

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/28/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THRIVE OF LAKE COUNTY	STREET ADDRESS, CITY, STATE, ZIP CODE 850 E US HIGHWAY 45 MUNDELEIN, IL 60060
--	---

(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
S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.696a) 300.696c)6)7) 300.1020a) 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, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/28/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THRIVE OF LAKE COUNTY	STREET ADDRESS, CITY, STATE, ZIP CODE 850 E US HIGHWAY 45 MUNDELEIN, IL 60060
--	---

(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>Continued From page 1</p> <p>690) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed.</p> <p>c) Each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services (see Section 300.340):</p> <p>6) Guideline for Isolation Precautions in Hospitals</p> <p>7) Guidelines for Infection Control in Health Care Personnel</p> <p>Section 300.1020 Communicable Disease Policies</p> <p>a) The facility shall comply with the Control of Communicable Diseases Code (77 Ill. Adm. Code 690).</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These regulations are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to follow recommended guidelines from Centers for Disease Control (CDC) by not wearing appropriate Personal</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/28/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

THRIVE OF LAKE COUNTY **850 E US HIGHWAY 45**
MUNDELEIN, IL 60060

(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>Continued From page 2</p> <p>Protective Equipment (PPE) when caring for residents exposed to known staff members' positive for COVID-19 and new admissions on transmission based precautions (contact/droplet precautions). The facility also failed to have appropriate signage up for residents that are on transmission based precautions (contact/droplet precautions). These failures have the potential to infect high risk residents with COVID-19 and spread COVID-19 to negative residents. This has the potential to affect all 123 residents residing in the facility.</p> <p>Findings include:</p> <p>The isolation list provided by the facility on April 27, 2021 shows, all of 4000 unit, 5000 unit, 7000 unit, and 8000 unit/hallways are on contact/droplet isolation for COVID-19 exposure.</p> <p>The facility's vaccinated staff and residents as of April 26, 2021 shows, "staff: 56.95%; residents: 71%."</p> <p>On April 26, 2021, at 9:33 AM, R10 (7000 unit/hallway) stated, "the whole hallway was on quarantine for COVID-19 exposure." There was no sign on his door or any other resident's door stating the unit (7000 and 8000 units/hallways) were on any type of isolation/transmission based precautions.</p> <p>The doors to the 7000 unit (divides them from the 6000 unit) were closed. There were no signs on the doors to state that the unit was on any type of isolation/transmission based precautions.</p> <p>On April 26, 2021, at 9:36 AM, V6 Licensed Practical Nurse (LPN) for the 7000 unit/hallway stated, both hallways (7000 and 8000 units/hallways) were on quarantine because they</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/28/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THRIVE OF LAKE COUNTY	STREET ADDRESS, CITY, STATE, ZIP CODE 850 E US HIGHWAY 45 MUNDELEIN, IL 60060
--	---

(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>Continued From page 3</p> <p>were exposed to a positive staff member. She stated, they do not wear gowns because no one is positive on the units (7000 & 8000 unit/hallways).</p> <p>On April 26, 2021, at 9:33 AM, V5 Registered Nurse (RN) for the 8000 unit/hallway, was passing medications to the residents residing on the 8000 unit. He was going in and out of resident rooms, not wearing a gown or gloves. He also was wearing a surgical face mask under an N95 face mask.</p> <p>On April 26, 2021, at 9:47 AM, V7 Certified Nursing Assistant (CNA) was in R14's (8000 unit/hallway) room. She was not wearing a gown or gloves. When she came out of the room she stated, the residents were on quarantine because a student who comes here and provides direct care from nursing school was tested positive for COVID-19. They have been on quarantine for a week now. She stated, they only have to wear a gown if they are providing direct patient care.</p> <p>On April 26, 2021, at 9:56 AM, V8 CNA was in R64 and R55's room (7000 unit/hallway). She was not wearing a gown or gloves.</p> <p>On April 26, 2021, at 9:57 AM, V9 housekeeper, was cleaning R103 and R58's room (7000 unit/hallway). She was wearing a surgical mask and face shield. She did not have on an N95 mask, gown, or gloves. When she was done cleaning R103 and R58's room she went to R25 and R75's room to clean. She did not put on a gown or gloves to go into their room. At 10:42 AM, she was in R11 and R44's room (7000 unit/hallway), cleaning. She did not have on a gown or gloves. She stated, she cleans 6000 unit (not on quarantine/transmission based</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/28/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THRIVE OF LAKE COUNTY	STREET ADDRESS, CITY, STATE, ZIP CODE 850 E US HIGHWAY 45 MUNDELEIN, IL 60060
--	---

