certified Nursing Assistant) was observed assisting residents with self-administration of medications. V14 assisted R9 in self-administering medications that included metformin 1000 milligrams and benztropine 1 milligram. R9's Physician's Order Sheet dated 7/1/2021 to 7/31/2021 documents a physician order for benztropine 2 milligrams twice daily. R9's Physician's order sheet does not document a	S9999		

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S9999	Continued From page 16 physician order for metformin 1000 milligrams. On 7/21/2021 at 3:00 PM, V5 (Assistant Administrator) confirmed R9 should have received benztropine 2 milligram. V5 confirmed there was no physician order on R9's physician's order sheet for metformin 1000 milligrams. V5 stated R9 gets his medications filled at the VA (Veterans Administration) and they don't send over current records. V5 stated the VA notifies the facility by phone if there is a change and then mails the medications to the facility. V5 stated they did not have a current physician orders for R9. V5 stated the facility does not have a nurse consultant who can review the physician orders for the residents and ensure they are accurate. 2. On 7/20/21 at 11:20 AM R11 was observed to be given Buspirone 10 mg 2 tabs by mouth by V2 (Aide). Review of R11's Physician's orders dated 7/1/21-7/31/21 document R11 was admitted to the facility on 8/1/2012. Review of R11's MAR (Medication Administration Record) dated 7/1/21-7/31/21 note Buspirone 10mg. Take 2 tabs TID (Three times daily). R11's Physician's orders dated 7/1/21-7/31-21 indicate that there is not an order for Buspirone. 3. On 7/20/21 at 11:42 am, R6 was observed to be given Ibuprofen 800 mg by mouth with water by V2. Review of R6's Physician's orders dated 7/1/21-7/31/21 note that R6 was admitted to the facility on 4/1/21. The same Physician's orders note that there is not an order for Ibuprofen 800 mg TID as needed. Review of R6's MAR (Medication Administration record) note that R6	S9999		

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S9999	Continued From page 17 can have Ibuprofen 800 mg by mouth three times a day as needed take with food or milk for 10 days. The same MAR notes a start date of 6/30/21. 3. On 7/20/21 at 11:38am, V2 was observed assisting R10 with his medications. V2 gave R10 the Metronidazol Cream 0.7% for his face. R10 left the medication room entrance. R10 was not administered duoneb. Review of R10's Physician's orders dated 7/1/21-7/31/21 note an order for Ipratropoim/Sol Albuter, Sub for: Duoneb Solution 1 vial per neb every 6 hours. Review of the MAR dated 7/1/21-7/31/21 note the order Duoneb Solution per Neb was Discontinued. On 7/22/2021 at 1:05 PM V1 (Administrator) stated the facility staff should be ensuring medications are taken as ordered. When asked who is responsible for reviewing and updating physician order sheets to ensure they are accurate V1 stated they try to get the physician to but if they can't V1 or V5 (Assistant Administrator) would update them. When asked if it should be a licensed or registered nurse updating and reviewing the physician orders, V1 stated they don't have a nurse and haven't been able to get one hired so he (V1) and/or V5 have to do it. (B) 3/3 330.2210a)1) 330.2210a)2) Section 330.2210 Maintenance a) Every facility shall have an effective written plan for maintenance, including sufficient staff,	S9999		

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S9999	Continued From page 18 appropriate equipment, and adequate supplies. Each facility shall: (B) 1) Maintain the building in good repair, safe and free of the following: cracks in floors, walls, or ceilings; peeling wallpaper or paint; warped or loose boards; warped, broken, loose, or cracked floor coverings, such as tile or linoleum; loose handrails or railings; loose or broken window panes, and any other similar hazards. (B) 2) Maintain all electrical, signaling, mechanical, water supply, heating, fire protection, and sewage disposal systems in safe, clean and functioning condition. This shall include regular inspections of these systems. (A, B) This requirement was not met as evidenced by: Based on observation and interview the facility failed to maintain the ceiling and sprinkler system in the dining room in good repair. This has the potential to affect all 35 residents in the facility. The findings include: Upon initial tour on 7/20/21 at 10:15 AM, in the resident dining room a 4 foot by 6 foot area is missing the ceiling and yellow/reddish rolled insulation is exposed and hanging down between the ceiling joists. Wires as well as pipes from the sprinkler system is exposed as well. On 7/20/21 at 10:42 AM V1, Administrator said a pipe burst, and water was pouring in from the ceiling about a month ago. V1 was unsure of the exact date. He said the ceiling in the dining room happened about a month ago. V1 said the materials were available to have it fixed but there are discussions with the insurance company	S9999		

