

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011803	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/02/2024
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NAME OF PROVIDER OR SUPPLIER PEARL OF CRYSTAL LAKE, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 EAST BRIGHTON LANE CRYSTAL LAKE, IL 60012
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(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 Licensure Post visit to the Annual Licensure Survey of 6/12/23 .	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.696f)4) Section 300.696 Infection Prevention and Control f) Infectious Disease Surveillance Testing and Outbreak Response 4) Upon confirmation that a resident, staff member, volunteer, student, or student intern tests positive with an infectious disease, or displays symptoms consistent with an infectious disease, each facility shall take immediate steps to prevent the transmission by implementing practices that include but are not limited to cohorting, isolation and quarantine, environmental cleaning and disinfecting, hand hygiene, and use of appropriate personal protective equipment. These REQUIREMENTS were not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure staff wore the required personal protective equipment (PPE) when entering contact and droplet isolation rooms for 4 of 5 residents (R101, R103, R104, and R105) reviewed for infection control in the sample of 5. The findings include:	S9999		

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

Electronically Signed

TITLE

(X6) DATE

01/11/24

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S9999	<p>Continued From page 1</p> <p>1. R101's Order Summary Report showed and order to maintain contact droplet precautions related to exposure to respiratory syncytial virus (RSV).</p> <p>On 1/2/24 at 9:10 AM, on the outside of R101's room were contact and droplet isolation signs. The isolation signs indicated staff were to have their eyes, nose, and mouth covered, put on gloves before room entry, and to put on a gown before room entry. V4 (Hospice Certified Nursing Assistant) was in R101's room feeding R101. The only PPE R4 had on was a surgical mask.</p> <p>2. R103's Order Summary Report Showed the following order maintain contact droplet precautions related to exposure to RSV.</p> <p>On 1/2/24 at 8:52 AM, on the outside of R103's room door were contact and droplet isolation signs. V3 (Certified Nursing Assistant- CNA) entered R103's room with a meal tray. The only PPE V3 had on was a surgical mask. V3 sat R103 up to eat.</p> <p>3. R104's Order Summary Report Showed the following order maintain contact droplet precautions related to exposure to RSV.</p> <p>On 1/2/24 at 8:54 AM, on the outside of R104's room door were contact and droplet isolation signs. V3 entered R104's room with a meal tray. The only PPE V3 had on was a surgical mask. V3 sat R104 up to eat.</p> <p>4. R105's Order Summary Report Showed the following order maintain contact and droplet precautions related to exposure to RSV.</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>On 1/2/24 at 9:03AM, on the outside of R105's room door were contact and droplet isolation signs. V3 entered R105's room with a meal tray. The only PPE V3 had on was a surgical mask. V3 sat R105 up to eat.</p> <p>A facility provided list indicated R101, R103, R104, and R105 were on isolation.</p> <p>On 1/2/24 at 9:36 AM, V5 (Infection Control Nurse) said the facility had positive cases of RSV and confirmed R101, R103, R104, and R105 were on contact and droplet isolation to rule out RSV. V5 said staff should were the following PPE when entering a contact and droplet isolation room mask, gloves, gowns, and eye protection.</p> <p>The facility's Isolation-Categories of Transmission Based Precautions reviewed 6/2/22 showed when staff enter a contact isolation room, they will wear gloves and gown. The same policy showed when staff enter a droplet isolation room, they will wear mask gloves and gown.</p> <p>(C)</p>	S9999		