Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
7.0.0	0, 00, 11, 11, 11, 11, 11, 11, 11, 11, 1		A. BUILDING:			
<u></u>		IL6001671	B. WING		04/0	) 19/2021
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
CHESTN	UT CORNER S C		CHESTNU			
0.1120110	<u> </u>		LE, IL 6285	8		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROVIDENCY)	D BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Complaint Investiga	tion 2152277/IL#132430				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations:				
fe	1 of 2					£.
	330.790 c)1) 330.790 c)4)			100		
5	the facility, each fac following guidelines Diseases, Centers f Prevention, United S	on the services provided by ility shall adhere to the of the Center for Infectious or Disease Control and States Public Health Service, th and Human Services, as		g-1		
:	1) Guideline for Har Settings	nd Hygiene in Health-Care		5		
	4) Guidelines for In Personnel	fection Control in Health Care				·
	(Source: Added at 2 August 2, 2005)	9 III. Reg. 12891, effective			ŀ	;
	These Requirement by:	s are Not Met as evidenced			-	
	interview, the facility proper personal pro- close proximity of re- readily available per- products for residen	on, record review, and related to ensure staff wore tective equipment when in sidents, and failed to make sonal hygiene and sanitizing t use. This has the potential		Attachment A Statement of Licensure Violations		
ilnois Depar	tment of Public Health					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  A. BUILDING:			COMP	LETED		
		IL6001671	B. WING		04/0	09/2021
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY,	STATE, ZIP CODE		
		905 WEST	CHESTNU	T STREET		
CHESTN	UT CORNER S C	LOUISVIL	LE, IL 6285	8		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO- DEFICIENCY)	.D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 1	S9999			
	to affect all 69 resid	lent living in the facility.				
	The findings include	e:				
	observed leaving the the administrative of mask on when exiting started working in the and had not received regarding infection she carried a mask transportation purpostated she does we when dealing with reacting with residining room. Approphered in close progiving their shopping their shopping their shopping mask on when dealing with resident and the started she does we when dealing with resident and the shopping their sh	AM, V5 (Transportation) was be west building and walking to office. V5 did not have a ling the building. V5 stated she he facility about a month ago ed any formal training control practices. She stated for herself and residents for loses. She also carries ABHS disanitizer) and wipes. V5 for a mask in the building and lesidents. On 4/08/21 at 9:35 for with no mask on while idents inside the West building eximately 15 residents were proximity of less than 3 ft, ing list to V5. Neither V5 nor a mask during these	(1) A.0	***		
	stated she received training last March residents/staff being masks, and all but service vaccinated to date. gloves, ABHS, and She stated resident their mask off group have to be masked wear their masks if resident. We work of department infection.	AM, V3 (Medical Services) I formal infection control of 2020. She stated prior to g vaccinated, they would wear residents have been She stated we have masks, wipes available at all times. Its are encouraged to wear ands. On grounds, they do not all staff are supposed to they are within 3 ft (feet) of a closely with V10 (local health an control preventionist).  10:30 AM, three restrooms in 3 downstairs and one upstairs,				

04/09/2021

Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY COMPLETED (X2) MULTIPLE CONSTRUCTION **IDENTIFICATION NUMBER:** A. BUILDING: \_\_\_\_ B. WING \_ IL6001671

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CIDELL ADDDESS OFF STATE 310 COOK

NAME OF	PROVIDER OR SUPPLIER STRE	ET ADDRESS, CITY, S	STATE, ZIP CODE	
CHESTN	UT CORNER S C	WEST CHESTNUT PISVILLE, IL 62858		
(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
\$9999	there was no soap, hand sanitizer, or paper towels for residents to use.  On 4/08/21 at 10:20 AM, R1 stated you have literally beg for soap, hand sanitizer, and paper towels. On 4/08/21 at 9:33 and 9:35AM respectively, R4 and R2 both stated you have ask staff if you want soap, hand sanitizer, or paper towels. R1, R2, and R4 all added that to buy their own personal hygiene supplies and keep them in their rooms.  On 4/08/21 at 10:50 AM, V7, Aide, stated papt towels, soap, hand towels, ABHS, and other personal hygiene items are locked in the laun room. V7 stated residents can request these items if they need them.  On 4/08/21 at 12:30 PM, V4 (Activities) stated this entire building needs a deep clean, but we not have housekeepers right now. V4 stated aides have a room cleaning schedule per shift.  On 4/08/21 at 9:00 AM, V1, Administrator, stated v11 (Ombudsman) came in recently and gave education on infection control, cleaning, and F (personal protective equipment). Staff also for training and recommendations given by V10 (infection control preventionist) from their local health department. V1 was not wearing a maduring this entrance process, nor was his assistant (V2) who was present at this time.  On 4/08/21 at 1:50 PM, V1 and V2 were obse speaking with oncoming second shift staff (V8 and V9 - aides) in the administration office. V and V2 were not wearing a mask during this interaction.	er eto they er dry de do the it. uted ePPE sillow al sk		
linois Depar	ment of Public Health			

