PRINTED: 10/13/2022 FORM APPROVED

Illimois 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 IL6006738 09/14/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2944 GREENWOOD ACRES DRIVE OAKCREST **DEKALB, IL 60115** SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 **Annual Licensure and Certification** S9999 Final Observations S9999 Statement of Licensure Violation: 300.696b) Section 300.696 Infection Prevention and Control Written policies and procedures for surveillance, investigation, prevention, and control of infectious agents and healthcare-associated infections in the facility shall be established and followed, including for the appropriate use of personal protective equipment as provided in the Centers for Disease Control and Prevention's Guideline for Isolation Precautions, Hospital Respiratory Protection Program Toolkit, and the Occupational Safety and Health Administration's Respiratory Protection Guidance. The policies and procedures must be consistent with and include the requirements of the Control of Communicable Diseases Code, and the Control of Sexually Transmissible Infections Code. These Regulations are not met as evidenced by: Based on observation, interview and record review the facility failed to ensure staff wore N95 face masks when testing residents for COVID-19. This applies to all residents residing in the facility. The findings include: Attachment A The resident roster provided by facility dated Statement of Licensure Violations September 12, 2022, shows, there are 52 residents residing in the facility.

Illinois Department of Public Health

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

TITLE

(X6) DATE

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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:** COMPLETED A. BUILDING: _ B. WING IL6006738 09/14/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2944 GREENWOOD ACRES DRIVE **OAK CREST DEKALB, IL 60115** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 1 S9999 1. On September 12, 2022, at 11:17 V5, V6, & V7 all lab technicians were testing residents on the skilled unit for COVID-19. They were wearing a KN95 face mask and not an N95 face mask. On September 13, 2022, at 9:59 AM, V3 Director of Nursing/Infection Preventionist stated, anyone testing residents for COVID-19 should be wearing an N95 face mask. They should not be wearing a KN95 face mask. The Illinois Department of Public Health's updated interim guidance for nursing homes and other licensed long-term care facilities last updated March 22, 2022, shows, "For COVID-19 specimen collection: HCP (healthcare personnel) must wear an N95 respirator (face mask), eye protection, gown, and gloves. The CDC's (Centers for Disease Control and Prevention) Interim Guidelines for Collecting and Handling of Clinical Specimens for COVID-19 Testing last updated July 15, 2022, shows, "Collecting and Handling Specimens Safely: For healthcare providers collecting specimens or working within 6 feet of patients suspected to be infected with SARS-CoV-2 (COVID-19), maintain proper infection control and use recommended personal protective equipment (PPE), which includes an N95 or higher-level respirator (or face mask if a respirator is not available), eye protection, gloves, and a gown." The facility's COVID-19 staff, and resident testing policy (no date) does NOT show that staff/HCP should wear an N95 when collecting a COVID-19 specimen. (C)

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING_ IL6006738 09/14/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2944 GREENWOOD ACRES DRIVE **OAK CREST DEKALB, IL 60115** SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY)

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