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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 C IL6008726 B. WING 07/20/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **512 SOUTH FRANKLIN** SOUTH LAWN SHELTERED CARE **BUNKER HILL, IL 62014** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) **Initial Comments** S 000 S 000 Complaint Investigations: 2245124/IL148549 2245557/IL149067- No deficiency S9999 **Final Observations** S9999 Statement of Licensure Violations: 330.790 a) 330.790 b) 330.790 c)3) 330,790 c)4) Section 330.790 Infection Control 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 III. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 III. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed. b) A group, i.e., an infection control committee, quality assurance committee, or other facility entity, shall periodically review the results of investigations and activities to control infections. Depending on the services provided by the facility, 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. Attachment A Statement of Licensure Violations Department of Health and Human Services, as applicable (see Section 330.340): Guideline for Isolation Precautions in Illinois Department of Public Health

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

TITLE

(X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:  B. WING		(X3) DAT	(X3) DATE SURVEY COMPLETED C 07/20/2022	
_	IL6008726						
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S9999	Continued From page 1		S9999				
1981	Hospitals 4) Guidelir Health Care Person	nes for Infection Control in nel		f			
링	These requirements were NOT met evidenced by:						
	review, the facility fa Protective Equipmen	ons, interviews, and record tiled to wear Personal nt while in resident care ential to affect all 36 residents					
	Findings include:						
	(NA), was not wearir while interacting with	7:30 AM, V2, Nurse Assistant ng a face mask or goggles n the residents. V2 stated she wear Personal Protective					
	wearing a face mask with the residents. V	:30 AM, V3, NA, was not to goggles while interacting 3 stated she has not be told PPE while working with the	·				
	was not wearing a fa interacting with the re residents are only tes	:15 AM, V1, Administrator, ce mask or goggles while esidents. V1 stated staff and sted for COVID19 when they tated the Census was 36.					
	"https://covid.cdc.gov documented from 7/1	ase Control (CDC) website, //covid-data-tracker/index." 13/2022 to 7/19/2022, the sion rate was high for the s located in.					
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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 C B. WING IL6008726 07/20/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **512 SOUTH FRANKLIN SOUTH LAWN SHELTERED CARE** BUNKER HILL, IL 62014 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 The State of Illinois, Illinois Department of Public Health, "Updated Interim Guidance for Nursing Home and Other Licensed Long-Term Care Facilities", dated 3/22/2022, documented, "For those residents not suspected to have COVID-19. (Health Care Professionals) should use community transmission levels to determine the appropriate (Personal Protection Equipment) to wear. When community transmission levels are substantial or high: At a minimum, HCP must wear a weil-fitted mask at all times and eye protection while present in resident care areas. Facilities might consider having (Health Care Professionals) wear N95 respirators at all times while in the facility. (Health Care Professionals) are not required to wear eye protection for COVID-19 when working in non-resident care areas (e.g., offices, main kitchens, maintenance areas) when there are substantial or high community COVID-19 transmission levels. HCP should wear eye protection when entering the resident care areas." (B)