Illinois Department of Public Health

	Illinois D	epartment of Public	Hearth				
		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' ' _	LE CONSTRUCTION	(X3) DATE COME	SURVEY PLETED
			IL6008163	B. WING		05/	04/2021
ľ	NAME OF F	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY,	STATE, ZIP CODE	P	
l	POLLING	HILLS MANOR	3615 16TH	1 STREET			
ŀ	ROLLING		ZION, IL (30099	at .		
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
	S 000	Initial Comments		S 000	88		
		Focused Survey wa	n Control Survey/COVID-19 is conducted by Illinois ic Health on May 5, 2021.		a .		
	S9999	Final Observations		S9999			
		STATEMENT OF L	CENSURE VIOLATIONS:				
		300.696a) 300.696c)7)					
		Section 300.696 In	nfection Control				
		controlling, and pre- shall be established and procedures sha include the requirer Communicable Disc 690) and Control of	cedures for investigating, venting infections in the facility and followed. The policies all be consistent with and nents of the Control of eases Code (77 III. Adm. Code Sexually Transmissible III. Adm. Code 693).	NJ		D	
	55	Activities shall be m policies and proced	nonitored to ensure that these ures are followed.		n na		<i>i</i>
		Section 300.696 In	fection Control		×.		
		guidelines of the Ce Centers for Disease United States Publio of Health and Huma 300.340):	adhere to the following enter for Infectious Diseases, e Control and Prevention, c Health Service, Department an Services (see Section ection Control in Health Care	≕		10 2	
			vere not met as evidenced by:		Attachment A Statement of Licensure Violations		
ı		Based on observati	on, interview, and record				

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

TITLE

(X6) DATE

(X3) DATE SURVEY

Illinois Department of Public Health

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
79		IL6008163	B. WING		05/0	04/2021
	COOR DESCRIPTION OF LOS IDENTIFICATION OF THE ADDRESS OF THE ADDRE					
	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	.DBE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 1	S9999			
4	guidelines from Cer (CDC) by not ensur face masks and iso recommendations vare positive with CO transmission based because of a know COVID-19 staff me COVID-19 testing of unknown COVID-18 failed to ensure staff exposures to COVII illness before working residents. These fainfect high risk residents spread the disease	while caring for residents that DVID-19, residents on precautions (contact/droplet) in exposure to a positive in exposure to a positive in staff members with an extension of status. The facility also if are reporting known D-19 positive and signs of any with negative COVID-19 includes have the potential to dents with COVID-19 and of COVID-19 to negative olies to all 71 residents				
	2021 shows, there a the facility. The facility's COVIE May 3, 2021 shows COVID-19 but only facility. R6 was discussed to returned to the facil COVID-19 on April of the facility on the still in transmiss (contact/droplet preunit.	ped list provided on May 3, are 71 residents residing in 0-19 resident list provided on , 6 residents were positive for R1 and R2 still reside in the charged home; R7, R8, & R9 a local hospital and have not ity. R1 tested positive for 21, 2021. R2 tested positive for 21, 2021. Both residents sion based precautions cautions) on the COVID-19 and COVID-19 vaccine record 2021 shows, 79% of the				

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY

Illinois Department of Public Health

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN	OFCORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	•	COMP	LETED
		iL6008163	B. WING		05/0	4/2021
	PROVIDER OR SUPPLIER 3 HILLS MANOR	STREET AD 3615 16TH ZION, IL	STREET	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
\$9999	residents are vacci	nated for COVID-19. yee COVID-19 vaccine record 2021 shows, 50% of the staff	S9999			Œ
	1. On May 3, 2021 Control Nurse state they were exposed and still came to wo screened when the	, at 10:26 AM, V3 Infection d, two staff members knew to COVID-19 outside of work ork. She stated, that they are y come into work and did not asked that they had been	e e			3
	related to 2019 Nov Laundry Aide (no da symptoms of sore the with a household confirmed COVID-1 document has an ellinfection Control No. 2021 about V21 shows and tested positive her dad. At the time he got back home, got tested. 3/16: shows tested. 3/16: shows the covidence of COVID. During her shift, state headache. Didn't in symptoms. Though often gets sick. 3/1 of previous day's sy Didn't report any of work, started having	hroat, headache, and diarrhea ontact with another lab 9 case-patient. The same mail attached from V3 urse dated March 21 & 22, owing, "V21 had a recent lad who was in town visiting for COVID. 3/14: was with let at a no symptoms. When stated having symptoms and let was informed that he tested 3/17: she went to work. It was nothing since she 8: went to work. Didn't report later than the symptoms again. After grid diarrhea and nausea"			23	
	related to 2019 Nov	yee sickness screening el Coronavirus for V8 ate) shows "caught it from			2	

