

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008809 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 11/23/2016 |
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| NAME OF PROVIDER OR SUPPLIER SQUIRE'S SHELTERED CARE HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 2601 NORTH CALIFORNIA CHICAGO, IL 60647 |
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| S 000 | Initial Comments Annual Licensure Sheltered Care Survey Statement of Licensure Violations | S 000 | | |
| S9999 | Final Observations Licensure violation 1 of 4 330.710 a)b)c)1)2) Section 330.710 Resident Care Policies a) The facility shall have written policies and procedures which shall be formulated with the involvement of the administrator. These written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. They shall be in compliance with the Act and all rules promulgated thereunder. (B) b) All the information contained in the policies shall be available for review by Department personnel, residents, staff and the public. c) These written policies shall include, but are not limited to, the following provisions: 1) Admission, transfer, and discharge of residents including categories of residents accepted and not accepted, and residents that will be transferred or discharged. 2) Resident care services including physician services, emergency services, personal care services, activity services, dietary services, and social services. (B) This requirement is not met as evidence by: | S9999 | <p>Attachment A Statement of Licensure Violations</p> | |

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| 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>Based on observation, interview, and record review, the facility failed to monitor, and prevent a resident from smoking in the room. This applies to one of five residents (R4) reviewed for safe smoking in a sample of five residents. . Findings include: On 11/21/16 at approximately 10:15am, during initial tour of the second floor, while accompanied by E1 (Administrator), there was a strong odor of cigarette smoke in room 220. R13 indicated that his roommate (R4) smokes in the room. On further observation of the room, there were areas of black cigarette ash, and a large amount of cigarette butts strewn about the floor, and underneath a table that sat near the window. E1 also confirmed that R4 smokes in the room. R4 then entered the room, during the tour, and indicated when asked, that he does smoke in the room. R4 then began to pick up the cigarette butts, and indicated that R4 will stop smoking inside the room. E1 indicated that residents are not supposed to smoke inside the residents rooms. Review of the facility policy on smoking state that " The facility shall not allow smoking by residents, staff, or visitors throughout the building. Those who want to smoke must do so outside. "</p> <p>(B) Licensure violation 2 of 4 Section 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). (Source: Amended at 13 Ill. Reg. 6562, effective April 17, 1989) This requirement is not met as evidenced by: Based on observation, interview and record</p> | S9999 | | |
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| S9999 | <p>Continued From page 2</p> <p>review, the facility failed to label, date and monitor refrigerated foods and; failed to maintain a clean and sanitized surface inside the refrigerator. This failure has the potential to affect all 28 residents residing in the facility.</p> <p>Findings include:</p> <p>During kitchen tour with E1 (administrator) on 11/21/16 at 10:05am, no hair nets are available for use. The large silver freezer is with old food and dried debris on the base of the freezer when you open the door. In the refrigerator there's two large silver pans, one containing a red liquid and the other a brown liquid that's without a date or a label identifying what the liquid is. E1 states, "The pans should be covered." There's an open 16 ounce mayonnaise bottle, a 16 ounce french salad dressing, and a 24 ounce container of syrup that's been without a label containing an open or use by date. The oven racks are sitting on the floor against the stove. E1 states, "The racks shouldn't be on the floor." In the facility dry storage area the following items are open without a use or open date, and no label identifying the substance.</p> <p>On 11/21/16 at 12:00pm E1 (Administrator) and E3 (housekeeper) are observed in the kitchen food prep area without hair nets or shoe covers, and E3 is wearing apron used during cleaning of facility (bathroom, halls, resident room, emptying trash). E1 states, "The cook called in, we got to do what we got to do so these people could eat." E4 (Dietary Service/Cook), is observed on 11/21/16 in the Kitchen at 12:25pm preparing for lunch without hair net or shoe covers, and preparing food (Cream Potatoes, Steaks, Apples) with dirty gloves. Kitchen with open top trash can that's being moved from one side of the kitchen to the other side with E4's gloved hands. E4 went in and out of the kitchen with gloves on, returned to the stove, moved the potatoes from the stove</p> | S9999 | | |