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S9999	Continued From page 19 about getting payment for the materials and the repairs will occur after it gets settled with the insurance company. On 7/20/2021 at 11:19 AM V8, Ombudsman said she was in the facility a couple of months ago and the ceiling in the dining room was leaking and it has a big hole in the ceiling from the leak. V8 said someone from the facility told her it had just happened a day or two before her visit and that a pipe burst and the staff cleaned it up but the ceiling was not covered or fixed. 330.2220a)1) 330.2220a)2) Section 330.2220 Housekeeping a) Every facility shall have an effective plan for housekeeping including sufficient staff, appropriate equipment and adequate supplies. Each facility shall: 1) Keep the building in a clean, safe, and orderly condition. This includes all rooms, corridors, attics, basements, and storage areas. 2) Keep floors clean, as nonslip as possible, and free from tripping hazards including throw or scatter rugs. This requirement was not met as evidenced by: Based on observation and interview the facility failed to keep the building in a clean condition. This has the potential to affect all 35 residents residing at the facility. Findings Include: On 7/20/2021 10:30 AM observed all floors on the	S9999		

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S9999	Continued From page 20 west hallway to be dirty with brown and black spots down the hallway. This was observed on 7/21/2021 and 7/22/2021. On 7/20/2021 at 2:06 PM the window in the dining room with air conditioner unit and potted plants near the serving window was observed to have cobwebs covering the lower portion of the window with dead bugs hanging in the cobwebs and covering the bottom of the window sill. This was observed again on 7/21/2021 and 7/22/2021. On 7/20/2021, 7/21/2021, and 7/22/2021 tables were not observed to be cleaned after lunch until 3:00 PM or after. There were crumbs and spills on the tables in the dining room that is used by the residents throughout the day. On 7/20/2021 at 10:30 AM and again at 2:35 PM observed the men's bathroom on the west hall to have black stains around the commodes, foul odors, wet dirty floors, and flies. On 7/21/2021 at 9:37 AM, R7 stated the bathrooms are dirty. On 7/21/2021 at 9:43 AM, R1 stated the bathrooms are filthy. R1 stated the staff at the facility are supposed to clean them but he and other residents wear shoes in the shower to protect their feet. R1 stated he does not see the staff clean them and the residents usually clean them up when they take a shower. On 7/20/2021 at 2:35 PM, V1 (Administrator) stated staff are responsible for cleaning and mopping the floors. V1 confirmed the hallway floors needed to be cleaned. According to the facility hourly bed check resident	S9999		

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S9999	Continued From page 21 list received upon entrance lists 35 residents. 330.3420a) Section 330.3420 Fire Extinguishers, Electric Wiring, and Miscellaneous a) There shall be at least one approved fire extinguisher in all basements, furnace rooms, and kitchens. In addition, there shall be on each floor of the building, extinguishers located so a person will not have to travel more than 50 feet from any point to reach one. They shall be inspected annually and recharged when necessary. The date of checking and recharging shall be recorded on a tag attached to the extinguisher. (A, B) (Source: Amended at 13 Ill. Reg. 6562, effective April 17, 1989) This requirement was not met as evidenced by: Based on interview, observation and record review the facility failed to inspect and recharge the fire extinguishers annually. This has the potential to affect all 35 residents in the facility. The findings include: Upon initial tour of the facility both fire extinguishers in both West and East wings of the facility had a green tag attached to the extinguisher that lists the extinguishers as an ABC (Dry Chemical) extinguisher and lists a service date of October, 2018. The round gage of the fire extinguisher on the West wing lists a red area of recharge, and overcharged and a green area in the center. This gage on the trigger handle of the extinguisher has	S9999		

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S9999	Continued From page 22 a yellow needle stationary over the section of the gage that says recharge, indicating the fire extinguisher needs to be serviced and recharged. The green tags on the ABC (Dry Chemical) fire extinguishers located on the East Wing, and kitchen and the Class K fire extinguisher located in the kitchen all three have green tags that list a service date of October, 2018. On July 20, 2021 at 1:54 PM, V3, Cook said she did not know why the tags on the fire extinguishers had 2018 on them. On July 20, 2021 at 1:07 PM V1, Administrator said he did not know who serviced the fire extinguishers and that he had called the sprinkler system contractor to check on it but has not heard anything from them as of yet. The facility Magnolia Manor Hourly Bedcheck document with the resident names and room numbers listed has a list that was verified by V1, as having 35 residents in the facility. 330.3640d 330.3640e) 330.3640f) 330.3640h) 330.3640i) Section 330.3650 Bath and Toilet Rooms d) Every existing facility shall have bathroom fixtures of substantial construction, in good repair and design, so that they may be satisfactorily cleaned. All toilets, showers, and bathtubs shall be provided with satisfactory handgrips to assist residents in using them.	S9999		

