STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000129	A. BUILDING: _____ B. WING _____	12/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPINE FIRESIDE HEALTH CENTER	3650 NORTH ALPINE ROAD ROCKFORD, IL 61114

(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 Sheltered Care Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: One of Two 330.790a) Section 330.790 Infection Control a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed. This REQUIREMENT was not met as evidenced by: Based on interview and record review the facility failed to ensure residents and staff were tested for COVID-19 to prevent the spread of infection. This applies to all 23 residents residing in the facility. The findings include: 1. A Resident Roster dated 12/18/23 shows that there are 23 residents residing in the facility. An undated facility provided list of residents who were COVID positive shows that a resident on the 300 Hall tested positive for COVID-19 on	S9999	**Attachment A** Statement of Licensure Violations	

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S9999	Continued From page 1 11/14/23. The list shows that 12 residents on the 300 Hall and 400 Hall tested positive between 11/14/23 and 12/4/23. The list shows that by 11/16/23 there were COVID-19 positive residents on all hallways. On 12/19/23 at 10:30 AM, V1 (Administrator) said that the COVID-19 outbreak started on 11/13/23 and all staff and residents were tested on the 11/14/23 and 11/15/23. V1 said that there were multiple staff and residents throughout the facility that tested positive on those days. V1 said that they originally started contact tracing for testing but then resident and staff were coming up positive facility wide so they started testing facility wide. V1 said that they test all agency staff prior to their work day but the facility's staff do not get routinely tested because they wear N95 masks while working. On 12/19/23 at 1:08 PM, V2 (Director of Nursing) said that after a resident tested positive on 11/13/23, they tested all of the residents twice in that week and then after that, they have been testing them if they develop any COVID symptoms but have not done any routine testing on them besides the first week. V2 said that she is not sure if the staff were being tested on a routine basis. On 12/19/23 at 1:45 PM, V14 (Licensed Practical Nurse) said that she tested for COVID-19 the other day due to cold like symptoms and it was negative but besides that she has not done any routine testing during the current COVID-19 outbreak. V14 said that in the past (many months ago) they had to test on a routine basis but she has not with this current outbreak. On 12/19/23 at 3:54 PM, V15 and V16 (Activity	S9999		

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S9999	Continued From page 2 Aides) both said that they work with residents throughout the facility. V15 and V16 both said that they have not tested positive for COVID-19 within the last three months. V15 and V16 both said that their boss told them last week that they had to test for COVID-19 and did a test but that is they only test that they have done recently. V15 and V16 both said that they have not had any additional COVID-19 testing done in months. On 12/19/23 at 12:23 PM, V18 (Local Health Department Infection Control Coordinator) said that once a facility identifies a positive resident or staff member, they should be testing all residents and staff every 3-5 days until they have had no new cases for 14 days if the outbreak is facility wide. The facility was unable to provide evidence that all residents and staff that were not COVID positive after the initial testing were tested every 3-7 days after a facility wide outbreak was identified. The facility's undated Coronavirus (COVID-19) Testing Plan and Response Strategy shows, "Outbreak Scenario: Facility wide testing of employees and residents will take place if deemed appropriate by facility administration or facility medical director or as directed by [Local Health Department] or the [State Health Department]....If one or more resident or employee tests positive for COVID-19, contact tracing will be conducted. Baseline testing for possibly exposed persons will be conducted. Monitoring and testing of residents and employees will continue until no new resident or employee cases are identified for a period of at least 14 days since the most recent positive result, then weekly testing, or as mandated by	S9999		

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S9999	Continued From page 3 local health department or [State Health Department] per positivity rate or facilities discretion after contact tracing is done." (A) Two of Two 330.2000 Section 330.2000 Food Handling Sanitation Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill. Adm. Code 700). This REQUIREMENT was not met as evidenced by: Based on observation, interview and record review the facility failed to ensure food was stored, prepared and distributed in a manner to prevent cross-contamination, failed to ensure food items in the refrigerator and freezer were labeled and dated with an open date and failed to ensure that kitchen was kept in sanitary condition. This applies to all 23 residents residing in the facility. The findings include: The Resident Roster printed on 12/18/23 shows there are 23 residents residing at the facility. On 12/18/23 at 8:37 AM, there was an open bag of cranberry sauce and an unlabeled bag of a half angel food cake in the freezer. In the refrigerator there was a dried pink substance splattered on a bag of mozzarella cheese and on the lid of a mayonnaise container. There was a dried pink substance on the shelf of the refrigerator. There was a white liquid under the jar of mayonnaise	S9999		

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S9999	Continued From page 4 and food debris scattered throughout the bottom of the refrigerator. In the walk in refrigerator there was an unlabeled plastic bag of roast beef, an unlabeled, uncovered tray of apple crisp, an unlabeled, uncovered tray of chocolate cake and a tray of unlabeled, uncovered small cups of salad dressing. In the dry storage are there were boxes of food on the floor. V17 (Dietary Manager) said that they were delivered on Friday (3 days prior). There was multiple fruit flies observed in the dishwasher area and near the juice machine. The juice machine drip pan was half filled with juice. There was dried sticky juice on the floor beneath the juice machine. There was multiple areas of food debris seen on the floor throughout the kitchen. There was a canister vacuum with white powdered substance on the top of it sitting next to the food preparation table. On 12/18/23 at 10:30 AM, V17 prepared the pureed lunch. After pureeing the noodles, V17 placed the noodles from the food processor bowl into a container. While he was transferring the noodles, liquid from the underside of the food processor was dripping into the container. V17 then pureed the carrots and when he was transferring them from the food processor bowl to the container, liquid was dripping into the container. V17 said, "That's just sanitizer agent from the dish machine dripping out." On 12/18/23 at 12:00 PM, V17 started serving the noon meal from the steam table in the kitchen, above the steam table were three fans. The grille of the fans had a thick layer of brown/gray debris on them with strings of the debris blowing out of them. Four ceiling tiles in front of the fans had multiple pieces of brown/gray debris or them. V17 plated and served the noon meal using	S9999		

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S9999	Continued From page 5 multiple (more than 10) chipped plates. The chips were observed on the top serving surface of the plates. On 12/18/23 at 2:00 PM, V17 said that food in the refrigerator or freezer should be covered or in a closed container or bag and the food should be labeled with the date it was prepared and the item name. V17 said that chipped plates should not be used especially if the chip is on the serving surface. V17 said that they do have a cleaning schedule and a different area of the kitchen is cleaned weekly but he does not have a log of when it was cleaned. The facility's undated Food Safety Requirements Policy shows, "Dry food storage-keep foods/beverages in a clean, dry area off the floor.....Safe refrigerated storage include:...Labeling, dating, and monitoring refrigerated food....Keeping foods covered or in tight containers....All equipment used in the handling of food shall be cleaned and sanitized, and handled in a manner to prevent contamination.." The facility's undated Kitchen Sanitation Policy shows, "All food service areas shall be kept clean, sanitary and free from liter and rubbish..." (C)	S9999		