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| S9999 | <p>Continued From page 3</p> <p>to the steam table with same gloves, touching trash can at increments and continuing to use the same gloves. When asked about the hair net, E1 states, "I usually have a hair net and gloves, I'm running through to serve lunch in time." Currently no hair nets in the facility. E1 returns to the kitchen passing E4 a wool green cap, and states, "E4 you got to put this cap on." E4 takes the cap apply it to her (E4) head, and continue to go in and out of the refrigerator with the dirty gloves on. E4 now removes the large uncovered pan of brown liquid from the refrigerator and start to pour it into small white cups to serve the residents with lunch. When E4 was asked what the liquid was and if it should have been covered and labeled. E4 states, "I believe its tea, now I have to toss it because it wasn't covered or labeled. E4 toss the potatoes in the trash that was mixed with the dirty hands and gloves and the brown unidentified liquid that was poured to be served to the resident. E1 is now present instructing E4 to wash her hands, put on clean gloves and slow down before E4 start to make another batch of potatoes. E4 is noted using liquid dish wash solution to wash her hands and dishes. No special sanitation is available at this time, meal trays are sitting in the center of the three compartment sink with water running over them. Before the meal is served the food temps on the steam table are as follows, steak patties in brown gravy is 100 degrees and, mashed potatoes is 140 degrees.</p> <p>The menu called for Swiss steak 4 ounces, potatoes, seasoned corn, fresh fruit, wheat bread, margarine, coffee or tea.</p> <p>The resident only received a wedge of a fresh apple, a piece of steak, a scoop of mashed potatoes. There was no corn, bread or margarine. When asked if bread was available, E1 states , "The bread is frozen and proceed to</p> | S9999 | | |
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| S9999 | <p>Continued From page 4</p> <p>instruct E4 to remove the bread from the freezer and toast it for those that request bread. During this food serving observation, diabetic were served the same diet as everyone else on a general diet.</p> <p>Food temperature logs requested two days and not received, E1,E4,and E5 was not able to present logs during request and observations in the kitchen.</p> <p>Facility policy is without an effective date indicate that food and nutritional services are to be conducted under safe, sanitary, and efficient manners.</p> <p>Dietary Department Sanitation and Safety Operation policy dated 2010 indicate that dietary employees wear disposable gloves, preceded by thorough hand washing with soap and water. The gloves are to be single use for only one task. Hair nets will be worn at all times in the kitchen.</p> <p>(B)</p> <p>Licensure violation 3 of 4 330.2210 a)1)4)5)6)7) 330.2220a)1)2) 330.3720a)b)8)9) Section 330.2210 Maintenance a) Every facility shall have an effective written plan for maintenance, including sufficient staff, appropriate equipment, and adequate supplies. 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 coverings, such as tile or linoleum; loose handrails or railings; loose or broken window panes, and any other similar hazards. 2) Maintain all electrical, signaling, mechanical, water supply, heating, fire protection, and sewage disposal systems in safe, clean and functioning</p> | S9999 | | |
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| S9999 | <p>Continued From page 5</p> <p>condition. This shall include regular inspections of these systems.</p> <p>4) Maintain the interior and exterior finishes of the building as needed to keep it attractive, clean and safe. (painting, washing and other types of maintenance).</p> <p>5) Maintain all furniture and furnishings in a clean, attractive, and safely repaired condition.</p> <p>6) Maintain the grounds and other buildings on the grounds in a safe, sanitary, and presentable condition.</p> <p>7) Maintain the grounds free from refuse, litter, insect and rodent breeding areas.</p> <p>Section 330.2220 Housekeeping</p> <p>a) Every facility shall have an effective plan for housekeeping including sufficient staff, appropriate equipment and adequate supplies. Each facility shall: (B)</p> <p>1) Keep the building in a clean, safe, and orderly condition. This includes all rooms, corridors, attics, basements, and storage areas. (B)</p> <p>2) Keep floors clean, as nonslip as possible, and free from tripping hazards including throw or scatter rugs.</p> <p>Section 330.3720 Plumbing and Heating</p> <p>a) Every existing facility shall comply with the Department's rules titled Illinois Plumbing Code.</p> <p>b) All plumbing installations and fixtures on the premises shall be of such a type and design that danger of contaminated water entering the drinking water piping by backflow or backsiphonage is eliminated. The following standards shall be used as a guide to determine satisfactory compliance of individual fixtures:</p> <p>8) Hot water available to residents at shower, bathing and hand-washing facilities shall not</p> | S9999 | | |