(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>Continued From page 4</p> <p>precautions), 7000 unit, and half of 8000 unit during her shift. The other housekeeper who cleans the memory care unit (not on quarantine/transmission based precautions) does the other half of the 8000 unit. She stated, that she was only wearing a surgical mask because they told her she didn't need an N95 face masks. She wasn't close enough to the residents (just cleaning their rooms). She also stated, she does not wear a gown because their doors do not have a sign on them showing that she needs to wear one. "If the room had a sign on it, I would wear a gown."</p> <p>On April 26, 2021, at 9:57 AM, V4 Infection Control Nurse stated, the 7000 and 8000 unit/hallway was on quarantine for being exposed on April 15, 2021 to a nursing student that tested positive for COVID-19. The 4000 and 5000 unit/hallway (New admission/PUI (persons under investigated)) unit is also on quarantine because they were exposed to a positive staff member who test positive for COVID-19 on April 22, 2021. The new admission/PUI unit (4000 & 5000 units/hallway) was/is already on contact/droplet isolation because of the guidelines for COVID-19 so they just continued with that until their exposure date is up (14 days past exposure). She also stated, there are signs on the doors on the 4000/5000 unit, alerting staff to isolation precautions. On the 7000/8000 unit, she stated, "the staff just know they are on quarantine." She was the person that is supposed to put the signs up. She hadn't put any signs up on the 7000/8000 unit/hallway. She also stated, that all staff should be wearing N95 face masks, face shields, gowns, and gloves because "we don't know if they are infected or not."</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/28/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THRIVE OF LAKE COUNTY	STREET ADDRESS, CITY, STATE, ZIP CODE 850 E US HIGHWAY 45 MUNDELEIN, IL 60060
--	---

