PRINTED: 11/28/2023 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:** A. BUILDING: COMPLETED B. WING IL6005961 11/15/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **152 WILMA DRIVE ELMWOOD NURSING & REHAB CENTER** MARYVILLE, IL 62062 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S 000 Initial Comments S 000 Complaint Survey: 2347645/IL164360 \$9999 Final Observations S9999 Statement of Licensure Violations 300.2210b)1 300.2210b)2 300.22105)9 Section 300,2210 Maintenance b) Each facility shall: 1) Maintain the building in good repair, safe and free of the following: cracks in floors, walls, or ceilings; peeling wallpaper or paint; warped or loose boards; warped, broken, loose, or cracked floor covering, such as tile or linoleum; loose handrails or railings; loose or broken window panes; and any other similar hazards. 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. 9) Maintain all plumbing fixtures and piping in good repair and properly functioning. These Requirements were not met as evidenced by: Based on observation, interview and record

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

review the facility failed to identify excessive mold

growth in the basement and in the utility tunnels under the facility due to ongoing plumbing issues

TITLE

Affachment A

Statement of Licensure Violations

(X6) DATE

PRINTED: 11/28/2023

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: _ R-C B. WING IL6005961 11/15/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **152 WILMA DRIVE ELMWOOD NURSING & REHAB CENTER** MARYVILLE, IL 62062 SUMMARY STATEMENT OF DEFICIENCIES 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) DATE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S9999 Continued From page 1 S9999 and implement interventions to remediate the mold to protect the health and safety of the residents. This has the potential to affect all 78 residents living in the facility. Findings include: On 9/20/2023 at 8:20 AM, in the main television area, next to the dining area there are many ceiling tiles (over 10 tiles large tiles approximately 2 feet by 4 feet) that have large brown spots and them. The vents in the ceiling have small black dots on them covering the entire vents and sides of the vent. On 9/20/2023 at 8:28 AM, in the dining on the ceiling there are several large tiles that are discolored with large areas staining the tiles with discoloration. On 9/20/2023 at 8:33 AM, V6, Contracted Plumber stated. "There is a lot of water in the basement that has just been sitting there over time. That standing water is not good. This has been going on for few months now. We recommend overhauling everything and we gave them an estimate, but they said it was too expensive to fix. Today we are just going to address about six pipes in the crawl space and replace them. It is a long crawl space. Right now. the sump pump is having issues keeping up with the water because it gets clogged and there is a lot of sitting water down there. The sitting water is dangerous because it makes mold spores, and those spores don't just sit in the basement they can travel up and affect everyone in the building. It has been like this for at least two months, give

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or take. The problem is getting worse because the drain lines are in bad shape and there is so much water, coming out so fast, that it is having a

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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: _ R-C IL6005961 B. WING 11/15/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **152 WILMA DRIVE ELMWOOD NURSING & REHAB CENTER** MARYVILLE, IL 62062 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 DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 2 S9999 hard time keeping up with everything. The pipes are old, and they really need things replaced not just a quick fix for today. We will be shutting off the water today for a few hours while we repair the pipes that we know are leaking. This is a quick fix and will not solve the problem, it is only a band aid being put on, but they have bigger issues. There are wires inside and I am sure there is mold and nobody in the plumbing staff even wants to go down there because of all the hazards." On 9/21/2023 at 8:50 AM, V1, Administrator stated, "About a week ago the sump pump was not working, the facility had to replace it, and they were pumping out lots of water from the facility into the ditch. Once they replaced the sump pump things were good. They saw the Local Health Department truck in the back looking at the water that was in the ditch, but nobody came in and nobody voiced any concerns to me. The ditch was full of water, and it was pumping out the water fast. We did get an estimate to replace the plumbing, but it was over \$200,000 and we just could not afford to do that at this time. We have had the plumbers come out several times. I have not been the Administrator very long here, but it is an old building, and I give the quotes to the owners, and they decide what they want to do. The plumbers are coming in tomorrow to remove some bad sections of the copper piping in the crawl space that are leaking and replace with new fittings and new pipes. We will have to temporarily shut off the water for the repairs." On 9/20/2023 at 9:11 AM, in the basement there is a large white pipe with water running through it hard and at a very fast pace that sounds like the ocean. There is standing water that is visible there is approximately 3 feet of water in the