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S9999	Continued From page 23 e) Every existing facility shall have each toilet and bathroom adequately lighted, have a light switch just inside or outside the door, and be provided with a well-lighted mirror for each lavatory. f) Every existing facility shall have all bath and toilet rooms conveniently located and ventilated to the outside atmosphere either by a window or an exhaust fan. No such room shall open directly into a kitchen, dining room, pantry, food preparation or food storage room. Neither shall it be so located that a resident must pass through any such area to reach it. h) Every existing facility shall have partial partitions or cubical curtains to afford privacy for each toilet and bath fixture when there are more than one of each type fixture in a room. i) Every existing facility shall have toilet enclosures. This requirement was not met as evidenced by: Based on observation, interview and record review the facility failed to: maintain bathroom fixtures and flooring in good repair to allow for adequate cleaning, provide privacy, have adequate lighting or a working exhaust fan. This has the potential to affect all 35 residents in the facility. The findings include: On 7/20/2021 at 10:30 AM observed men's restroom on men's hallway with a black floor in front of both commodes. R2 stated they only had the one dim light in the bathroom labeled men's bathroom located on the west hallway. R2 stated	S9999		

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S9999	Continued From page 24 the other light in the bathroom was broken and that is why the lighting was so dim. On 7/20/2021 at 10:50 AM observed 6 broken floor tiles in women's shower room on the east hallway. On 7/21/2021 at 9:15 AM the South bath/shower room on the West wing had no working exhaust fan, or floor covering with spotty grey peeling painted concrete. The wall tile is missing on the back wall of the toilet area exposing the wall board, the urinal is covered with a taped plastic bag, feces is covering the toilet seat, strong feces odor noted in the entire room and an exposed light bulb without a cover is located over the mirror on the wall. Lighting in the bathroom is poor and there are no curtains or toilet enclosures for privacy. On 7/21/2021 at 9:18 AM the North bath/shower room on the West wing has tile missing behind the toilet wall, with black stained areas around the floor tile edges, with raised edges around the toilet and tub area. The light in the area is poor with light bulbs missing or no longer in working order. There are no curtains or toilet enclosures for privacy. On 7/21/2021 at 9:23 AM the South bath/shower room on the East wing has 4 broken crumbling floor tiles in front of the shower exposing black colored material on the subfloor under the tile. Tile is missing on the wall and floor behind the toilet exposing the wall board. The wall heater is rusted, and the ceiling light is not working resulting in poor lighting in the bath/shower room. There are no curtains or toilet enclosures for privacy.	S9999		

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S9999	Continued From page 25 On 7/21/2021 at 9:26 AM the North bath/shower room on the East wing has no light cover over the light resulting in an exposed light bulb, no mirror and tile on the wall to the shower/tub is missing exposing the wall board. There are no curtains or toilet enclosures for privacy. On 7/21/21 at 9:37 AM R7 said he uses the community bathroom on the West wing and the light in the bathroom was supposed to be fixed today and it had been out for a while. He said he has an electric razor but has some difficulty seeing in the bathrooms to shave. R7 also said the bathrooms were dirty and needed to be cleaned and fixed. On 7/21/2021 at 9:43 AM R1 said the bathroom tile on the West wing has been crumbling for a long time and the bathrooms are filthy. He said the staff at the facility was suppose to clean them but he and other residents wear shoes into the shower to protect their feet and he dose not see the staff clean the bathrooms and the residents usually clean them up when they take a shower. R1 also said it was hard for him to see to shave, so he usually shaves in his bathroom attached to his room. On 7/21/2021 at 9:56 AM, R8 said he has not been here very long and he mostly uses the community bathrooms on the East wing and occasionally on the West wing. He said the lighting in the bathrooms on both halls are not very bright and he had difficulty seeing to shave in them. He also said the North bathroom on the East wing does not have a mirror in the bathroom to use to see to shave. On 7/20/2021 at 2:35 PM V1 (Administrator) stated the missing tiles in the bathrooms and the	S9999		

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S9999	Continued From page 26 black covered tiles surrounding the toilet in the men's bathroom on the west hallway was something that needed to be replaced. V1 stated "it is all in the works." When asked if there was an expected date the repairs would be completed V1 stated he has talked with the owners about needing the work done. V1 stated the floors in the bathrooms have been that way since he started working at the facility approximately two years ago. V1 stated they have just gotten worse over time. When asked about the light in the bathroom V1 stated he knows it was working last week and it will need to be replaced. The resident council minutes for April, May, 2021 indicate under Old Business as "Keeping areas clean" and for June, 2021 "Keeping clean bathrooms." (C)	S9999		