PRINTED: 06/17/2021 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: C B. WING IL6001671 04/09/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 905 WEST CHESTNUT STREET **CHESTNUT CORNER S C** LOUISVILLE, IL 62858 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) S9999 Continued From page 3 S9999 stated they are not aware of receiving any formal training or education on infection control prevention by the facility. On 4/08/21 at 2:30 PM, the administrative cottage bathroom was observed to be clean, tidy, and have a large supply of paper towels, liquid soap. alcohol, and hand sanitizer. None of these items were observed in the resident's building during this survey. When asked why none of the resident restrooms in the east and west buildings had soap, paper towels, or hand sanitizer available, V1 stated, "They are supposed to have these items in the restrooms." V1 continued to state the residents can ask for these products any time. On 4/08/21 at 2:30 PM, V1 stated the only facility infection control policy available is, "Respiratory Virus Detection and Prevention Plan." This plan documents the following in part - "Daily Updates on Covid-19 information from CDC (Centers for Disease Control), IDPH (Illinois Department of Public Health), CCHD (local county health department), and CCH (local county hospital). Information shared daily with staff in shift meetings...encouraging hand washing and the use of hand sanitizer several times throughout the day...no communal dining or gatherings in dining room...encouraging residents to practice social distancing, monitoring resident clusters of more than 10-6 feet apart at all times...all staff on duty will remain masked in the presence of residents..." On 4/08/21 at 3:04 PM, V10 stated she has tried to provide education to the facility staff, but doesn't think it has "done much good." V10 confirmed it is still the expectation for staff and

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residents of the facility to adhere to standard

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICAT		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			55,		- 0	
	III	IL6001671	B. WING		04/0	9/2021
	PROVIDER OR SUPPLIER	905 WEST	CHESTNU			
OnLone	010011121100	LOUISVIL	LE, IL 6285	8		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFINE DEFICIENCY)	D BE	(X5) COMPLETE DATE
\$9999	Continued From pa	nge 4	S9999			
	infection control pro as hand hygiene ar	otocol recommendations such				8
1 0	https://www.cdc.go nt-getting-sick/prev hands often especi- food, Before touchi restroomIf soap a available, use a har least 60% alcohol.	v/coronavirus/2019-ncov/preve ention.html, "wash your ally before eating or preparing ng your face, After using the and water are not readily nd sanitizer that contains at Cover all surfaces of your in together until they feel dry."		5		
	regarding hand hyg https://www.cdc.gor and-hygiene.html"Methods: 1) CD with 60-95% alcoho Hands should be w at least 20 seconds eating, and after us disinfect - Clean fre daily. This includes switches, counterto keyboards, toilets, for are dirty, clean ther water prior to disinf  A facility roster cens there are 69 reside facility.  (B) 2 of 2	v/coronavirus/2019-ncov/hcp/h documents in part - C recommends using ABHR of in healthcare settings 2) ashed with soap and water for when visibly soiled, before ing the restroom. Clean and equently touched surfaces tables, doorknobs, light ops, handles, desks, phones, faucets, and sinks. If surfaces m using detergent or soap and				
- 8	330.2220 a)1) 330.2220 a)3)			3		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMF	LETED	
		IL6001671	B. WING			) 9/2021
				STATE, ZIP CODE		
			CHESTNU			
CHESTN	UT CORNER S C	LOUISVIL	LE, IL 6285	8		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 5	S9999			
	Section 330.2220 I	Housekeeping				
	for housekeeping in	y shall have an effective plan ncluding sufficient staff, ent and adequate supplies.		4		
	condition. This incl	g in a clean, safe, and orderly udes rooms, , basements, and storage				
	area of responsibilit effective cleanir proper use of ventil systems. Deod cover up persistent	ng procedures and by the ation orants shall not be used to		u n		
	(Source: Amended April 17, 1989)	at 13 III. Reg. 6562, effective				
	These Requiremen by:	ts were Not met as evidenced				
	review the facility far housekeeping plan, room clean and free maintain floors in re bathrooms in a clear	on, interview, and record niled to have an effective failed to keep the residents' e of debris, and failed to esident rooms and facility an sanitary condition. This has ct all 69 residents residing in				ēi e
	The Findings Includ	de:				
E=		30 AM to 1:30PM, R1, R2, R4, and R14 all stated they have				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		IL6001671	B. WING	W	04/0	) 9/2021
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
CHESTN	UT CORNER S C		CHESTNUT LE, IL 6285			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDERICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 6	S9999			
	issues with cleaning facility.	g not getting done in the				
	the west building, V mop the floor in roo black. V7 stated sh to the water and fills	AM, as this surveyor entered (7 (Aide) was beginning to om 4. The mop water was ne uses 3 med cups of bleach is to the top indent in the mop floors and then demonstrated	źŧ			
	West building there glasses and clutter. residents. One resodor in room that si	AM, a resident room in the were numerous used drinking. This room houses 3 male ident observed in bed. Stale mells like dirty clothing or body helming smell of bleach.				
	was putting on a sh the floors and "clea floors are filthy with smells like shit. R1	O AM, R1 stated, "The facility ow today regarding mopping ning." R1 stated the bathroom "shit" on the floor and rooms stated he has closed door this. R1 stated, "They don't ns."				
	R2's where she res R2's was observed dingy, stained bedd room. Food items a strown about with p	AM, R2 showed this surveyor ides with 3 other residents. to be extremely cluttered with ling, and a stale odor in the and trash were observed iles of personal belongings in oom and on the furniture.			×	
	downstairs restroor black grime and res counters, walls, toil next to the laundry	AM, the west building ns were extremely dirty with a sidue on the floor, bathroom et, with the restroom directly room door, having a waste ne waste can had toilet paper			**	

