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 fL6008056 10/26/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **500 CENTENNIAL DRIVE** ACCOLADE HC OF EAST PEORIA EAST PEORIA, IL 61611 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE DEFICIENCY) S 000 Initial Comments S 000 Facility Reported Incident of October 20, 2022/IL152577 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.2210b)2) 300.3120a) Section 300.610 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 by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility. Section 300.2210 Maintenance Each facility shall: Maintain all electrical, signaling, mechanical, water supply, heating, fire protection, and sewage disposal systems in safe, clean and functioning condition. This shall include regular inspections of these systems. Attachment A Statement of Licensure Violations Section 300.3120 Mechanical Systems

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		i E,	(X3) DATE SUF	
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W		IL6008056	B. WING		-		C 26/2022
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7.000		EAST PE	ORIA, IL 61	611			
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	assure proper work Instructions in the c	tems shall be maintained to king order and safe operation. operational use of the systems all be available at the facility.		P. 7.			151
94 94				St. W			0.5
12				8 9			
	These requirement by:	s were not met as evidenced		G.			×
vily	review the facility fa trained on fire alarm emergency operation	ion, interview, and record ailed to ensure staff were in activation and the facility's on's plan; failed to ensure staff acility's fire safety and	£7	.0" .0))))	ą
	emergency operation staff were trained of alarm control panel These failures resu	ons plan; and failed to ensure in proper function of the fire and fire alarm pull stations. Ited in the facility's fire alarms	43 D) (4		8. a		
• 333	fire) not being activ	cility code used for an active ated when an outside storage feet from resident rooms, four					3):
	feet from the building gas line, caught fire	ng, and four feet from the main . These failures have the Il 49 residents residing in the	1.2		≅ ∓		
	facility.	0°	13	2			
	Findings include:		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	20 %			
	report dated 10-20- (Administrator) doc Description of Occu coming from outsid	Department of Public Health 22 and signed by V1 uments, "Complete urrence: Fire was spotted e back shed not attached to Residents evacuated	=	9 8			S S
inois Denari		out out and residents returned					

30,

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: С B. WING IL6008056 10/26/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **500 CENTENNIAL DRIVE** ACCOLADE HC OF EAST PEORIA EAST PEORIA, IL 61611 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 2 S9999 Evacuation: Yes. Number of residents: 52. Evacuated from: Facility of front area. Expected return: Fire Department gave okay to." The National Fire Incident Report System Basic form dated 10-20-22 at 11:07 AM documents. "Dispatched to above address for a fire in a maintenance building behind and detached from the main structures. Arrived on scene to find a maintenance building approximately 15 foot by 20 foot with heavy dark smoke pushing out of the roof and visible fire along the A-B corner. Staff states there are no occupants in the building and that they have started evacuating occupants from the adjacent healthcare and assistant living facilities as a precaution. (Emergency personnel) advanced two one handlines, gained access to the structure through a door on the D-side by the C-D corner and made entry to the multi-room building. Additional crews were able to gain access using a circular saw to cut a hole in a locked and closed garage door on the A-side and through a burn vent hole on the A-B corner. Main gas line to the entire building was in close proximity to the building and was shut down during operations. Interior crews were able to quickly control and extinguish the fire and it was contained to the building of origin. Occupants were permitted to return and the gas was turned back on to the building after fire operations were completed. No obvious ignition source was identified on initial interviews and investigation." The facility's CMS (Centers for Medicare and Medicaid Services) Form 672 dated 10-21-22 and signed by V18 (MDS/Minimum Data Set Coordinator) documents 49 residents reside within the facility. This same form documents 14 residents are completely dependent on staff for

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transferring, 35 residents require assistance of