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:	<u> </u>	COMPLETED
		IL6008163	B. WING		05/04/2021
NAME OF I	PROVIDER OR SUPPLIER			TATE, ZIP CODE	
ROLLING	3 HILLS MANOR	3615 16TH ZION, IL (H STREET 80099		
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL I CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
S9999	Continued From pa	ge 3	S9999	€ .	1-1-1
. 8	yesterday COVID a 4/26/21, reported no document has an en Infection Control Nu about V8 Housekee exposure to Aunt wh	trsday/Friday 4/23/21, tested t local hospital, worked on o exposure. The same mail attached from V3 trse dated April 28, 2021 oper showed, " 4/23: had an no was positive of COVID,			
	recent exposure, 4/2 chills. Went to loca	Did not report he had a 27: called in. Started with I hospital and tested positive, tired, had muscle aches,			
	December 29, 2020 Response: Screen a employees to identif Screen for fever and following exposure of following the recomme CDC and/or IDPH. employees, contract visitors daily for sym	diness Plan last revised shows, "Pandemic all prospective residents and fy exposure to the novel virus. If any COVID-19 symptoms or suspected exposure mended timeline from the			W[]:
	Control Recommend SARS-CoV-2 Spread Homes & Long-Term March 29, 2021 show Managing Personnel and Manage Health report symptoms should notify on arrange for further easymptomatic HCP others with SARS-Cobe excluded from well-	d in Nursing Homes Nursing n Care Facilities last updated	±5.		

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PRINTED: 07/14/2021 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: B. WING IL6008163 05/04/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3615 16TH STREET ROLLING HILLS MANOR ZION, IL 60099** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) S9999 Continued From page 4 \$9999 with COVID-19 while at work they should inform their supervisor and leave the workplace." 2. The facility's resident COVID-19 line listing provided on May 3, 2021 shows, R6 became COVID-19 positive on April 13, 2021. The same report continues to show the following residents becoming positive for COVID-19 after R6: R1 positive on April 20, 2021, R2 positive on April 25, 2021, and R7, R8 & R9 all positive on April 27. 2021. For a total of 6 residents being positive for COVID-19. The same report shows, that all residents were residing on the same hallway (200 hallway; the observation/COVID unit). The facility's COVID-19 staff line listing provided on May 3, 2021 shows, 6 staff members (V5 Certified Nursing Assistant (CNA), V6 Wound Care Registered Nurse, V7 Dietary Aide, V8 Housekeeper, V9 Housekeeper, & V10 Licensed Practical Nurse) becoming positive for COVID-19 after R6. On May 4, 2021 at 9:40 AM, V3 Infection Control Nurse stated, through contact tracing she figured out that V6, V9, & V10 all worked on the 200 hallway (observation/COVID unit) after R6 was positive for COVID-19. The other 3 staff members (V5, V7, & V8) had exposures outside of work. On May 3, 2021 at 9:48 AM, V3 Infection Control Nurse stated, all staff were wearing N95 face masks with surgical masks over them because they were in an outbreak status.

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On May 3, 2021 at 9:49 AM, V11 & V12 both CNAs were working the COVID-19 unit on the 200 hallway. They had N95 face masks on with a surgical mask over them. V11 only had one strap on of the two straps for the N95 face mask. The second strap (the one not around her head) was

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ANDPON	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	;	COM	LETED
	IL6008163		B. WING		05/	04/2021
NAMEOFI	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
ROLLING	HILLS MANOR	3615 16T) ZION, IL (
(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 SHOULL CROSS-REFERENCED TO THE APPROVIDENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 5	S9999			
	strapped to her hea	n her chin. V12's N95 was not d at all. It was just sitting nask. V11 stated, the straps				
	only wore the one s	N95 around her chin so she trap on her head. "No one couldn't wear it like that."				
	Supervisor was on thallway) dropping of	9:49 AM, V14 Laundry the observation unit (200 ff clean linen to the linen				<u> </u>
-	surgical mask over two straps on her he hanging under her o	aring an N95 face mask with a it. She only had one of the ead. The other strap was thin. At the same time, V13				
इति	was also wearing ar surgical mask over	on the COVID- 19 unit. He on N95 face mask with a it. He did not have both his head. The second strap				
	was hanging underr cleaning a room on	neath his chin. He was the COVID-19 unit.				
	Room 105 (100 hall observation/contact	droplet precautions for		,		,
. 60	helping R10 pack so plastic bag. She wa	n COVID-19 staff member) ome of her things into a as wearing an N95 face mask				
	resting in her surgical	over it. The N95 was just al mask and not strapped to re was not a tight seal on her				,
	gloves. At the same	not wearing a gown or e time, V15 and V17 both aring an N95 face mask with				
	a surgical mask ove straps strapped to the	r it. Neither one had both neir head. V15 stated that is and gloves when they are				
		are to the residents otherwise	100			
	On May 3, 2021 at 1	1:00 AM, V4 executive	1			

