

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007231	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/06/2023
NAME OF PROVIDER OR SUPPLIER PARKVIEW HOME - FREEPORT		STREET ADDRESS, CITY, STATE, ZIP CODE 1234 SOUTH PARK BOULEVARD FREEPORT, IL 61032		
(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 Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations (1 of 6) 300.615f) Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender. This REQUIREMENT was not met as evidenced by: Based on interview and record review the facility failed to check the Illinois Department of Corrections (IDOC) sex registrant website upon admission for 6 of 6 residents (R6, R8, R11-R13 and R15) reviewed for background checks in the sample of 6. The findings include: 1. An undated facility provided list shows that R6 admitted to the facility on 8/2/23, R8 admitted to the facility on 6/20/23, R11 admitted to the facility on 6/28/23, R12 admitted to the facility on 7/25/23, R13 admitted to the facility on 8/14/23 and R15 admitted to the facility on 8/11/23.	S9999		
			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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S9999	<p>Continued From page 1</p> <p>The facility was asked to provide evidence that the IDOC website was checked upon admission for R6, R8, R11-R13 and R15. No documentation was provided.</p> <p>On 6/9/23 at 10:46 AM, V15 (Receptionist) said that it is her responsibility to do resident background checks. V15 said that she checks new admission names against the Criminal History Information Response Process (CHIRP) website and the Illinois State Police website. V15 said that she does not check any additional websites.</p> <p>The Written Notice and Authorization Initiation of Background Checks under the Uniform Conviction Information Act form for R6, R8, R11-R13 and R15 shows, "In connection with your application for residency, we will conduct a criminal background check on you per the requirements of the Nursing Home Care Act and the Illinois Department of Public Health. Your name will be compared against the Illinois Department of Corrections and the Illinois State Police registered sex offender databases." (C)</p> <p>Statement of Licensure Violations (2 of 6)</p> <p>300.696d)1)2)</p> <p>Section 300.696 Infection Prevention and Control d) 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):</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>1) Guideline for Prevention of Catheter-Associated Urinary Tract Infections 2) Guideline for Hand Hygiene in Health-Care Settings</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to maintain a resident urinary drainage bag below the level of her bladder and failed to perform hand hygiene and change gloves in a manner to prevent cross contamination for 1 of 1 resident (R5) reviewed for infection control in the sample of 10.</p> <p>The findings include:</p> <p>1. On September 5, 2023 at 10:54 AM, V13 and V14 CNAs (Certified Nursing Assistant) transferred R5 from the recliner to a wheeled recliner using a mechanical lift. During the transfer, V13 hung R5's urinary drainage bag above the level of her bladder. At 12:20 PM, V14 CNA held R5's urinary drainage bag above the level of her bladder while R5 was sitting in the wheeled recliner. There was cloudy urine with sediment in the tubing of R5's urinary drainage device.</p> <p>On September 6, 2023 at 7:58 AM, V3 ADON/IP (Assistant Director of Nursing/Infection Preventionist) said urinary drainage bags should be kept below the level of resident's bladder because if it is lifted above, then the resident could get an infection.</p> <p>The facility's Procedure: Catheter Care and Maintenance policy dated May 28, 2019 shows, "Always keep the catheter bag below the level of</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>the bladder."</p> <p>The Centers for Disease Control and Prevention Guidance last reviewed on November 5, 2015 shows, "Keep the collecting bag below the level of the bladder at all times."</p> <p>2. On September 5, 2023 at 12:20 PM V14 CNA cleansed stool from R5's buttocks. V14 placed a new brief onto R5, touched R5's pillows, and R5's body and did not change her gloves or perform hand hygiene.</p> <p>On September 6, 2023 at 7:58 AM, V3 said gloves should be changed before touching clean items.</p> <p>The Centers for Disease Control and Prevention Guidance last reviewed on January 30, 2020 shows, "Healthcare personnel should use an alcohol-based hand rub or wash with soap and water for the following clinical indications: before moving from work on a soiled body site to a clean body site on the same patient, after contact with blood, body fluids, or contaminated surfaces." (C)</p> <p>Statement of Licensure Violations (3 of 6)</p> <p>300.1060c) 300.1060d)</p> <p>300.1060 Vaccinations c) A facility shall administer or arrange for administration of a pneumococcal vaccination to each resident in accordance with the recommendations of the Advisory Committee on</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>Immunization Practices of the Centers for Disease Control and Prevention, who has not received this immunization prior to or upon admission to the facility unless the resident refuses the offer for vaccination, or the vaccination is medically contraindicated. (Section 2-213(b) of the Act)</p> <p>d) A facility shall document in each resident's medical record that a vaccination against pneumococcal pneumonia was offered and administered, refused, or medically contraindicated. (Section 2-213(b) of the Act)</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on interview and record review the facility failed to offer pneumonia vaccinations for 2 of 3 residents (R3 and R5) reviewed for vaccinations in the sample of 10.</p> <p>The findings include:</p> <p>1. R3's Face Sheet shows R3 is a 90-year-old male with diagnosis that include chronic atrial fibrillation and hypertension.</p> <p>R3's medical records did not show any documentation that a pneumonia vaccine was offered to R3 as confirmed by V5 (License Practical Nurse-LPN)</p> <p>On 8/5/23 at 9:30 AM, V5 (LPN) said R3 is receiving antibiotics for pneumonia right now.</p> <p>On 8/5/23 at 9:45 AM, V3 (Assistant Director of Nursing) said R3 should have been offered the pneumonia vaccinations.</p> <p>On 8/6/23 at 11 AM, the facility provided R3's</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>Immunization History Report and it did not show that R3 had received any pneumonia vaccinations.</p> <p>2. R5's Immunization Summary dated September 5, 2023 shows she received the PPSV vaccine on June 14, 2006. R5 birthdate is December 12, 1933. R5 is 89 years old.</p> <p>On September 6, 2023 at 7:58 AM, V3 ADON/IP (Assistant Director of Nursing/Infection Preventionist) said she is trying to get caught up on the pneumococcal vaccines for the residents. V3 said this year, the local pharmacy will hold a flu and pneumonia vaccine clinic. V3 says she plans on auditing all the residents' records to see which pneumonia vaccines they need. V3 said the facility follows CDC (Center for Disease Control) guidelines in regards to the pneumonia vaccine. V3 said the facility offers the PPSV23 vaccine to residents and that she believes there is a new pneumonia vaccine.</p> <p>On September 6, 2023 at 11:20 AM, V3 said R5 should have gotten the PCV20 vaccine a year after she received the PPSV vaccine.</p> <p>Per Centers for Disease Control and Prevention dated January 20, 2023 (pneumococcal conjugate vaccines=PCV13, PCV15 or PCV20 and pneumococcal polysaccharide vaccine-PPSV23). Adults who have never received a pneumococcal conjugate vaccine should receive PCV15 or PCV20 if they are 65 years old and older, are 19 through 64 years old and have certain medical conditions or other risk factors. If PCV15 is used, it should be followed by a dose of PPSV23. Adults who received an earlier pneumococcal conjugate vaccine (PCV13 or PCV7) should talk with a vaccine provider to learn</p>	S9999		

