PRINTED: 12/29/2022 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: __ IL6005037 12/01/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **6101 COUNTY LINE ROAD** KING BRUWAERT HOUSE **BURR RIDGE, IL 60521** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) Z 000 COMMENTS Z 000 Annual Licensure Survey for Shelter and Skilled Care Z9999 **FINDINGS** Z9999 Statement of Licensure Violations: 300.696 d)2) Section 300.696 Infection Prevention and Control Each facility shall adhere to the following guidelines and toolkits of the Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, Agency for Healthcare Research and Quality, and Occupational Safety and Health Administration (see Section 300.340): Guideline for Hand Hygiene in Health-Care Settings This requirement was NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to follow its infection control policy by staff not performing proper hand hygiene while providing resident care. This failure affected six of six (R8, R9, R14, R15, R17, and R18) residents reviewed for infection control. Findings include: On 11/28/2022 at 11:45am, lunch was being served on the Healthcare unit at 11:53am; three residents were noted sitting at lunch table with Attachment A their lunch in front of them uncovered. Statement of Licensure Violations

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

TITLE

(X6) DATE

Illinois E	Department of Public	Health			FORM	APPROVED	
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER STREET AD			DDRESS, CITY, STATE, ZIP CODE		1 445		
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			OGE, IL 60	521			
(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 APPROPRIA DEFICIENCY)		(X5) COMPLETE DATE	
Z9999	Continued From pa	nge 1	Z9999				
	Assistant), readjus and R14) clothing p their personal belo perform hand hygie	CNA (Certified Nursing ted three residents (R8, R9, protectors, touching them and ngings. V12, CNA, did not the between each resident, or	* *				
	At 12:19pm, V9, Cl feeding assistance assistance, V9 did	to feed R14. NA, got up from providing to R19. After providing not perform hand hygiene down to continue to feed R9.	3 90			***	
18	Wing unit, two staff assisting four resid were not performin	O4pm, observed on the Rose CNA's (V6 and V16) present, ents in the dining room. Staff g hand hygiene between en preparing room lunch trays			# # %		
	served on the Heal passing trays. Whil readjusted his face the lunch trays with	1:43am, lunch was being thcare Unit. V12 (CNA) noted e passing trays, V12 mask, and continued to pass out performing hand hygiene.	35				
	perform hand hygie to R18. V12 readjust	ne before passing lunch tray sted face mask, and continued without performing hand	275		E)		
	hygiene. V12 did no before sitting down finished feeding R1 the table, cleaned F protector, and did n before going over to did not want to eat I	ot perform hand hygiene to feed R14. V12, CNA, 4, removed dirty items from R14's mouth with the clothing ot perform hand hygiene o attempt to feed R17. R17 unch, so V12, CNA, turned his tarted feeding R15 her desert,	C				
		34am, V10 (Infection		Na.			

3EN PRINTED: 12/29/2022 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6005037 12/01/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **6101 COUNTY LINE ROAD** KING BRUWAERT HOUSE **BURR RIDGE, IL 60521** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) Z9999 Z9999 Continued From page 2 July. I did some of the CDC training on the computer. I think I got my certificate; I'm not sure I have to check. Well standard precaution we wash our hands before and after contact with residents. They should wash their hands before passing trays and after. They should not have touched other residents without washing their hands first. We educated our staff to wash their hands. No it is not appropriate for staff to not wash their hands in between feeding residents. They should wash their hands between each resident or if staff or residents have symptoms." 11/30/2022 at 2:16pm V2, DON/IP(Director of Nursing/Infection Preventionist) stated, "Staff should wash their hands before and after contact with each resident, any procedures, moving from dirty to clean, between and immediately after removal of gloves, any contact with body like face, mouth and before and after eating. No, if they are feeding, they should do hand hygiene between each resident. They should not feed one resident and move on to feed another resident without hand hygiene. They should feed one resident, (perform) hand hygiene, feed the next resident, hand hygiene, and so forth. They should wash their hands after any contact with resident or belongings. When they readjust their mask, they should wash their hands before resident contact. We do hand hygiene to prevent the spread of infections." Record review of a policy submitted by the facility titled. Infection Control Policy (undated), reads: "To ensure staff, residents and visitors are

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protected against infectious diseases and

infections by providing guide for their surveillance, investigation, and prevention ... [facility] practices infection prevention measures, when providing care to its residents to minimize the risk of

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6005037 12/01/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **6101 COUNTY LINE ROAD** KING BRUWAERT HOUSE **BURR RIDGE, IL 60521** (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (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 3 Z9999 infections to staff and residents. Infection control and prevention policies and procedures will be overseen by the infection preventionist." Record review of a document submitted by facility titled Hand Hygiene Policy (revision date of 3/2022), reads: "[facility] recognizes that hand hygiene is the most important and effective to prevent the spread of infection. Good hand hygiene reduces the risk for infection transmission to residents and staff. Hand hygiene refers to the act of cleaning hands with water or other liquids, which might include soaps. antiseptics, or other substances, including alcohol-based hand rubs ...Staff members should practice hand hygiene frequently throughout the course of the workday. After using the bathroom, after coughing or sneezing, before and after smoking, eating, or drinking, after handling animals, before and after handling food and after handling trash or dirty equipment ... Staff member should always practice hand hygiene before and after resident care." (C)

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