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PR

(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6008056 10/26/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **500 CENTENNIAL DRIVE ACCOLADE HC OF EAST PEORIA** EAST PEORIA, IL 61611 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 3 S9999 one or two staff for transferring, and no residents can transfer independently. This same form documents two residents are bedfast all or most of the time and 47 residents are in a chair all or most of the time. The facility's Emergency Operation's Plan Fire Safety and Evacuation Plan dated 1-1-20 documents, "Objective: A staff member discovers a fire or observes smoke, or a single battery-operated smoke detector is activated, and a fire is present. 1. Staff member call out code red/pulls alarm. If they must, immediately go to the aid of an endangered person. 2. Remove any residents from the immediate area of the fire or smoke. 3. Co-workers hearing the verbal alarm activate the fire alarm pull station nearest them. 5. Assure that the fire alarm pull station has been activated. 6. The code word (code red) for a fire shall be announced via overhead page. 7. The location of the fire shall be announced via overhead page. 8. All residents shall be safely contained behind a smoke rated door." The facility's General Fire Instructions/Rules dated 03/2021 documents, "If you see a fire: 1. Your first and foremost responsibility is to remove a resident from the unsafe situation/threatening fire. Remove the resident from the area immediately and call out "Code Red" (code phrase) to alert other staff members if unable to activate the building fire alarm using a fire alarm box. Any staff member hearing the code phrase shall then activate the building fire alarm using the nearest manual fire alarm box, page overhead with "Code Red" and the location of the fire. This staff member then shall execute immediately their duties as outlined in the fire safety plan."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
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		IL6008056	B. WING			C 10/26/2022	
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	The facility's Pull St	tations Fire Evacuation Plan		A			
	Schematic (undated	d) indicates there is one fire				'	
	pull station in the kit	tchen (that is located in the			¥-1		
J	middle of the service	e hallway between the				≅	
}		long-term care facility) which					
		re alarms within the assisted				·	
		cility. This Schematic also					
		two fire pull stations in the					
		t only activate the fire alarms					
. 1	Within the assisted i	living side of the facility.		Q+ 5M	. (4		
	On 10.21-22 of 11:1	35 AM a tour was conducted	5.	소비 설			
		ce hallway (where V2 pulled		*			
		the facility during the fire)		,			
. 32		center of the long-term care					
		end of the assisted living				FC	
		shed that caught fire was		(10)			
	located four feet aw	ay from the facility on the	00				
**i.		ce hallway doors. The shed		55			
		stroyed on the inside from the					
		windows were missing, with					
		amage to the roof and the					
		shed was located 18 feet from	l				
,		rooms. There were no smoke	!	,			
		s located within the shed. The					
,		located four feet behind the					
		to the facility outside wall.		8			
		d performed a test of the					
		I station that he used during					
		at 11:05 AM, which was					
		end of the service hallway. V2	10	V.			
		box. This activated the fire				88	
		ncy strobe lights in the service				- N	
ì		ssisted living side. No fire				,	
	alarms or emergence	cy strobe lights were activated					
	within the long-term	care/skilled nursing facility	<u> </u>				
		the fire alarm system and	!				
		alarm box a second time. No	00				
-		gency strobe light activated	<u> </u>				
	within the long-term	care/skilled nursing facility					

Illinois Department of Public Health

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: C IL6008056 B. WING 10/26/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **500 CENTENNIAL DRIVE** ACCOLADE HC OF EAST PEORIA EAST PEORIA, IL 61611 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 5 S9999 after the second attempt. V2 stated, "I do not know what is going on. The fire alarms should have worked." On 10-21-22 at 11:05 AM R1 was lying in a bariatric extra wide bed. R1 stated. "I am okay since the fire. The staff pulled me out to the hallway by the front entrance during the evacuation. I did not hear any fire alarms going off. I could smell smoke." On 10-21-22 at 1:32 PM R2 was lying in bed. R2's window faced the shed that caught fire on 10-20-22 and R2's room was approximately 22 feet away from this shed. R2 stated, "The staff took be outside during the fire. I did not hear any alarms." On 10-21-22 at 11:18 AM R3 was lying in a bariatric extra wide bed. R3 was severely morbid obese. R3 stated, "The staff wheeled me in my bed to the front hallway during the fire. I did not smell any smoke of see the fire. There were no fire alarms sounding." On 10-21-22 at 1:30 PM R4's window faced the shed that caught fire on 10-20-22 and R4's room was approximately 18 feet away from this shed. R4 was lying in bed and stated, "The staff took me outside yesterday because they said there was a fire. I did not smell anything or see the fire. No fire alarms were going off." On 10-21-22 at 1:25 PM R5 was lying in bed. R5's window faced the shed that caught fire on 10-20-22 and R5's room was approximately 18 feet away from this shed. R5 stated, "I saw the

