Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
	IL6015325	A. BUILDING: _____	B. WING _____	**C** **10/26/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS (PALOS HEIGHTS)	**7880 WEST COLLEGE DRIVE** **PALOS HEIGHTS, IL 60463**

(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	S 000		
	Complaints: 2295141/IL148569 - 330.1130 a) c) cited 2295505/IL148986 no deficiencies FRI of 07/23/22/IL149661 no deficiencies			
S9999	Final Observations	S9999		
	Statement of Licensure Violations:			
	330.710a) 330.1130a)c)			
	Section 330.710 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 with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part.			
	Section 330.1130 Communicable Disease Policies			
	a) The facility shall comply with the Control of Communicable Diseases Code (77 Ill. Adm. Code 690).			
	c) All illnesses required to be reported under the Control of Communicable Diseases Code and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693) shall be reported immediately to the local health department and to the Department. The facility shall furnish all pertinent information relating to such		**Attachment A** **Statement of Licensure Violations**	

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE   TITLE   (X6) DATE

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S 9999	Continued From page 1 occurrences. In addition, the facility shall also inform the Department of all incidents of scabies and other skin infestations. These requirements were not met as evidenced by the following: Based on interview and record review, the facility failed to report to IDPH (Illinois Department of Health) four of nine residents (R1, R4, R5 and R6) who were tested and confirmed positive for COVID-19 virus a highly contagious disease. This failure affected R1, R4, R5 and R6 who were positive for COVID-19 and has the potential to affect all 37 the residents residing at the facility. Findings include: On 10/13/22 at 9:42am, V6 LPN (Licensed Practical Nurse) presented the facility list of Nine (9) residents on monitoring for COVID-19 with all residents residing in their private rooms not with other resident. V6 stated that the staff are supposed to wear face mask and face shield when inside the facility and both staff and resident are tested only when signs and symptoms of COVID-19 are present. V6 stated some of the listed residents are residents that came back from the hospital and are under monitoring. Review of facility documentation presented showed R1 was positive on 10/05/22, R4 was positive 10/07/22, R5 tested positive 10/10/22 and R6 tested positive for COVID-19 virus on 10/08/22. No reporting to State Agency was done until 10/16/22. On 10/17/22 at 11:48am, interview conducted with V1 (Administrator) regarding reporting of Covid-19. V1 stated that where the residents are	S9999		

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S 9999	Continued From page 2 positive for COVID -19, the staff are to wear face mask and face shield. V1 stated the facility was supposed to report residents who are newly positive with COVID -19 to the IDPH. On 10/19/22 at 2:43pm, Interview with V2 RCSD (Resident Care Services Director) regarding reporting of positive COVID-19 residents. V2 stated she (V2) is new to this position (RCSD), and no one has oriented her (V2) on what to do. V2 told the surveyor to ask V1 about what is being done regarding the reporting. When the surveyor asked about the staff in charge of infection control V2 stated I guess it will be me. The facility COVID-19 Tracker-patient Surveillance FAQ presented with last updated date 02/05/2021 documented that all center level COVID testing should be entered in the COVID-19 Tracker. Routine testing should be entered in the surveillance tracking portal regardless of test outcome. The policy further documented that only current routine or surveillance testing should be entered. Any historical surveillance reports should be kept and archived at the center or community level. (B)	S 9999		

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STATE FORM　　　　　　　　　　6899　　　　8O0411　　　　　　　If continuation sheet 3 of 3