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: \_ C IL6001671 B. WING 04/09/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 905 WEST CHESTNUT STREET **CHESTNUT CORNER S C** LOUISVILLE, IL 62858 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 7 S9999 to the top with fecal material on it. On 4/08/21 at 10:36 AM, the upstairs bathroom in the west building was filthy dirty, appearing to have not been cleaned for months. Dirt and black grime/residue lined the entire bathroom floor around the edges of the walls. There was residue and grime on the counters, walls, with a brown "material" on floors, filthy toilet with what appeared to be a urine soaked paper towel on the right side of the toilet on the floor, and "clumps" of black material/stains around the base of the toilet. Also observed in this restroom was a used band-aid in the corner by the shower with other dirt and debris. At 10:40 AM, R10 showed this surveyor his room in the upstairs west building, which was dirty and disheveled with unmade bed, mattress on floor with dirty sheets. When asked if his room gets clean, R10 replied, "They clean around here in the foyer sometimes." The upstairs foyer area had a trail of dried dirt clods and debris on the floor which appeared to have not been cleaned/mopped recently. At 12:25 PM, in the East building, the upstairs bathroom floors were coated with what appeared to be dirt/debris with a layer of dark brown grime around the corners of the entire bathroom floor. The shower had a black coat of dirt/scum around the inside several inches from the bottom of the tub. The downstairs restroom was slightly less filthy, but did not appear to be cleaned or mopped on any regular schedule. On 4/08/21 at 12:25 PM, room 15 in the East building was dirty and disheveled with loose

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dirt/dried mud on the floor. There was loose tobacco for rolling cigarettes spilled on the entire

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PRINTED: 06/17/2021 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ C B. WING IL6001671 04/09/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 905 WEST CHESTNUT STREET CHESTNUT CORNER S C LOUISVILLE, IL 62858 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 8 S9999 glass top table and onto floor around table. Room appeared generally unclean with dingy appearing bedding. On 4/08/21 at 1:50 PM, V8 (East building aide) stated he has a cleaning roster and does his best to adhere to this during shift. V8 stated they are

On 4/08/21, at various times throughout the day, rooms 1, 2, 3, 8, 10, and 13 in the west building and rooms 1, 4, 10, and 16 in the east building were all in need of an overal deep clean to alleviate odor, dirt/grim on floor, clutter, and disheveled appearance.

supposed to clean three rooms per shift to include mopping, wiping down surfaces, and

assisting with clutter.

The West building Thursday room cleaning schedule documents rooms 10, 11, and 14 were to be cleaned, but had not yet been cleaned as of 3:00 PM on 4/08/21.

On 4/08/21, the overall appearance of both the west and east building was that there had not benn any routine cleaning or deep cleaning as the cleaning taking place as the roster schedule indicated.

On 4/08/21 at 2:00 PM, V1 (Administrator) stated they currently do not have housekeepers at this time. V1 stated the housekeepers guit and he is unable to find anyone who wants to work. V1 stated the aides have cleaning rosters and are supposed to clean three rooms per shift along with their other duties. When asked for the facility environmental or housekeeping policy. V1 stated they do not have anything in writing other than the form, "Your Laundry Day/Deep Cleaning Day/and Shower Day Are All on the Same Day"

(X3) DATE SURVEY

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
		IL6001671	B. WING		C <b>04/09/2021</b>		
CHESTNUT CORNER S.C. 905 WES			DDRESS, CITY, STATE, ZIP CODE ST CHESTNUT STREET ILLE, IL 62858				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE		
S9999	residents are expedient do ask staff to pitch Facility Resident Co January-March 202 housekeeping was residents and need 2021 indicated housekeeping Resident Roots Resident Roots Resident Roots Resident Roots R	on for the aides. V1 stated eted to clean their own rooms lent as possible, but can and in with cleaning.	S9999				

(X2) MULTIPLE CONSTRUCTION

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