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S9999	Continued From page 6 about available options to complete their pneumococcal vaccine series. Adults 65 years or older have the option to get PCV20 if they have already received PCV13 (but not PCV15 or PCV20) at any age and PPSV23 at or after the age of 65 years old. The facility's Pneumococcal Vaccination Policy dated September 8, 2014 shows, "It is the policy of [facility name] to arrange for administration of a pneumococcal vaccination to each resident who has not received this immunization prior to or upon admission unless the resident refuses the offer for vaccination or the vaccination is medically contraindicated." (C) Statement of Licensure Violations (4 of 6) 300.1210b)2) 300.1210c) 300.1210d)6) Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: 2) All nursing personnel shall assist and	S9999			

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S9999	<p>Continued From page 7</p> <p>encourage residents so that a resident who enters the facility without a limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable. All nursing personnel shall assist and encourage residents so that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure the ordered treatment was in place to a resident's hand contractures and failed to put interventions in place for a resident experiencing a fall for 2 of 3 residents (R5 and R2) reviewed for resident care in the sample of 10.</p> <p>The findings include:</p> <p>1. R5's Physician and Orders Medications and Treatments dated September 1, 2023-September</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>30, 2023 shows an order for, "Nail digging into palms. Keep wash cloth in hands." Written on May 23, 2023.</p> <p>On September 5, 2023 at 9:17 AM, R5 was sitting in a recliner. Both of R5's middle, ring, and pinky fingers were bent in with her nails going into her palm. R5's nail beds were not visible. There were no wash cloths in R5's hands. At 10:15 AM, R5 was in the same spot still with no wash cloths in her hands. At 12:20 PM, R5 was transferred into her bed. There were no wash cloths in place to R5's bilateral hands. V14 CNA (Certified Nursing Assistant) said that she used to put washcloths in R5's hands, but said she has not seen any wash cloths in her hands for some time now.</p> <p>R5's Treatment Flow Sheet dated September 1, 2023-September 30, 2023 shows the wash cloth treatment to R5's bilateral hands was not signed off as done for the month of September.</p> <p>On September 6, 2023 at 10:24 AM, V4 RN (Registered Nurse) said he just saw that R5 had an order for washcloths to her hands. V4 said the washcloths are to keep R5's nails from digging in her hands. V4 said the washcloths can help so that the contractures do not get worse.</p> <p>On September 6, 2023 at 12:16 PM, V2 DON (Director of Nursing) said there was no policy in regards to following physician's orders.</p> <p>2. R2's face sheet shows R2 has diagnoses that include compression fracture, macular degeneration, hypertension, depression and anxiety.</p> <p>R2's Fall Risk Assessment dated 6/27/23 shows R2 is high risk for falls.</p>	S9999			