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	N OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	LE CONSTRUCTION		SURVEY PLETED
- 12		IL6008163	B. WING	S.	05/0	04/2021
NAME OF P	LING HILLS MANOR 3615 16 ZION, II SUMMARY STATEMENT OF DEFICIENCIES		DDRESS, CITY,	STATE, ZIP CODE		7-112021
ROLLING		ZION, IL	H STREET 60099			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOUL D BE	(X5) COMPL DATE
٠	mask hanging under not on her head.	ge 6 ond strap of her N95 face r her chin. Both straps were :12 PM, V19 Registered	S9999		-	
· •	Nurse was testing V was not wearing a g	20 CNA for COVID-19. She own while testing her. V20 mask on with an N95 face	. 🖘		# (C= 14	
1 1 2 2 1 1	Nurse stated, that sta fit when wearing an I that they should be u heads to ensure the 2:18 PM, she stated, full PPE when going	95 face mask, face shield.				
f E E E E E E E E E E E E E E E E E E E	December 29, 2020 sacility recognizes the and preparation for gon the Emergency Prestention will be made SARS-COV-2) which COVID-19 in infected seen developed utilizing Centers for Disea CDC), as well as recognized the sample of the sample	ness Plan last revised shows, "Introduction: The importance of awareness lobal pandemic as outlined eparedness Plan. Specific to the Novel Coronavirus may develop into persons. This plan has ing guidelines developed by se Control and Prevention ommendations and by the Centers for Medicare is (CMS) and the Illinois				
(F	PPE) when caring for	sonal protective equipment resident with confirmed or shows, "Preferred PPE-spirator (both straps				

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	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	E CONSTRUCTION	(X3) DATE	PLETED
		IL6008163	B. WING		05/0	04/2021
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ROLLING HILLS MANOR 3615 16TH ZION, IL 6 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
\$9999	googles, gloves, an has these signs tap around the facility. The CDC's Updated Prevention and Cor Response to COVII on March 10, 2021 asymptomatic healt quarantine for asymptomatic health work provided as additive to a control of the could result in additive work restrictions for recommended Fresidents in healthce to quarantine follow (within 6 feet for a control of the could result in additional control of the could result in a control of the could result in a cou	son's head), face shield or disolation gown." The facility ed up on the walls randomly disolation gown." The facility ed up on the walls randomly display the latest and shows, "2. Work restriction for heare personnel (HCP) and uptomatic patients and swing recommendations are nown about currently available to these recommendations will display the latest and shown about currently available to the latest and against infection with novel ectiveness of additional and information, including of currently authorized against infection with novel ectiveness of additional and the latest and latest	S9999			
in B	Control Recommen Personnel During th (COVID-19) Pander 2021 shows, "2. Re-	nfection Prevention and dations for Healthcare e Coronavirus Disease 2019 nic last updated February 23, commended infection rol (IPC) practices when		*.		х

Illinois Department of Public Health

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	1	3:		E SURVEY PLETED
		IL6008163	B. WING		05/	04/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		,
ROLLIN	G HILLS MANOR	3615 16Ti ZION, IL (1 STREET 60099			
(X4) ID PREFIX	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX	(EACH CORRECTIVE ACTION SHOUL ID BE		(X5) COMPLETE
IAG			TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	PRIATE	DATE
S9999	Continued From page	ge 8	S9999			
	SARS-CoV-2 infection recommendations of patients who have no quarantine based or someone with SARS this 14-day quaranting paranting sarah	with suspected or confirmed on. The IPC escribed below also apply to net criteria for a 14-day prolonged close contact with S-CoV-2 infection. Patients in the period should be isolated from and cared for by HCP				
	using all PPE recom	mended for a patient with ned SARS-CoV-2 infection."				
	Control Recommend Personnel During the (COVID-19) Pander 2021 shows, "Collect Specimens: When controlled swab) from a part SARS-CoV-2 infection occur: Specimen coin a normal examinate closed. HCP in the requivalent or higher-protection, gloves, and disinfect procedure reconstruction.	ns (e.g., nasopharyngeal or patient with possible con, the following should dilection should be performed tion room with the door room should wear an N95 or elevel respirator, eye and a gown. Clean and coom surfaces promptly as tion on environmental				
	Control Recommend Personnel During the (COVID-19) Pandem 2021 shows, "Appen about Airborne Infect Respirators and Face Respirators (FFR) incommonly used respirators and facepiece	nfection Prevention and lations for Healthcare e Coronavirus Disease 2019 lic last updated February 23, dix: Additional Information tion Isolation Rooms, emasks: Filtering Facepiece cluding N95 Respirators: A irrator in healthcare settings e respirator (commonly 5). FFRs are disposable half				

PRINTED: 07/14/2021 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: __ B. WING IL6008163 05/04/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3615 16TH STREET ROLLING HILLS MANOR** ZION, IL 60099 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 9 S9999 facepiece respirators that filter out particles. To work properly, FFRs must be worn throughout the period of exposure and be specially fitted for each person who wears one. This is called "fit testing" and is usually done in a workplace where respirators are used. Three key factors for an N95 respirator to be effective: 1. The respirator must be put on correctly and worn during the exposure. 2. The respirator must fit snugly against the user's face to ensure that there are no gaps between the user's skin and respirator seal. 3. The respirator filter must capture more than 95% of the particles from the air that passes through it. (A)