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| S9999 | <p>Continued From page 6</p> <p>exceed 110 degrees Fahrenheit; and</p> <p>9) Protective measures, including, but not limited to, installation of a mixing valve, limited access to controls, and checking water temperatures daily at various points, shall be implemented to ensure that the temperature of hot water available to residents at shower, bathing and hand-washing facilities shall not exceed 110 degrees Fahrenheit.</p> <p>This requirement is not met as evidenced by:</p> <p>1 of 3) Based on observation, interview and record review, the facility failed to ensure that maintenance services were maintained to promote a safe, functional and sanitary environment involving 2 of 2 resident floors. This failure has the potential to affect all 28 residents in the facility.</p> <p>2 of 3) Based on observation and interview, the facility failed to maintain water temperatures at a regulated temperature to avoid potential resident injury and failed to monitor water temperatures in the facility for 2 of 2 resident floors. This failure resulted in water temperatures above 110 degrees F (Fahrenheit). This has the potential to affect all 28 residents in the facility at the time of the survey.</p> <p>3 of 3) Based on observation, interview, and record review, the facility failed to provide a clean and sanitary environment. This has the potential to affect all 28 residents currently residing in the facility.</p> <p>Findings include:</p> <p>1) On 11-21-16 at 9:25am E1 (Administrator) indicated 28 residents currently reside in the facility.</p> <p>On 11-21-16, an initial tour of the facility beginning at 9:55am. The following was</p> | S9999 | | |
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| S9999 | <p>Continued From page 7</p> <p>observed: The wallpaper in the hallway of the first floor was peeling in multiple places. The window blinds were broken in room 219. There was missing baseboard in the activity room. The chair upholstery on the chairs in the activity room was torn. The linoleum in the dining room was ripped and sticking up near the door. This door had peeling paint. The ceiling of room 214 had long cracks, and was hanging down over the bed. R5 resides in that room, and stated "I lived here for 15 years, and it's been that way a long time."</p> <p>On 11-22-16, an environmental tour of the facility began at 10:12am, accompanied by Z1 (Maintenance). The following was observed: The ceiling in room 214 remained cracked and was hanging down. Z1 stated "I didn't know about it." The second floor shower room 210 had black, stained caulking around the top of the sink. The wooden table in the corner of this shower room was very wobbly. The floor of Tub room 204 had stained tile and grout. The sink in this room had stained caulking. The smoke detector on the ceiling outside of room 219 was missing--just the base of the device was there. Z1 stated "I don't know what happened to it." The linoleum flooring in the dining room near the door was still torn and sticking up. This door had peeling paint. The florescent overhead light in shower room 107 was dim, and blinking on and off. The corner table in this shower room was very wobbly. The first floor activity room had missing baseboard. The outside stairwell leading down to the lower level boiler room was covered in deep piles of dead leaves and some trash debris.</p> <p>Z1 (Maintenance Director) stated 11-22-16 at 10:44am he is an outside contractor who comes to the facility weekly, and makes rounds. Z1</p> | S9999 | | |
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| S9999 | <p>Continued From page 8</p> <p>stated he is responsible to replace light bulbs, ensure smoke detectors are working, replace baseboard, caulking, etc. Z1 replaces smoke alarm batteries yearly and as needed, if "beeping." Z1 can also be notified by E1 (Administrator) or any staff member of needed repairs. Z1 reports anything he cannot fix to E1.</p> <p>E3 (Housekeeping) stated 11-21-16 at 12:57pm he reports items that need repair to E1, who then notifies Z1.</p> <p>E1 stated 11-22-16 at 2:15pm Maintenance or Housekeeping is to remove built up leaves and debris that accumulate in the outside stairwell leading down to the boiler room. Z1 comes by the facility weekly, and is suppose to fix things that need repair. Smoke detectors should be intact and operating. E1 has not told Z1 that anything needs repair at this time, stating she will have to make rounds with Z1 next time he comes by to see what needs fixing.</p> <p>Facility Policy titled "Maintenance" indicates, in part "Planned maintenance work is scheduled. An example of this would be painting, plastering, and changes made in the heating system. Administrator is made aware of items which need repair or maintenance by resident complaint, report of staff member, visitor complaint, survey or inspection or personal observation. The housekeeper is required to inspect each room weekly, and the handyman is to inspect the basement, service areas public areas weekly, as well as the outside of the building.</p> <p>Facility policy titled "Fire Prevention" indicates, in part "Report any fire hazards to the Administrator. Approved fire alarms are provided. This includes heat detectors, smoke detectors, manual fire</p> | S9999 | | |