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S9999	Continued From page 9 The Facility Reported Incident (FRI) sent to the state agency dated 8/31/23 as Final shows, R2 who was alert and oriented x1, had a fall with injury, she was noted in supine position on the floor in resident's room with non-slip socks intact and call light within reach. Assessment completed per Nurse Practitioner. R2 had hematoma and laceration noted to left forehead. R2 was sent to ER but was sent back to the facility. R2's head CT and x rays were normal. No witnesses present with R2's fall. R2's Fall Incident Report dated 8/30/23 timed at 1300 (1PM) show "Resident observed lying on back in front of dresser. Hematoma and laceration noted to left side of forehead. Delayed response pupil equal but sluggish, sent to ER (emergency room) via ambulance. First aid administered hematoma gently cleansed, pressure applied." A document entitled After Team Fall Meeting dated 8/31/23 with V2 (Director of Nursing-DON) V3 (Assistant Director of Nursing-ADON) and V8 (Care plan Nurse-CP). "Resident (R2) will be moved closer to the nurse's station. Additional interventions: (R2) does not use call lights, unable to educate due to cognitive level." On 9/5/23 at 8:50 AM, R2 was sitting in a recliner by the nurse's station. R2 was noted to have bruise (purplish discoloration) to the left side of her forehead and the left side of her face down to her chin. R2's left hand was also noted with bruising. When asked how she was doing, R2 smiled and nodded then closed her eyes. On 9/6/23 at 8:30 AM, V9 (License Practical Nurse-LPN) said she was the nurse on 8/30/23 when R2 fell. R2 was observed on the floor	S9999		

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S9999	Continued From page 10 bleeding. V9 (LPN) said the Nurse Practitioner (V12) was at the facility at that time of the fall and assessed R2. V9 said V12 (NP) gave an order to send resident to the ER. V9 also said that V12 (NP) requested R2 to be moved to a room by the nurse's station. V9 said R2's room was at the end of the wing, far and not visible from the nurse's station. On 9/6/23 at 8:15 AM, this surveyor went to check R2's new room. The room had 4 wheelchairs and a bed. The closet was empty and did not contain any clothing or personal items. This surveyor asked V3 (ADON) to check the room and confirmed that R2 had not been moved to this room. V3 said R2 will be moved today (7 days after R2's fall). On 9/6/23 at 10:00 AM, V2 (DON) said the nurse (agency nurse per DON) was given instructions to move R2 on 8/30/23 after R2 had a fall with injury, that was the intervention after the fall. R2 did not get moved until today(9/6/23). On 9/6/23 at 11:00 AM V12 (NP) said she wanted R2 to be near the nurse's station right after her fall (8/30/23) for R2 to be closely supervised and for R2's safety. R2's care plan under falls dated 6/28/23 show R2 has history of falls. R2's fall intervention dated 8/30/23-found on the floor after self-ambulating in her room. Room being moved closer to nurse's station. The facility policy entitled Fall Risk Assessment dated 2/21/23 show, "When falls occur, the residents plan of care will be reviewed, cause of fall will be reviewed and methods to prevent further falls will be added ..."	S9999		

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S9999	Continued From page 11 (B) Statement of Licensure Violations (5 of 6) 300.1610a)1) Section 300.1610 Medication Policies and Procedures a) Development of Medication Policies 1) Every facility shall adopt written policies and procedures for properly and promptly obtaining, dispensing, administering, returning, and disposing of drugs and medications. These policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility. These policies and procedures shall be in compliance with all applicable federal, State and local laws. This REQUIREMENT was not met as evidenced by: Based on observation, interview and record review the facility failed to ensure a multi-dose insulin vial was disinfected before piercing the vial with a needle for 1 of 1 resident (R16) reviewed for insulin administration in the sample of 10. The findings include: On 9/5/23 at 11:07 AM, V4 (Registered Nurse) prepared insulin to be administered to R16. V4 took an opened multi-dose Novolog Insulin vial out from the medication cart. Without disinfecting the top of the vial, V4 punctured the top of the vial with an insulin needle and drew up 9 units of Novolog. V4 then administered the insulin to	S9999			

