STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	(X3) DATE SURVEY COMPLETED		
	IL6007074		B. WING	04/04/2023		
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
PAVILIO	N OF LOGAN SQUAF		RTH KEDZIE), IL 60647			
(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 CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPROPRIED TO THE	DULD BE COMPLE	
S 000	Initial Comments	:	S 000			
	Probationary Licer	se/Change of Ownership / LP1	N _i e	11	\$	
S9999	Final Observations		S9999		8 8	
	Licensure Violation	ns	× ×	e * 2/		
2	300.2210 a) 300.2210 b) 1) 5)	The Same		9: 9:	N S	
	Section 300.2210	Maintenance	0	* * *	* *	
4.5	written plan for ma	ty shall have an effective intenance, including sufficient equipment, and adequate		a) (17 EU	
: : : : : : : : : : : : : : : : : : :	b) Each facili	y shall:	71 =	3 3	3	
	and free of the follow or ceilings; peeling	ne building in good repair, safe owing: cracks in floors, walls, wallpaper or paint; warped or	8.	127 127	- C	
	floor covering, suc handrails or railing	ped, broken, loose, or cracked h as tile or linoleum; loose s; loose or broken window ner similar hazards.		20 St 12 St	20 90 90	
	5) Maintain al clean, attractive, a	l furniture and furnishings in a nd safely repaired condition.		6 T (0)		
	300.3130b)3 300.3130c)3) 4)			57. St. St.		
	Section 300.3130 Plumbing Systems			9	¥ ==	
	b) Plumbing Fixtures			Attachment A Statement of Licensure Viole	ent A sure Violations	
	3) When exis	ting showers or tubs are		V		

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

TITLE of

(X6) DATE

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 IL6007074 04/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2242 NORTH KEDZIE **PAVILION OF LOGAN SQUARE. THE** CHICAGO, IL 60647 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE TAG DEFICIENCY) S9999 Continued From page 1 S9999 replaced or additional showers or tubs are installed, the shower bases and tub bottoms shall be designed with nonslip surfaces. c) Water Supply Systems Hot water distribution systems shall be arranged to provide hot water of at least 100 degrees Fahrenheit at each hot water outlet at all times. 4) Hot water available to residents at shower, bathing and handwashing facilities shall not exceed 110 degrees Fahrenheit. These Regulations were not met as evidenced by: Based on observation, interview and record review the facility failed to provide safe, functional environment; failed to assure that the resident environment remains free of accidental hazard by ensuring that the temperature of hot water available to shower, hand washing in the facility did not exceed 115 degrees Fahrenheit. This failure has the potential to affect all the 198 residents residing in the facility. Findings include: On 4/4/23 at 9:55am, at the start of the environment observation with V5 (housekeeping and Laundry Supervisor) and V4 (Maintenance Director). V4 presented and electronic thermometer, V4 stated this type of thermometer does not need to go into water for calibration. V4 stated this is the thermometer the facility provided and that is what I (V4) use.

16,

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The following observation were made:

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AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	COMPLETED	
		IL6007074	B. WING		04/04/2023	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DAVII IOI	N OE LOCAN COLIABI	2242 NOR	TH KEDZIE			
PAVILIO	N OF LOGAN SQUAR	chicago	, IL 60647			
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	
S9999	Continued From pa	ge 2	S9999	•{	8	
	the cabinet, V4 state need to fix that. Was the wall, and the toin need to be painted scratching the walls did V4 became awareplied I don't know At 10:13am in Roor the sink noted with At 10:20am shower bathroom, the 1st slightening up in the surface. V4 stated the The surveyor then a	n 402, bathroom walls over paint chipping/peeling off. / bathroom/resident tall shower room call light not hallway and no non-slip that I (V4) will have to fix that.	8			
	director? V4 stated daily, but I did not d bosses said you (recome to inspect the (referring to writing not meeting the regin any of the stalls. this observation wastated that I know we don't have it in any floors (referring to 1 the facility shower rabout the purpose of	floor as a maintenance I that he (V4) made rounds o it today but one of the iferring to IDPH staff) will use things just write away up the things that were wrong, ulations). No non-slip surface No non-slip mat used. When s brought to V4's attention. V4 what you are asking for, but we of the bathrooms on all the 1st, 2nd, 3rd, and 4th floors of coms). When the asked V4 of the non-slip surface device? To stop the resident from	77)			
	At 10:42am, on the stall 55 1/2 by ½ tile and another 20 ½ b surface/mat noted of the call light missing At 11:00am on the 2 was noted off the w	3rd floor shower room, 2nd es missing by the water drain by ½ missing. No non-slip on the floor and the cover for g. 2nd floor, the soap dispenser all in the toilet over the hand ne wall painting peeling off. V4		9		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
MAD EDVIA OF COLUME LION		BERTH IOATIOIT TOMBER.	A. BUILDING:		33.0		
IL6007074		B. WING		04/0	04/04/2023		
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
PAVILION OF LOGAN SQUARE, THE 2242 NORTH KEDZIE CHICAGO, IL 60647						s	
(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	Continued From page 3		S9999				
	stated that we (reference that. At 11:05am on the Shower room bathr	erring to the facility will have to 2nd floor the common resident room water temperature read				UP	
	and steaming hot. At 11:06am on the stall call light not in light over the door At 11:20am, in Roo	15 or 120degrees Fahrenheit) 1st floor shower room, the 2nd working condition, the hallway not lighting up when pulled. In 130 the water temperature					
	above 120 degrees visible, V4 used his and quickly remove hot, I (V4) will have the sink. The surve	bove the 115degrees, and s), steam from the hot water (V4) hands to feel the water ed his hands stating it's very to cut the valve off from under eyor asked V4 about the facility temperature. V4 stated that				.S.	
	"the hot water temp than 115 degrees F asked V4 regarding to determine that the for every one of the	perature should not be more Fahrenheit". The surveyor then g how often rounds are made ne water temperature is safe e residents? V4 stated daily not ow just write on. They told me					
Še:	you will be here; I ji coming. The surve happen to resident above the facility ra 120degrees and be to the resident? V4	ust did not know when you're yor then asked about what can with the water temperature ange of 115 degrees and above eing this hot what can happen stated that "They can get surveyor asked V4 whether it is					
	appropriate or norr steaming hot like the l (V4) will go and to those (referring to good temperature	mal for the water to be his? V4 replied "No, not at all". urn it down in the boiler room, residents) on the 1st floor get with their water. Then the is 127.6 degrees Fahrenheit		5		4	
		1st floor in the dining room hairs noted with no felts on the					