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| S9999 | <p>Continued From page 9</p> <p>alarms boxed throughout the facility."</p> <p>2) On 11-21-16 at 9:25am E1 (Administrator) indicated 28 residents currently reside in the facility.</p> <p>On 11-22-16, and environmental tour with Z1 (Maintenance) began at 10:12pm. Z1 stated that hot water temperatures in the facility have been an issue "for some time, going back to the last annual Survey." The following hot water temperatures were observed:</p> <p>Room 204 common tub room: Shower water temperature 117 degrees F (Fahrenheit).</p> <p>Room 210 common shower room: Shower water temperature 117 degrees F.</p> <p>Room 204 common tub room: Shower temperature 120 degrees F.</p> <p>Room 107 common shower room: Shower temperature 117 degrees F.</p> <p>Z1 stated 11-22-16 at 10:44am water temperatures should be 115 degrees F maximum to prevent accidental burns. Z1 has adjusted the hot water tanks, located in the boiler room to its lowest setting; however, the facility's shower room water still remains hot. Z1 stated there is nothing further he can do about it--the manufacturer of the hot water heater would have to fix it, and he has let E1 (Administrator) know about this on multiple occasions.</p> <p>The facility failed to provide documentation that denotes regularly scheduled monitoring of shower water temperatures.</p> <p>E1 stated 11-22-16 at 2:15pm she was unaware the facility's hot water temperatures were above acceptable level, or that Z1 was unable to fix this issue. E1 stated the hot water temperature should not be above 110 degrees F, because hot water can cause resident burns.</p> | S9999 | | |
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| S9999 | <p>Continued From page 10</p> <p>3) On 11-21-16 at 9:25am E1 (Administrator) indicated 28 residents currently reside in the facility.</p> <p>On 11-21-16, an initial tour of the facility beginning at 9:55am. The following was observed: The floors, walls in the and hallways on both the first and second floor were soiled. Trash was on the floor of the room 118. The floor in this room was soiled. Room 108's floor was soiled. The floors and walls of the stairwells were soiled. The floor of first floor activity room was soiled and stained. The floors, baseboards, and walls of the first floor lobby and dining room were soiled.</p> <p>On 11-22-16, an environmental tour of the facility began at 10:12am, accompanied by Z1 (Maintenance). The following was observed: The second floor shower room 210 had soiled tile by the toilet, and black stained caulking around the top of the sink. The shower curtain was heavily soiled. The second floor hallway floor tiles and walls were stained. The floor of Tub room 204 had stained tile and grout. The sink in this room had stained caulking. The stairwell floors and walls were soiled. The walls wallpaper, and baseboards in the first floor hallway, lobby, and dining room were soiled. A trash can in the dining room was open at the top and overflowing with trash. The first floor activity room still had soiled tile and walls. The outside stairwell leading down to the lower level boiler room was covered in deep piles of dead leaves and some trash debris.</p> <p>E3 (Housekeeping) stated 11-21-16 at 12:57pm he is responsible to clean all resident rooms, hallways, and common areas, such as the dining room, activity room, and tub/shower rooms daily.</p> | S9999 | | |
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Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008809 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 11/23/2016 |
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| NAME OF PROVIDER OR SUPPLIER SQUIRE'S SHELTERED CARE HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 2601 NORTH CALIFORNIA CHICAGO, IL 60647 |
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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 |
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| S9999 | <p>Continued From page 11</p> <p>This includes sweeping and mopping the floors, and cleaning tubs and toilets. E3 stated he cleans baseboards and walls "when I have time." E3 works five days/week, Monday - Friday from 8:00am - 1:00pm. Floor tile is not routinely stripped of ground-in dirt --E3 would only do that if told to do so by E1 (Administrator). E3 stated he has never been asked to strip the floors since he's been employed at the facility, which is four months.</p> <p>E1 stated 11-22-16 at 2:15pm Housekeeping and/or Maintenance is responsible to sweep up the leaves/debris accumulated in the outside stairwell leading down to the boiler room. Daily cleaning tasks are performed by E3. E1 has not assigned E3 to strip the floors in the facility; and stated she would need the approval of E2 (Manager) to rent a floor stripper machine.</p> <p>Facility policy titled "Housekeeping" indicates, in part "Housekeeping consists of the following: guest room, full bathrooms, partial bathroom, dining room, living rooms rehab room, office, hallways, kitchen, kitchen storage, linen closet, cleaning supply closet, laundry areas, storage rooms. The housekeeper shall be scheduled to clean each resident's room thoroughly one a week. When necessary, the bedrooms will be cleaned more often. Night housemother shall receive and give hallways, stairwells, living room, dining room, kitchen, and bathrooms spotlessly clean."</p> <p>(B)</p> <p>Licensure violation 4 of 4 330.715a)b)c)d)e)f) Section 330.715 Request for Resident Criminal</p> | S9999 | | |
