Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED C IL6001705 B. WING 09/12/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 121 WEST 154TH STREET **CHILDREN'S HABILITATION CENTER HARVEY, IL 60426** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Z 000 COMMENTS Z 000 Complaint Investigation 2295727/IL149279 Z9999, FINDINGS Z9999 Statement of Licensure Violations: 390.620 a) 390.1040 k)2) 390.2010 h) 390.3240 a) Section 390.620 Resident Care Policies The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. These written policies shall be formulated with the involvement of the medical advisory committee and representatives of nursing and other services in the facility. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually. Section 390.1040 Nursing Services Nursing care shall include at a minimum the following: 2) Proper administration of all treatments, including: enemas, irrigations, catheterizations, applications of dressing or bandages, supervision of special diets. restorative and habilitative measures, and other treatments involving a like-level of skill Section 390.2010 Maintenance The building and grounds shall be kept free of any possible infestations of insects and Attachment A rodents by eliminating sites of breeding and Statement of Licensure Violations Illinois Department of Public Health

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

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: С IL6001705 B. WING 09/12/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 121 WEST 154TH STREET **CHILDREN'S HABILITATION CENTER HARVEY, IL 60426** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE DATE **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Z9999 Continued From page 1 Z9999 harborage inside and outside the building; eliminating sites of entry into the building with screens of not less than 16 mesh to the inch and repair of any breaks in construction. Section 390.3240 Abuse and Neglect An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These regulations are not met as evidenced by: Based on observation, interview, and record review, the facility failed to develop and implement a systematic and reproducible procedure to prevent maggots from occurring and reoccurring in the tracheotomies of residents. The facility failed to have written policies, procedures, protocols or guidelines in place at the time of maggot development to prevent attachment to respiratory neck stomas for 3 of 3 (R1, R2 and R3) in the sample. This has the potential to impact all other residents with tracheostomies (R4 through R52). Findings include: On 7/21/22 surveyor made observations to R1, R2. R3, R4 and R5. These residents all have tracheostomies. There was no evidence of maggots during these observations. Observations were made of 3 separate flies on the unit during periodic walk through of the unit between 11:30am and 12:15pm, and again between 2:30pm and 3:15pm. One fly was in the hallway of

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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 IL6001705 09/12/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 121 WEST 154TH STREET **CHILDREN'S HABILITATION CENTER HARVEY, IL 60426** (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE **DEFICIENCY**) Z9999 Continued From page 3 Z9999 the problem." "All staff on duty will monitor the bedrooms and report any signs of pests to the charge nurses. Charge nurse will inspect area and attempt to clear of reported pests within regulatory guidelines. Charge nurse will report all pest issues to housekeeping, maintenance and administration." Review of document titled, "Incident Report", dated 7/7/22. Time of incident not documented. Report written by E1, Interim Director of Nursing. "Informed by charge nurse on duty (E4) that resident (R2) in room (residents room) had fly larvae crawling around tracheostomy tie on neck. (R2) was saline lavage by respiratory therapist multiple times to ensure clear away. Resident given total bath. Gown and bed linens changed. All residents in room and rooms inspected and no further signs of pests noted." "It is evident that flies enter the building through our employee entrance every time the door is opened. This is difficult to control. We are also limited in what we can use to eliminate pests by regulation. We have purchased electronic devices and fly swatters to attempt to eliminate the problem." "Al staff on duty will monitor the bedrooms and report any signs of pests to the charge nurses. Charge nurse will inspect area and attempt to clear of reported pests within regulatory auidelines. Charge nurse will report all pest issues to housekeeping, maintenance and administration." Review of document titled, "Incident Report", dated 7/9/22. Time not documented. Report written by E1, Interim Director of Nursing. "informed by charge nurse on duty (E15) that resident (R1) in room (residents room) had fly

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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: A. BUILDING: COMPLETED IL6001705 B. WING 09/12/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 121 WEST 154TH STREET **CHILDREN'S HABILITATION CENTER** HARVEY, IL 60426 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Z9999 Continued From page 4 Z9999 larvae crawling around her tracheostomy tie. Respiratory therapist at bedside noted changing the trach tube and trach tie, cleaning the resident's neck. Resident was saline lavage by respiratory therapist multiple times to ensure clear away. Resident was given total bath. Gown and bed linens changed. All residents in room and rooms inspected and no further signs of pests noted." "It is evident that flies enter the building through our employee entrance every time the door is opened. This is difficult to control. We are also limited in what we can use to eliminate pests by regulation. We have purchased electronic devices and fly swatters to attempt to eliminate the problem." "All staff on duty will monitor the bedrooms and report any signs of pests to the charge nurses. Charge nurse will inspect area and attempt to clear of reported pests within regulatory guidelines. Charge nurse will report all pest issues to housekeeping, maintenance and administration." Incident report, dated 7/23/22, written by E1, Interim Director of Nurses states "informed via phone call by charge nurse (E16) on duty today that resident (R3) in room (residents room) had fly larvae crawling around his tracheotomy ties witnessed by the trach nurse while performing trach care. Nurses and respiratory therapist at the bedside cleansed (R3) affected area, changed the trach tube and trach tie. Resident was saline lavage and suctioned by the respiratory therapist multiple times to ensure his airway was clear. (R3) was given a total bath. His clothing and bed linen were changed. All residents in the room,

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were noted.

(R10, R11, R12, R13 and R14) and all areas of the room inspected. No further signs of pests

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