15.5

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: IL6007074 B. WING 04/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2242 NORTH KEDZIE **PAVILION OF LOGAN SQUARE, THE** CHICAGO, IL 60647 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 4 S9999 bottom of the chair stand. V4 stated in part that all the other floors have new chairs, and they have that protector grip on them, that griper helps the resident when they move the chair they will not fall. V4 stated he (V4) did not have work order for the replacement. At 1:50pm interview with V1 (Administrator), regarding water temperature, temperature log not being provided by V4, the non-slip surface, call light, wall paint chipping off, stated that the small tiles are used as the non-slip. V1 stated that we (facility) must buy non-slip materials and felts for the chair. I (V1) will have to go to (local store) to get these materials. V1 stated that "I (V1) have contacted the facility co-operate office and they are sending the regional director of maintenance. (V4) is working on the boiler turning it down. At 2:30pm V7 identified self as the Regional Director of Maintenance. V7 stated that V4 has readjusted the boiler temperature. At 2:40pm V7 with calibrated thermometer re-tested the common bathroom on the 2nd floor and it read 126.2 degrees Fahrenheit still above a safe level. At 2:46pm Room 130 the water temperature re-tested in Room 130, and it read 133.9 degrees Fahrenheit still above the safe recommended level. R1 who was in the room at this time stated that and pointing to the direction of the washroom "it (referring to the water temperature) is too hot". At 3:28pm in the conference room with V1, V2 and V7 present. V7 stated that "I know what is missing, the boiler needs mixing valve. V7 stated that we (referring to the facility) will make it happen today". On 04/4/23 as at 4:00pm none of the shower

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nonslip surface.

rooms on 1st, 2nd, 3rd, and 4th floor has a

The facility job description for Maintenance

PRINTED: 06/06/2023 FORM APPROVED

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING IL6007074 04/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2242 NORTH KEDZIE **PAVILION OF LOGAN SQUARE, THE** CHICAGO, IL 60647 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) S9999 S9999 Continued From page 5 Director presented with no date documented that the maintenance director's primary purpose is to plan, organize, develop, and direct the overall operation of the maintenance department in accordance with current federal, state, and local standards, guidelines and regulations, facility established policies and procedures, and as may be directed by the facility administrator. Essential duties and responsibilities listed includes but not limited to Overseeing the physical maintenance and operations of the facility and facility systems. Performs facility and property inspections, identifies and reports maintenance issues, creates/completes work order as needed. Perform and/or solicits vendor assistant for maintenance /repair of mechanical systems that includes but not limited to boilers while maintain OSHA compliance standards. The facility policy titled Water Temperatures, Safety with no date presented documented that tap water in the facility shall be kept within a temperature range to allow for comfortable bathing, proper hand washing and prevent scalding. Under the water heater settings highlight interpretation and implementation includes but not limited to "water heaters that service resident rooms, bathrooms, common areas, and tub/shower areas shall be set to temperatures to range between 105 degrees Fahrenheit to 115 degrees Fahrenheit. Maintenance staff is responsible for checking thermostats and temperature controls in the facility and recording these checks in maintenance log. If the water temperatures fall out of range the maintenance staff will adjust the mixing valve to correct the temperature variance. Hand washing shall be completed using flowing water and antibacterial soap.

PRINTED: 06/06/2023 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: _ B. WING IL6007074 04/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2242 NORTH KEDZIE **PAVILION OF LOGAN SQUARE, THE** CHICAGO, IL 60647 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG DEFICIENCY) S9999 Continued From page 6 S9999 The facility job description for Maintenance Director presented with no date documented that the maintenance director's primary purpose is to plan, organize, develop, and direct the overall operation of the maintenance department in accordance with current federal, state, and local standards, guidelines and regulations, facility established policies and procedures, and as may be directed by the facility administrator. Essential duties and responsibilities listed includes but not limited to Overseeing the physical maintenance and operations of the facility and facility systems. Performs facility and property inspections, identifies and reports maintenance issues, creates/completes work order as needed. Perform and/or solicits vendor assistant for maintenance /repair of mechanical systems that includes but not limited to boilers while maintain OSHA compliance standards. (B)