FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6006456 B. WING 12/29/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 24955 NORTH HIGHWAY 12 MOUNT ST JOSEPH LAKE ZURICH, IL 60047 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (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**) Z000 COMMENTS Z 000 Annual Health Certification Survey Z9999 **FINDINGS** Z9999 Statement of Licensure Violations 350.620a) 350.1210b) Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually. Section 350.1210 Health Services b) The facility shall provide all services necessary to maintain each resident in good physical health. These Requirements were NOT MET as evidenced by: Based on record review and interviews the facility failed to implement the Centers for Disease Control, (CDC), guidelines for isolation and quarantine for clients who tested positive for the COVID 19 infection. This applies to 6 of 19 clients, (R3, R53, R55, R57, R62 & R63), who live in Building 606. This has the potential to affect 73 other clients, (R1, R2, R4 thru R52, Attachment A R54, R56, R58 thru R61, and R65 thru R93), who Statement of Licensure Violations tested negative.

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

TITLE

(X6) DATE

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 IL6006456 B. WING 12/29/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 24955 NORTH HIGHWAY 12 MOUNT ST JOSEPH LAKE ZURICH, IL 60047 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (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) Z9999 Continued From page 1 Z9999 Findings include: During an interview on 12-14-22 at 1030am. Administrator, E1 said that R3, (who is positive) shares a room with R61, (who is negative). R62, (who is positive), shares a room with R60, (who is negative). R53, (who is positive), shares a room with R51, (who is negative). R55, (who is positive), shares a room with R57, (who was negative at that time and tested positive on 12-15-22). R63 who was positive shared a room with R66 who was negative. During afternoon observations on 12-15-22 at 145pm, R50, R52, R54, R56, and R58, who live on the red hallway of Building 606, were watching a movie. Meanwhile, on the green hallway, R4. R59, R60, R65, and R66 were involved in various activities; including looking at a tablet and day training activities. R60 has a negative Covid 19 test, but shares a room with R62, who had a positive Covid 19 test. R66 has a negative Covid 19 test, but shares a room with R63, who had a positive Covid 19 test. R51 has a negative Covid 19 test, but shares a room with R53, who had a positive Covid 19 test, is walking around the facility. R51 shuts any door that has been opened and then returns to where she was sitting, by her door. The House Mother, E11 made numerous attempts to have R51 sit at one of the tables, in the red hallway sitting area. R51 would sit in the common, living room area as E11 encouraged her to do, but she would immediately stand as soon as E11 turned away and would go back to her area, by her door and sit there instead.

Illinois Department of Public Health

Per review of a form supplied by Administrator. E1 on 12/15/22, entitled Rationale for not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: B. WING	CONSTRUCTION		PLETED	
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NAMEUFF	PROVIDER OR SUPPLIER		DDRESS, CITY, ST.	•			
90-00 00 00 00 00 00 00 00 00 00 00 00 00	ST JOSEPH	LAKE ZU	DRTH HIGHWAY JRICH, IL 6004			53	
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE	
Z9999	Continued From pa	age 2	Z9999	A 250	33	T 32	
55	606, it states that w the facility that COV isolated from COVI one instance reside own bedrooms to o	2.4.3	35			1 (6)	
24 25	policy dated 12-14- residents test positi will be set upthes	acility's COVID Response 22, it states that when several ive for COVID, COVID units be residents must be placed in aly. Residents will be cohorted	s W	#		2	
	according to status be placed in rooms residents who have in rooms together a who have not been	. COVID positive residents will together. COVID negative been exposed will be placed and COVID negative residents exposed will be placed	8 2 3 40			***	
	isolation policy to se	ity has not followed their own eparate those who test who test negative for COVID.			⁵ a se		
*	Guidance for Nursil Long-Term Care fac Care Facilities for the	ovid 19, Updated Interim ng Homes and Other Licensed cilities, including Intermediate he Developmentally Disabled	12,		42		
ĺ	2022, it states that it be positive for COV			4 4	49 13	=	
	closed if safe to do possible.	nt: single room with door so. Dedicated bathroom if oms are available or if	r±.	29 2	\$T	350	

numerous residents are simultaneously identified

to have COVID 19, residents can remain in their current location with appropriate signage and PPE use. Cohorting may occur with other positive COVID 19 residents.

The facility has not followed the updated interim

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 IL6006456 12/29/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 24955 NORTH HIGHWAY 12 **MOUNT ST JOSEPH** LAKE ZURICH, IL 60047 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX TAG TAG DATE Z9999 Continued From page 3 Z9999 who test positive for the COVID 19 infection from clients who test negative for the COVID 19 infection. (A)

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If continuation sheet 4 of 4