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S9999	<p>Continued From page 12</p> <p>R16.</p> <p>On 9/6/23 at 8:09 AM, V3 (Infection Prevention Nurse) said that the top of a multi-dose vial of insulin should cleaned with an alcohol swab before drawing up insulin in order to disinfect it.</p> <p>The facility's undated Single and Multi-Dose Parenteral Medication Vials Policy shows, "Disinfect the vial's rubber septum before piercing by wiping with 70% isopropyl alcohol. Allow the septum to dry before inserting a needle or other device into the vial."</p> <p style="text-align: center;">(C)</p> <p>Statement of Licensure Violations (6 of 6)</p> <p>300.2100</p> <p>Section 300.2100 Food Handling Sanitation</p> <p>Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill. Adm. Code 750).</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to handle dishes in sanitary manner. This applies to all residents residing in the facility.</p> <p>The findings include:</p> <p>A Facility document entitled Resident Roster dated 9/5/23 show there are 30 residents residing at the Health Center of the facility.</p>	S9999		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007231	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 09/06/2023
NAME OF PROVIDER OR SUPPLIER PARKVIEW HOME - FREEPORT		STREET ADDRESS, CITY, STATE, ZIP CODE 1234 SOUTH PARK BOULEVARD FREEPORT, IL 61032		
(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	<p>Continued From page 13</p> <p>On 9/5/23 8:40 AM, in the dishwasher area, V10 (Dietary Aide) was in the dishwashing area. V10 removed the soiled dishes from the food cart, scraping all the dishes to remove food debris then loaded the soiled dishes to the dish machine. Then without washing his hands, V10 went to the clean area and handled the clean dishes coming from the dishwasher and put the dishes in the clean trays. V10 went back to the dirty area and again removed the soiled dishes from the food cart and loaded them in the dishwasher. V10 was all over the dishwashing area, touching dirty dishes and clean dishes with his soiled hands.</p> <p>On 9/5/23 at 1:13 PM, V10 (Dietary Manager) said staff should not handle dishes from dirty to clean without washing their hands to prevent cross contamination of the dishes.</p> <p>The Dishwashing policy dated 2020 show f. Use clean washed hands to pull clean racks ...putting (clean) dishes away for storage.</p> <p>(C)</p>	S9999		

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S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations (1 of 3) 330.715b) Section 330.715 Request for Resident Criminal History Record Information b) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender. This REQUIREMENT was not met as evidenced by: Based on interview and record review the facility failed to check the Illinois Department of Corrections (IDOC) sex registrant website upon admission for 4 of 4 residents (R7, R9, R10 and R14) reviewed for background checks in the sample of 6. The findings include: An undated facility provided list shows that R7 admitted to the facility on 6/22/23, R9 admitted to the facility on 6/16/23, R10 admitted to the facility on 6/28/23 and R14 admitted to the facility on 8/11/23. The facility was asked to provide evidence that the IDOC website was checked upon admission	S9999	Attachment A Statement of Licensure Violations	

