**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 IL6002737 B. WING 08/02/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1101 SOUTH THIRD STREET **EFFINGHAM TERRACE** EFFINGHAM, IL 62401 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) Z 000 **COMMENTS** Z 000 ANNUAL CERTIFICATION SURVEY-EXTENDED INSPECTION OF CARE **COVID-19 SURVEY** Z9999' FINDINGS Z9999 Statement of Licensure Violations: 350.620a) 350.760a) 350.769g) 350.769h)1)2)3) 350.1210 Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents, and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually. Section 350.760 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 Attachment A 690) and Control of Sexually Transmissible Statement of Licensure Violations Diseases Code (77 III. Adm. Code 693).

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

TITLE

(X6) DATE

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 B. WING IL6002737 08/02/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1101 SOUTH THIRD STREET **EFFINGHAM TERRACE** EFFINGHAM, IL 62401 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) Z9999 Continued From page 1 Z9999 Activities shall be monitored to ensure that these policies and procedures are followed. Section 350.769 - COVID-19 Vaccination of Facility Staff g) Each facility shall maintain a record of staff who are up to date on COVID-19 vaccinations. not up to date on COVID-19 vaccinations, and unvaccinated with an exemption pursuant to subsection (b)(3), and test results required per subsection (c). Facilities that are not required to report COVID-19 aggregate vaccination and testing data into the National Healthcare Safety Network (NHSN) shall report this data to the Department weekly utilizing the online form available at https://app.smartsheet.com/b/form/fa2d7abfb102 490b9d2622a2ba490744. h) The facility shall maintain documentation in each staff persona's confidential medical file, in accordance with federal and state privacy laws, regarding COVID-19 vaccinations and tests, including the following: 1) Proof of vaccination for the staff person; 2) The results of COVID-19 tests for each staff person; and 3) Written exemption from the vaccination. Section 350.1210 Health Services The facility shall provide all services necessary to maintain each resident in good physical health. These Regulations were not met as evidenced by: Based on observation, record review and

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interview, the facility failed to develop a process

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Review of the Guidance for the Interim Final

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wearing a surgical mask. They were working

PRINTED: 09/01/2022

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