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hear any alarms."

fire out of my window. I could smell the smoke. The staff took be outside during the fire. I did not

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
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						l c		
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			11 92	DLFIO	illion)		- 33	
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150	On 10-21-22 at 11:0	02 AM R6 was lying in bed.				W.	-	
	R6 stated, "I was ta	ken out to the front hallway	0.0			100		
		on. The staff said there was a	111					
		smoke or see a fire. I did not	700			-		
		s going off. There were a lot			- 8		.e 54 0	
	of people going cra	zy and running around."		4		×		
	On 10 21 22 of 11:5	30 AM V2 (Assisted Living		32				
	Maintenance Direct	or) stated "I was in my office						
	Maintenance Director) stated, "I was in my office on the assisted living side. Around 11:05 AM on						= = 35	
		e to my office and yelled,				10		
	"There is smoking of	coming out of the top of the			6)			
	shed." I ran down t	he hallway and pulled the fire				ł		
		at the end of the service	1.0					
		s went off in that hallway.	35	83			Ш	
	(V4/Assisted Living Assistant Maintenance			10.0			37	
		. I grabbed a fire extinguisher						
		try and put the fire out. The or a fire extinguisher. I took a						
		ayed it on the main gas line						
		ht behind the shed on fire.		= '				
[9]		ating residents. The fire						
		e and extinguished the fire	#1				14	
		ear for all staff and residents			29			
		When I pulled the fire alarm	E-0			•		
		e service hallway, I assumed		17.		1,61		
		skilled side of the nursing						
		sted living side of the building. Jaround 8:30 AM (V4) had to	387	0.00			- 12	
		ms and strobe lights because				127	55	
		box was alarming. We had a				1	W.	
8		king the alarms on the						
		and it must have sounded the						
	alarms on the pane	I box of the skilled nursing	121	81 (e				
		pletely sure what alarms (V4)		+				
	turned off in the par	nel box."					9	
	0- 40 04 00 -140	40 444 /0 /013 -1-1-1					×	
i		40 AM V9 (Cook) stated, "I						
	was leaving early fro	om work and went out the				ŀ		

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Illinois Department of Public Health STATE FORM

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: C B. WING IL6008056 10/26/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **500 CENTENNIAL DRIVE** ACCOLADE HC OF EAST PEORIA EAST PEORIA, IL 61611 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY**) S9999 Continued From page 7 S9999 service hallway door around 11:05 AM. When I went outside, I saw black smoke coming out of the two vents of the shed outside of the facility. I ran back inside the building and went on the assisted living side to find (V2/Assisted Living Maintenance Director). V2 was in his office. I did not pull the fire alarms. I am not sure who did. V2 took over from there." On 10-21-22 at 10:43 AM V10 (Desk Clerk) stated, "I was at the nurse's desk and heard someone say there was a fire. Staff started taking residents outside. There were no fire alarms going off and no-one paged where the fire was or the code for a fire. The fire department came in about 30 minutes later and told us everything was clear to bring the residents back in." On 10-21-22 at 10:48 AM V12 (CNA\Certified Nursing Assistant\ Scheduler) stated, "I was in my office and heard staff yell fire. This was around 11:00 AM. I never did hear fire alarms. I do not think anyone pulled the fire alarms. I never heard a page that there was a fire. I could smell smoke. I got a little bit of a sore throat from the smoke smell. All staff started to evacuate residents through the front door. Residents in beds were pushed to the hallway by the front door." On 10-21-22 at 11:10 AM V13 (CNA) stated, "I was out on my break around 11:00 AM and saw smoke coming out of the top of the shed behind

the building. I saw a kitchen staff run into the building after seeing the smoke. I sent a snap chat to my co-worker (V14/CNA) that there was a fire. I went into the building and grabbed a fire extinguisher and yelled that there was a fire. Staff started to evacuate residents. I did not hear any fire alarms going off in the building and did