(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>Continued From page 5</p> <p>On April 26, 2021, at 10:11 AM, the 5000 unit/hallway resident rooms did not have any signage on the doors saying they are on contact/droplet isolation.</p> <p>On April 26, 2021, at 10:12 AM, V12 housekeeper, was cleaning R46's (on 4000 unit/hallway) room. She was wearing 2 surgical masks. She was not wearing an N95 face mask. She stated, she was not given an N95 face mask to wear. She also stated, she cleans all of the rooms on the 4000 and 5000 unit/hallway.</p> <p>On April 26, 2021, at 11:01 AM, V10 laundry aide was delivering laundry to the residents on the 7000 unit/hallway. She was walking in and out of rooms without a gown or gloves on. She was wearing a surgical face mask. She was not wearing an N95 face mask. She stated, she delivers laundry to all of the residents in the facility.</p> <p>On April 26, 2021, at 11:04 AM, V11 Restorative CNA came out of a resident room on the 7000 unit/hallway. She stated, she works in restorative but if they are short on the floor, they pull her from restorative and she works the floor. She works wherever they need her too. Last week she worked on 7000 unit/hallway and on the memory care unit. She also stated, they don't wear anything in the resident's room on the 7000 or 8000 unit/hallway, just their face masks and face shields.</p> <p>On April 26, 2021, at 11:09 AM, V13 Social Worker, was in R103's room (7000 unit/hallway) helping him with some of his stuff. She was looking through CD's and talking with the resident. She was wearing a surgical mask and face shield. She did not have on a gown, gloves,</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/28/2021
NAME OF PROVIDER OR SUPPLIER THRIVE OF LAKE COUNTY		STREET ADDRESS, CITY, STATE, ZIP CODE 850 E US HIGHWAY 45 MUNDELEIN, IL 60060		
(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>Continued From page 6</p> <p>or N95 face mask. She stated, she is the social worker for the 6000, 7000, & 8000 unit/hallways.</p> <p>On April 26, 2021, at 12:50 PM, V3 Nurse Liaison stated, that residents on quarantine (7000 & 8000 unit/hallway) are on contact/droplet precautions for being exposed to a nursing student. The residents on 4000 and 5000 unit/hallway are also on quarantine in addition to their isolation precautions for being new admits. All staff should be wearing full PPE (gown, gloves, N95 face masks, and face shields).</p> <p>On April 27, 2021, at 8:58 AM, V1 Administrator stated, they have not had any problems with PPE. "We have been fortunate with PPE."</p> <p>The CDC's Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination last updated on March 10, 2021 shows, "2. Work restriction for asymptomatic healthcare personnel and quarantine for asymptomatic patients and residents. The following recommendations are based on what is known about currently available COVID-19 vaccines. These recommendations will be updated as additional information, including regarding the ability of currently authorized vaccines to protect against infection with novel variants and the effectiveness of additional authorized vaccines, becomes available. This could result in additional circumstances when work restrictions for fully vaccinated HCP are recommended ... Fully vaccinated inpatients and residents in healthcare settings should continue to quarantine following prolonged close contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection; outpatients should be cared for using recommended</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/28/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THRIVE OF LAKE COUNTY	STREET ADDRESS, CITY, STATE, ZIP CODE 850 E US HIGHWAY 45 MUNDELEIN, IL 60060
--	---

(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>Continued From page 7</p> <p>Transmission-Based Precautions. This is due to limited information about vaccine effectiveness in this population, the higher risk of severe disease and death, and challenges with physical distancing in healthcare settings."</p> <p>The CDC's Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic last updated February 23, 2021 shows, "2. Recommended infection prevention and control (IPC) practices when caring for a patient with suspected or confirmed SARS-CoV-2 infection. The IPC recommendations described below also apply to patients who have met criteria for a 14-day quarantine based on prolonged close contact with someone with SARS-CoV-2 infection. Patients in this 14-day quarantine period should be isolated in a single-person room and cared for by HCP using all PPE recommended for a patient with suspected or confirmed SARS-CoV-2 infection."</p> <p>The facility's reopening plan dated March 22, 2021 shows, "8. Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene)." The same policy does not address the transmission based precautions/isolation precautions for COVID-19.</p> <p>The facility's care of a resident with COVID-19 policy dated July 17, 2020 shows, "2. If you have a suspected resident or resident become positive with COVID-19: ...ensure signage is posted for droplet precautions ... 6. PPE: ...For non COVID units with exposed residents: Required PPE:</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/28/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THRIVE OF LAKE COUNTY	STREET ADDRESS, CITY, STATE, ZIP CODE 850 E US HIGHWAY 45 MUNDELEIN, IL 60060
--	---

(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>Continued From page 8</p> <p>surgical masks unless N95 warranted, gloves, prioritization, eye protection (face shield or goggles) for the care of all patients/residents."</p> <p>The facility's droplet isolation policy dated April 20, 2020 shows, "Standard: Droplet transmission involves contact with an infectious organism of the conjunctiva, or mucous membranes of the nose or mouth. Droplets are generated from the source during coughing, sneezing or talking and during such procedures as suctioning. Transmission requires close contact between source and recipient, as droplets do not remain suspended in the air and generally travel short distances, 6 feet or less ... Procedure: 2. Gloves and handwashing, 3. Mask, 4. Goggles, 5. Gowns..."</p> <p>The Resident Census and Condition of Residents, CMS (Centers for Medicare and Medicaid) Form 672, for the facility shows there are 123 residents residing in the facility.</p> <p style="text-align: center;">"A"</p>	S9999		