2.5 PRINTED: 12/06/2022 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: COMPLETED A. BUILDING: B. WING IL6015044 10/05/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1000 FALCON POINT PLACE HIGHVIEW IN THE WOODLANDS ROCKTON, IL 61072 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX 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 Survey. S9999 Final Observations S9999 Statement of Licensure Violations: 330.794)c) Section 330.794 COVID-19 Vaccination of Facility Staff EMERGENCY c) Except as provided in subsection (c)(7), each facility shall require its staff who are not fully vaccinated against COVID-19 to undergo testing for COVID-19, weekly, at a minimum. Staff who are not fully vaccinated against COVID-19 and not tested as required by this subsection shall not be permitted to enter or work at the facility. 7) When the facility is located in a county of high or substantial transmission, as indicated by the CDC COVID 19 Integrated County View, available at https://covid.cdc.gov/covid-data-tracker/#county-v iew, the facility shall require its staff who are not fully vaccinated against COVID-19 to undergo testing for COVID-19, twice weekly, with tests administered at least two days apart as long as the county in which the facility is located remains in a high or substantial transmission status. Based on Interview and Record Review the facility failed to ensure unvaccinated staff were tested twice per week in a county with a high transmission status. This has the potential to effect all 17 residents on the shelter care

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The findings include:

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

The Facility Data Sheet dated 10/4/22 for the

Alzheimer's Special Care dementia unit.

TITLE

Attachment A Statement of Licensure Violations

(X6) DATE

5055 JUS! PRINTED: 12/06/2022 **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 IL6015044 B. WING 10/05/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1000 FALCON POINT PLACE** HIGHVIEW IN THE WOODLANDS ROCKTON, IL 61072 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **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 facility showed a census of 17 residents in the shelter care Alzheimer's Special Care dementia The facility's list of employees dated 9/28/22 showed V10 CNA (Certified Nursing Assistant), V13 (Housekeeper), V14 CNA, and V15 RN (Registered Nurse) are unvaccinated staff that work on the shelter care Alzheimer's Special Care dementia unit. The facility's rapid COVID-19 testing logs and COVID-19 PCR (polymerase chain reaction) testing logs for September 2022 showed V10 CNA did not receive any COVID-19 testing between 9/1/22 - 9/16/22. The September 2022 schedule for V10 showed she worked on 9/6, 9/8, 9/9, 9/12, 9/13 and 9/16/22. On 10/5/22 at 10:09 AM, V3 DON (Director of Nursing) reviewed V10's September 2022 Schedule and confirmed she worked on 9/6, 9/8, 9/9, 9/12, 9/13 and 9/16/22. V3 stated V10 should have been tested twice per week because she is unvaccinated. V3 reviewed the testing logs for the employees for September 2022 and confirmed V10 was not tested for the two-week time period between 9/1/22 through 9/16/22. V3 stated, "I tell them they are adults and responsible for testing like they should." On 10/5/22 at 10:40 AM, V10 CNA stated she is not vaccinated and is supposed to test on Mondays and Thursdays.

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The facility's rapid COVID-19 testing logs and COVID-19 PCR (polymerase chain reaction) testing logs for September 2022 showed V13 (Housekeeper) did not receive testing for COVID-19 the week of 9/11/22 through 9/17/22.

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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) DATE SURVEY COMPLETED 10/05/2022	
	IL6015044				10/0		
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
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(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	Continued From pa		S9999		(% (C	. 10	
	V13's schedule for	for COVID-19 until 9/19/22. September 2022 showed she by on 9/12, 9/13 and 9/15/22.		Service St.			
	Supervisor) stated on 9/12/22 and was 9/13/22. V16 stated was 9/14/22. V16 s need to test on the	I PM, V16 (Housekeeping V13 started work at the facility in orientation on 9/12/22 and I V13's first day on the floor tated employees are told they testing dates. V16 stated it is to get their testing done.					
· .	covidence covide	COVID-19 testing logs and olymerase chain reaction) ust 2022 and September 2022 ok of 8/28/22 through 9/3/22, ly one time. V14's Timecard of 8/28/22 through 9/3/22 on 8/29/22, 8/31/22 and		3) 33	2	#	
	covidence covide	COVID-19 testing logs and olymerase chain reaction) tember 2022 showed for the ugh 9/10/22, V15 RN only 5's Timecard Report for the ugh 9/10/22 showed she and 9/6/22.			2.8		
	have been testing a the last 6 months. I for all unvaccinated then it is not done.	5 PM, V3 DON stated, "We at a high transmission rate for esting is done twice per week staff. If it is not documented, Testing should be documented or PCR testing sheets. We see orientation.			4		
Šas n	and Procedure police	yee COVID-19 Testing Policy by (1/28/22) showed, ng will occur every Monday			* r	. ,	

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLANOF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: **B. WING** IL6015044 10/05/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1000 FALCON POINT PLACE **HIGHVIEW IN THE WOODLANDS ROCKTON, IL 61072** (X4) ID PREFIX **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG TAG DEFICIENCY) S9999 Continued From page 3 S9999 and/or Thursday. When transmission levels are substantial to high, testing will occur on Monday and Thursday each week." (A)

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