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:					
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S9999	Continued From pa	age 8	S9999				
8	not bear anyone ar	nnounce "Code Red."		-0.0	*		
	not rious arryono as						
8		50 AM V1 (Administrator)		2			
		tionist) just told me that on		19			
		:30 AM (V4/Assisted Living		37	60		
		tor) came over to the eachlity and disabled the					
		company was testing the		HY # 4	*		
	alarms on the assis	sted living side. I am not sure		¥1			
		lisabled as nobody informed			ė.		
		g the fire alarms. (V3) or (V4)		55			
e ^e		know that he was disabling hed the cameras and was able			333		
		arted at 11:05 AM and the "all		· ·			
-		the fire department at 11:26			72		
41		ne from 11:05 AM through		.*3			
ń		the fire alarms or strobes were		÷	G.		
		ng-term care side of the facility. service hallway fire pulls do not					
		orm care facility's fire alarms.					
		m care facility should have		23	3 con se		
		ches and activated the fire		8 0	3.4 555		
. 10		off should have paged a "Code where the fire was. Residents			88		
20		hould have been evacuated		e ^o	20		
	first."	-i- //h					
					10		
		00 PM V3 (Receptionist)					
		20 AM to 8:30 AM on 10-20-22, se the fire alarm panel box		9	建		
		d me at the front hallway		29	# 1		
		ning. (V4) came over and told		35	İ		
	me that he turned t	the alarm off. I did not tell					
		ad silenced the alarm. I heard		#3 =9			
		er that day that there was a started to evacuate the			09		
		ont door. During the fire and		, e. II			
	evacuation none of	the fire alarms were sounding	(2)	24	Ster		
]	and no one annour	nced a "Code Red."					
			- 65				

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: C B. WING IL6008056 10/26/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **500 CENTENNIAL DRIVE** ACCOLADE HC OF EAST PEORIA EAST PEORIA, IL 61611 (X4)ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 9 S9999 On 10-21-22 at 12:20 PM V4 (V4/Assisted Living Maintenance Director) stated, "Yesterday (10-20-22) around 8:30 AM (V3) called me and said the fire alarm panel box was making an alarming sound. We had a fire alarm company on the assisted living side testing alarms that day and it must have set up the fire alarm panel box on the skilled nursing side. I went over and disabled the alarm on the panel box. I do not know for sure what button I pushed to disable the fire alarms. I told (V3) I disabled the alarm. I did not tell (V1/Administrator) that I turned the alarm off." On 10-21-22 at 12:40 PM V6 (Maintenance Supervisor) stated, "I have worked here four years. I was off work when the fire occurred. I was off on Wednesday and Thursday (10-19-22 and 10-20-22). I do fire drills every month. I did not realize that staff did not know the service hallway fire pulls do not activate the alarms on the nursing home side. That would be why the fire alarms and strobes did not work during the fire. For some reason when the fire pulls are pulled in the service hallway only one set of fire doors on the long-term care side hallway are closed. Staff in the long-term care side should have pulled the fire alarms and should have paged over the intercom "Code Red." The outdoor shed does not have smoke detectors or fire alarms in it." On 10-21-22 at 1:00 PM V7 (Maintenance Floor Technician) stated, "I did not know that the service hallway fire pulls do not activate the long-term care fire alarms." On 10-21-22 at 1:10 PM V8 (Maintenance Assistant) stated, "I thought the fire pulls on the service hall alarmed the skilled (long term care)

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side and the assisted living side."

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: _ C B. WING IL6008056 10/26/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **500 CENTENNIAL DRIVE ACCOLADE HC OF EAST PEORIA EAST PEORIA, IL 61611** SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE TAG DEFICIENCY) \$9999 Continued From page 10 S9999 On 10-23-22 at 9:50 AM V1 (Administrator) stated, "The fire pull stations in the kitchen and service hallway do not activate the alarms in the long-term care facility. Staff need to know this so they know to activate the alarms in the long-term care facility during a fire." (B)