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

TITLE

(X6) DATE

Illinois Department of Public Health

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S9999	<p>Continued From page 1</p> <p>for R7, R9, R10 and R14. No documentation was provided.</p> <p>On 6/9/23 at 10:46 AM, V15 (Receptionist) said that it is her responsibility to do resident background checks. V15 said that she checks new admission names against the Criminal History Information Response Process (CHIRP) website and the Illinois State Police website. V15 said that she does not check any additional websites.</p> <p>The Written Notice and Authorization Initiation of Background Checks under the Uniform Conviction Information Act form for R7, R9, R10 and R14 shows, "In connection with your application for residency, we will conduct a criminal background check on you per the requirements of the Nursing Home Care Act and the Illinois Department of Public Health. Your name will be compared against the Illinois Department of Corrections and the Illinois State Police registered sex offender databases." (C)</p> <p>Statement of Licensure Violations (2 of 3)</p> <p>330.1160c) 330.1160d)</p> <p>Section 330.1160 Vaccinations c) A facility shall provide or arrange for administration of a pneumococcal vaccination to each resident in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, who has not received this immunization prior to or upon admission to the facility unless the resident</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>refuses the offer for vaccination or the vaccination is medically contraindicated. (Section 2-213 of the Act)</p> <p>d) A facility shall document in each resident's medical record that a vaccination against pneumococcal pneumonia was offered and administered, refused, or medically contraindicated. (Section 2-213 of the Act)</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on interview and record review the facility failed to ensure residents were offered the Pneumococcal vaccine for 2 of 2 residents (R1 and R4) reviewed for immunizations in the sample of 18.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. R1's Face Sheet shows that he was admitted to the facility on 7/31/17 and is 82 years old. <p>R1's Historical Immunizations List provided by the facility on 9/6/23 shows that R1 received a Pneumococcal Conjugate Vaccine (PCV 13) on 10/21/15 and has not received any additional pneumococcal vaccines.</p> <p>R1's chart does not document that any additional pneumococcal vaccines were offered.</p> <p>On 9/6/23 at 9:45 AM, R1 said that he is unsure if he has had a pneumonia vaccine. R1 said that he just had a horrible respiratory infection and has had pneumonia in the past.</p> <ol style="list-style-type: none"> 2. R4's Immunization Summary dated August 23, 2022 shows R4 received a PCV13 immunization on September 29, 2016. R4's immunization 	S9999		

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S9999	<p>Continued From page 3</p> <p>summary did not show that R4 received any other pneumococcal vaccine. R4's 2022-2023 Informed Consent to Receive Vaccine dated 10/5/22 shows R4's birthdate is May 21, 1937 (86 years old).</p> <p>On September 6, 2023 at 7:58 AM, V3 ADON/IP (Assistant Director of Nursing/Infection Preventionist) said she is trying to get caught up on the pneumococcal vaccines for the residents. V3 said this year, the local pharmacy will hold a flu and pneumonia vaccine clinic. V3 says she plans on auditing all the residents' records to see which pneumonia vaccines they need. V3 said the facility follows CDC (Center for Disease Control) guidelines in regards to the pneumonia vaccine. V3 said the facility offers the PPSV23 vaccine to residents and that she believes there is a new pneumonia vaccine.</p> <p>On September 6, 2023 at 11:20 AM, V3 said R4 should have gotten the PCV20 vaccine a year after she received the PCV13 vaccine.</p> <p>Centers for Disease Control and Prevention dated January 20, 2023 (pneumococcal conjugate vaccines=PCV13, PCV15 or PCV20 and pneumococcal polysaccharide vaccine-PPSV23). Adults who have never received a pneumococcal conjugate vaccine should receive PCV15 or PCV20 if they are 65 years old and older, are 19 through 64 years old and have certain medical conditions or other risk factors. If PCV15 is used, it should be followed by a dose of PPSV23. Adults who received an earlier pneumococcal conjugate vaccine (PCV13 or PCV7) should talk with a vaccine provider to learn about available options to complete their pneumococcal vaccine series. Adults 65 years or older have the option to get PCV20 if they have already received PCV13 (but not PCV15 or</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>PCV20) at any age and PPSV23 at or after the age of 65 years old.</p> <p>(C)</p> <p>Statement of Licensure Violations (3 of 3)</p> <p>330.2000</p> <p>Section 330.2000 Food Handling Sanitation</p> <p>Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill. Adm. Code 700).</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to handle dishes in sanitary manner. This applies to all residents residing in the facility.</p> <p>The findings include:</p> <p>A Facility document entitled Resident Rooster dated 9/5/23 show there are 18 residents residing in the Sheltered Care areas.</p> <p>On 9/5/23 8:40 AM, in the dishwasher area, V10 (Dietary Aide) was in the dishwashing area. V10 removed the soiled dishes from the food cart, scraping all the dishes to remove food debris then loaded the soiled dishes to the dish machine. Then without washing his hands, V10 went to the clean area and handled the clean dishes coming from the dishwasher and put the dishes in the clean trays. V10 went back to the dirty area and</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>again removed the soiled dishes from the food cart and loaded them in the dishwasher. V10 was all over the dishwashing area, touching dirty dishes and clean dishes with his soiled hands.</p> <p>On 9/5/23 at 1:13 pm, V10 (Dietary Manager) said staff should not handle dishes from dirty to clean without washing their hands to prevent cross contamination of the dishes.</p> <p>The Dishwashing policy dated 2020 show f. Use clean washed hands to pull clean racks ...putting (clean) dishes away for storage.</p> <p>(C)</p>	S9999		