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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: R-C B. WING IL6005961 11/15/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **152 WILMA DRIVE ELMWOOD NURSING & REHAB CENTER** MARYVILLE, IL 62062 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY** S9999 Continued From page 3 S9999 basement in the sump pump area. The water filling up is running faster than the sump pump pumping the water out. On 9/20/2023 at 9:20 AM, the smell in the basement was very unpleasant and pungent almost like the smell of musty wet socks. The walls near the sump pumps are covered with slimy, fuzzy raised textures. The walls and the ceiling are affected. The floor of the basement is moist and there were two PVC pipes coming out of the hole in the basement floor where the sump pump is located. Each of the three PCP pipes has dust like black powdery substance on them. The walls have blotches of black powdery substance in blotches. On 9/20/2023 at 9:29 AM, the crawl space is close to the hole with the sump pump. The crawl space was measuring approximately 40 inches in width and 50 inches in length. The wall is covered with peeling, textured areas that are black and brown in color and are chipping of materials from the wall. The walls and floor have blotches of black powdery substances and areas of greenish and brown hues covering 1/2 of the wall and floor. From the crawl space hole water can be heard dripping from the area and making a making dripping, plopping sounds. On 9/20/2023 at 9:38 AM, in the basement utility room there are three breakers, and the room was very cluttered and difficult to find a path. The areas above the ceiling, especially where there was dry wall, some areas were deteriorated and damaged and had moisture in them. The pipe insulation above was also deteriorated and damaged. There are 3 boilers in the room and behind the boilers is a space approximately 6 feet long and 2 feet in width, there is a hose laying on

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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: R-C B. WING IL6005961 11/15/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **152 WILMA DRIVE ELMWOOD NURSING & REHAB CENTER** MARYVILLE, IL 62062 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 TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 4 S9999 the area and the bottom of the area has water in it approximately 1/2 inch deep. On 9/20/2023 at 9:49 AM, in the basement office the ceiling was heavily covered in black patterns of blackish trails on the entire ceiling. The floor was also not completely dry and appeared to be damp. The smell was unpleasant and pungent in this area as well. The walls are also covered in a black dot and some of the particles are beginning to crumble. The pipes above the second crawl space area the material covering the pipes is deteriorated and falling apart. On 9/20/2023 at 9:59 AM, in the basement workshop area the ceiling also has heavy amounts of layers of black, with some brown and green hues covering the ceiling. On 9/20/2023 at 10:33 AM, in the back of the building, water is being pumped back outside. In the back of the building on the side of the brick wall are two large PPC fittings pipes and the water are leaking from both of them at a strong and forceful rate. The T joint is pointed towards the building. There is significant flooding in the alley, and the alley is full of water, and there are multiple puddles, and standing water on the sides of the building. On 9/20/2023 at 11:01 AM, there were black spots dots in the 100-hall shower room near the nurse's station covering the celling and shower stall walls and floor. On 9/20/2023 at 11:11 AM, on the 100 hall straight from the nurse's station on the ceiling are three large vents. All the vents have black dots and them and the last vent towards the exit has black and brown coloring to it.

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 R-C IL6005961 8. WING 11/15/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **ELMWOOD NURSING & REHAB CENTER 152 WILMA DRIVE** MARYVILLE, IL 62062 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 5 S9999 On 9/20/2023 at 11:30 AM, on the 100 hall near the shower room there was a sky light. There were 5 tiles that were brown in color and the area close to the window were deteriorated. On 9/22/2023 at 2:30 PM, V4, Village Building and Zoning Administrator, and V18, Fire Marshal were in the facility doing an onsite inspection. V4 and V5 both stated they had some concerns regarding the building and would be making a full report. On 9/22/2023 at 2:39 PM, V4 stated, "The Facility has had ongoing plumbing issues causing substantial water leaks under the facility which can easily contribute to mold growth. The plumber had shared with him that there was more than likely excessive mold growth that was in in the crawl space under the resident hallways of the facility and in the basement along with standing water in the crawl space." On 9/22/2023 at 2:42 PM, V5 stated he had some concerns, and the building was in bad shape, everything in the basement is covered in what they suspect is mold, there is a lot of water and moisture in the basement that should not be there and there a lot of (wires) exposed and fire hazards. V5 stated, the whole underside of the building is holding moisture and they think that is causing mold as well. They feel it has probably been in this condition for a long time. The shower rooms also are showing spore like things that could be mold as well. In the meantime, they told (V1, Administrator) to test for mold, which the facility has agreed to do. Once the facility gets those results back from the lab, they can review everything and see where things are at and confirm if there is or is not mold in the building. If