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| S9999 | <p>Continued From page 12</p> <p>History Record Information</p> <p>a) A facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)</p> <p>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.</p> <p>c) If the results of the background check are inconclusive, the facility shall initiate a fingerprint-based check, unless the fingerprint check is waived by the Director of Public Health based on verification by the facility that the resident is completely immobile or that the resident meets other criteria related to the resident's health or lack of potential risk, such as the existence of a severe, debilitating physical, medical, or mental condition that nullifies any potential risk presented by the resident. (Section 2-201.5(b) of the Act) The facility shall arrange for a fingerprint-based background check or request a waiver from the Department within 5 days after receiving inconclusive results of a name-based background check. The fingerprint-based background check shall be conducted within 25 days after receiving the inconclusive results of the name-based check.</p> <p>d) A waiver issued pursuant to Section 2-201.5(b) of the Act shall be valid only while the resident is immobile or while the criteria supporting the</p> | S9999 | | |
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| S9999 | <p>Continued From page 13</p> <p>waiver exist. (Section 2-201.5(b) of the Act)</p> <p>e) The facility shall provide for or arrange for any required fingerprint-based checks to be taken on the premises of the facility. If a fingerprint-based check is required, the facility shall arrange for it to be conducted in a manner that is respectful of the resident's dignity and that minimizes any emotional or physical hardship to the resident. (Section 2-201.5(b) of the Act) If a facility is unable to conduct a fingerprint-based background check in compliance with this Section, then it shall provide conclusive evidence of the resident's immobility or risk nullification of the waiver issued pursuant to Section 2-201.5(b) of the Act.</p> <p>f) The facility shall be responsible for taking all steps necessary to ensure the safety of residents while the results of a name-based background check or a fingerprint-based background check are pending; while the results of a request for waiver of a fingerprint-based check are pending; and/or while the Identified Offender Report and Recommendation is pending.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on interview and record review the facility failed to do criminal background checks, failed to check the sex offender website, and failed to initiate a fingerprint criminal background check for three of five sampled residents (R1, R3, and R4) and seven supplemental residents (R6, R7, R8, R9, R10, R11, and R12) reviewed for background checks. This has the potential to affect all 28 residents currently residing in the facility.</p> <p>Findings include:</p> <p>On 11-21-16 at 9:25am E1 (Administrator) indicated 28 residents currently reside in the</p> | S9999 | | |
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| S9999 | <p>Continued From page 14 facility.</p> <p>On 11-21-16, Surveyor asked E1 (Administrator) for the names of the the 10 most recently admitted residents, along with proof of background checks done for each of these residents. E1 referred Surveyor to E2 (Manager).</p> <p>On 11-21-16 at 1:30pm, E2 stated residents admitted to the facility should have received background checks at the facilities they came from. E2 then stated he checks the ISP (Illinois State Police) website for each newly admitted resident upon admission. E2 did not state he initiates a fingerprint based criminal background check, or checks the sex offender website. E2 was asked at this time to provide documentation of whatever background checks were done on newly admitted residents.</p> <p>On 11-22-16, Surveyor asked E1 at 9:30am and again at 2:55pm for any documentation on the 10 newly admitted residents, but was not provided with the information, other than the ten residents names (R1, R3, R4, R6, R7, R8, R9, R10, R11, and R12) and admission dates.</p> <p>Facility policy titled "Admission Policies" indicates, in part "Disqualifying factors: Past history of sexual abuse or child molestation."</p> <p>(B)</p> | S9999 | | |