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: \_ IL6005144 B. WING 03/03/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 JENKISSON CLARIDGE HEALTHCARE CENTER LAKE BLUFF, IL 60044 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 Initial Comments S 000 Annual Licensure and Certification Survey \$9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.696a) 300,1210b) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.696 Infection Control a) Policies and procedures for investigating, Attachment A Statement of Licensure Violations controlling, and preventing infections in the facility shall be established and followed. The policies Illinois Department of Public Health

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

TITLE

(X6) DATE

LPLB11

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATI	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
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LAKE BLUFF, IL 60044							
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	include the requiren Communicable Dise 690) and Control of Diseases Code (77 Activities shall be m policies and procedo Section 300.1210 Control of Nursing and Person b) The facility shall and services to attain practicable physical, well-being of the reseach resident's complan. Adequate and care and personal communications in the research resident's complan.	General Requirements for al Care  provide the necessary care in or maintain the highest mental, and psychological ident, in accordance with prehensive resident care properly supervised nursing are shall be provided to each total nursing and personal					
y di	Section 300.3240 A	buse and Neglect					
9.90	agent of a facility sha	e, administrator, employee or all not abuse or neglect a ction 2-107 of the Act)					
	These requirements	were not met evidencded by:			7		
	review, the facility fail control policies and r	n, interview, and record iled to implement infection recommendations from the Control (CDC) regarding					

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2/26/21 at 1:00 AM.

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The manufacturers N95 Direction for Application

demonstration of the N95 mask application showing the mask being applied to a bare face that is absent of facial hair or a mask. The explanation for Figure 10 shows, continue to adjust the respirator and secure the edges until

dated 12/11/2019 shows, a pictorial

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