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R-C 11/15/2023	
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	they are positive for mold, then that would be a					20 mm	
	hazard for the res	idents and staff.				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	The Village Buildin	ng and Zoning Administrator,	21				
	V4, and City Fire	Chief, V18, did an on-site				- INDEPENDING N	
	inspection of the f	acility on 9/22/23 with findings					
	reported on 10/11,	/23 noting that the facility had mold growth. The Report					
	documented "Mole	d Testing: We insist that you				A CONTROL OF THE CONT	
-	promptly engage a	a certified mold inspector or					
	remediation speci	alist to conduct a thorough mo	d				
	will determine the	ur building. This assessment text and type of mold present i	0				
	your premises. Af	formal assessment report mus					
	be generated as p	art of this process." The Repo	rt				
	completed, it is im	e the mold assessment's perative that you provide a					
	copy of the assess	sment report to the municipality	<i>i</i> .				
	This report should	contain the locations and					
	recommended act	discovered, along with any ions for remediation." The					
	Report documente	ed "In the event that mold is					
	confirmed within y	our establishment, we require					
	mitigation plan to t	d submit a comprehensive mol the municipality. This plan	d				
	should outline the	specific steps and timelines for					
- 1	addressing and re-	solving the mold issues." The					
	maintain the safet	ed "Our primary concern is to y, health, and aesthetic					
	standard of our co	mmunity, and to ensure that al					
	businesses operat	e in accordance with the law. I					
	is imperative that t	hese violations are promptly rected to bring your business					
	into compliance wi	th our municipal codes."	-				
	On 9/27/23, (Contr	racted Environmental iny), conducted an onsite				WW.	
	inspection of the fa	acility. The report, dated				Maria de la companio del companio de la companio de la companio del companio de la companio della companio de la companio de la companio della companio de la companio de la companio della companio dell	
	10/12/23, documer	nted "In summary, widespread					
	mold in the basem	ent has significantly elevated					

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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: _ R-C IL6005961 B. WING 11/15/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **152 WILMA DRIVE ELMWOOD NURSING & REHAB CENTER** MARYVILLE, IL 62062 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 7 S9999 airborne mold spore levels, warranting professional remediation, and appears to have impacted air quality in the Main Floor, which may warrant additional investigation." The Report documented "This investigation was requested to evaluate indoor air quality and the scope of mold remediate work related to water pipe breaks in the utility tunnels, which were not traversed for this assessment." The Report documented "Widespread mold growth was found on the drywall ceilings throughout the Basement, but plaster ceilings were not affected. Pipe leaks in utility tunnels drained directly into sump pumps. preventing the Basement from flooding. One leak had been repaired prior to inspection and the other leak repair was pending. Airborne mold spore levels of Aspergillus/Penicillium were severely elevated in the Basement (16,300 s/m3), along with slightly elevated Stachybotrys (100 s/m3), and airborne A/P was moderately elevated near the Nurse's Station, in the Main Floor (1,200 s/m3). All other indoor mold spore levels reflect Exterior (baseline) levels, which is considered acceptable. The Report documented "Conclusion: Widespread mold growth and water damage have severely elevated airborne mold spore levels in the Basement, which appear to have migrated into the Main Floor. The extent to which other factors influence indoor air quality of the Main Floor was not evaluated for this assessment, as migration of airborne mold is presumed, and additional inspection and testing of the Main Floor would be necessary to determine conclusively. The Basement appears to have a history of moisture problems, deteriorated piping, damaged content, etc." The Report documented "The assessment was

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limited, where the Site was thoroughly

inspected/tested in the Basement, not at all in the tunnels, and cursory testing in the Main Floor."

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: R-C B. WING IL6005961 11/15/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **152 WILMA DRIVE ELMWOOD NURSING & REHAB CENTER** MARYVILLE, IL 62062 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETÉ (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) \$9999 Continued From page 8 \$9999 On 9/21/2023 at 9:34 PM, V7, Maintenance Director stated, "I saw a city guy driving a white van, and he stopped and talked to me and ask me questions. He said he was going somewhere else and asked me what was going on because of the large amount of water we had coming out in the back of the building. I know the plumbing company is coming out today and there are going to make some repairs on some pipes in the crawlspace. We have all this water because we have some pipes in the basement that are old and breaking, and causing the water, the pipes to burst and the water to leak. I only started here in June so I cannot say how long this has been going on. This is an old building, old pipes, it's like we repair one and then another pipe breaks. We do need a lot of work done with the plumbing and we have been having issues with the pipes and water leaking." On 9/21/2023 at 10:15 AM, R5 stated. "We were told they would be fixing the pipes in the basement today and would be without water for a little bit. It's really getting old being without water all the time. This is getting out of control." On 9/21/2023 at 10:25 AM, R6 stated, "We are going to be without water today they said they are fixing the plumbing. Here we go again with no water. This always is happening." On 9/21/2023 at 10:39 AM, R7 stated, "The facility has been having plumbing work and has been having work and it has been going off and on for a while and every time they come, they have to shut off the water." On 10/13/20223 at 8:27 AM, V18, Fire Chief stated the report was finalized and he had some

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residents living in the facility.

under the facility due to ongoing plumbing issues and implement interventions to remediate the mold to protect the health and safety of the residents. This has the potential to affect all 83

If continuation sheet 11 of 11

Illinois Department of Public H STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R-C 11/15/2023	
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