

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>IL6001853</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>09/19/2022</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CLEARBROOK CENTER</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3201 WEST CAMPBELL STREET<br/>ROLLING MEADOWS, IL 60008</b> |
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| Z 000              | <b>COMMENTS</b><br><br>Annual Certification Survey- Focused Fundamental Extended into a Full Survey<br>Annual licensure Survey   | Z 000         |   |                    |
| Z9999              | <b>FINDINGS</b><br><br>Statement of Licensure Violations:<br><br>350.610a)<br>350.760a)<br>350.760c)6)7)<br>350.1210<br>350.1223a)<br>350.2210j)1)2)4)5)6)<br>350.2660b)3)4)<br>350.2660c)1)2)<br>350.2660f)1)<br>350.3240a)<br><br>Section 350.610 Management Policies<br><br>a) The facility's governing body shall exercise general direction of the facility and shall establish the broad policies and procedures for the facility related to its purpose, objectives, operation, and the welfare of the residents served.<br><br>Section 350.760 Infection Control<br><br>a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and Control of Sexually Transmissible | Z9999         | <p style="text-align: center;"><b>Attachment A</b><br/><b>Statement of Licensure Violations</b></p>             |                    |

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| Illinois Department of Public Health<br>LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| Z9999              | <p>Continued From page 1</p> <p>Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed.</p> <p>c) Depending on the services provided by the facility, each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, as applicable (see Section 350.340):</p> <p>6) Guideline for Isolation Precautions in Hospitals</p> <p>7) Guidelines for Infection Control in Health Care Personnel</p> <p>Section 350.1210 Health Services</p> <p>The facility shall provide all services necessary to maintain each resident in good physical health. These services include, but are not limited to, the following:</p> <p>Section 350.1223 Communicable Disease Policies</p> <p>a) The facility shall comply with the Control of Communicable Diseases Code (77 Ill. Adm. Code 690).</p> <p>Section 350.2210 Furnishings</p> <p>j) For each bed there shall be furnished:</p> <p>1) A minimum of two adequately sized dresser drawers.</p> <p>2) A comfortable chair.</p> <p>4) A satisfactory reading light over, or at the side of, the bed.</p> | Z9999         |   |                    |

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| Z9999              | <p>Continued From page 2</p> <p>5) Adequate closet, locker, or wardrobe space for hanging clothing within the room.</p> <p>6) A satisfactory bedside cabinet or table.</p> <p>Section 350.2660 Nursing Unit</p> <p>b) General Requirements for Bedrooms</p> <p>3) Residents shall have access to a toilet room without entering the general corridor area.</p> <p>4) The facility shall provide a closet or wardrobe of at least six square feet for each resident.</p> <p>c) Resident Bedrooms</p> <p>1) Single resident bedroom shall contain at least 100 square feet. Multiple resident bedrooms shall contain at least 80 square feet per bed. Minimum usable floor area shall be exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, vestibules, or clearly definable entryways.</p> <p>2) Multiple resident bedrooms shall not have more than four beds nor more than three beds deep from an outside wall. All beds shall have a minimum clearance of three feet at the foot and sides of the bed.</p> <p>f) Bath and Toilet Rooms</p> <p>1) The resident bedroom toilet room shall serve no more than two resident rooms nor more than eight beds. The toilet room shall contain a water closet and a lavatory. The lavatory may be omitted from the toilet room when the resident room contains a lavatory.</p> <p>Section 350.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These Regulations were not met as evidence by:</p> | Z9999         |   |                    |

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| Z9999              | <p>Continued From page 3</p> <p>Based on record review, observation and interview, the facility:</p> <ul style="list-style-type: none"> <li>* Failed to protect 4 of 4 clients from being exposed to an active COVID 19 infection who were temporarily living in the Recreation room (R25, R26, R45, R62), and 1 of 1 client residing in Room 234 (R31).</li> <li>* Failed to ensure a relocation plan was in place, and a necessary waiver was obtained, when they started a renovation of the Peach Hall, to ensure all clients would have access to their own personal space, affecting 13 of 13 clients who were moved to the Recreation room starting on 7/18/22. (R12, R19, 25, R26, R28, R33, R35, R45, R54, R56, R61, R62, R75).</li> <li>* Failed to ensure bedrooms had closet and storage space, bathing facilities, privacy screens between beds to provide for personal privacy, and no more than 4 clients to one bedroom, for 13 of 13 clients who are temporarily living in the recreation room while their hall is being renovated. (R12, R19, R25, R26, R28, R33, R35, R45, R54, R56, R61, R62, R75)</li> <li>* Failed to implement the Centers for Disease Control (CDC) guidelines for isolation and quarantine of clients who tested positive for Covid 19 infection. This applies to 9 of 13 clients who were residing in the Recreation room (R12, R19, R28, R33, R35, R54, R56, R61, R75), and failed to isolate and quarantine 1 of 1 individual who tested positive for Covid 19 infection in Room 234 (R78),</li> <li>* Failed to follow their own Covid 19 policy, and update according to the latest CDC guidelines,</li> </ul> | Z9999         |   |                    |

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| Z9999              | <p>Continued From page 4</p> <p>leaving the potential to affect 80 of 80 clients who reside in the facility (R1-R80).</p> <p>Failed to prevent abuse for 8 of 8 clients (R1, R6, R10, R12, R15, R29, R42, &amp; R50) who were victims of a client who was physically aggressive to his peers in the West wings of the facility (R4), and could potentially affect the remaining 34 clients who reside in the West wings as well: (R2, R3, R33, R5,R8, R11, R13, R14, R17, R22, R24, R32, R34, R36, R38, R40, R43, R44, R46, R48, R49, R52, R55, R57, R63, R65, R66, R67, R68, R70, R71, R73, R76, R77, R80).</p> <p>Failed to ensure a scale for the facility which was in ill repair starting on 7/18/22 was repaired in a timely manner, affecting 80 of 80 clients who reside in the facility (R1-R80).</p> <p>Findings include:</p> <p>1) Observations were conducted on 8/30/22, beginning at 11:30am. The large Recreation room in the middle of the building was noted with partitions across all the windows on the north side and south side of the room. Three entry doors allow access to this room. Two of the entry doors, are double doors, with windows on each door. The windows had paper taped over the window, except for the top quarter, which allowed a small amount of access to see into the room. Inside the room, 13 beds were lined up, with chairs placed in front of the beds, and then tables with chairs around the table, in front of the recliner chairs. This room has two bathrooms in it, with only toileting access, but no bathing or shower access. On the floor next to clients beds, laundry bins, and some boxes were located on the floor containing both clothing and personal items belonging to the 13 above mentioned</p> | Z9999         |   |                    |

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| Z9999              | <p>Continued From page 5</p> <p>clients.</p> <p>During an interview with E1 (Administrator) on this same date at 12:00pm, E1 was asked why there were 13 beds lined up in the room, with clients sitting in the chairs in front of their beds or walking around the large room. E1 explained that they are under construction on Peach Hall, which is the room the 13 individuals reside in. E1 stated that they moved the 13 individuals into the Recreation room while the renovation is being completed. E1 was asked where the clients are being bathed/showered. E1 stated that they were being showered in bathrooms in the other halls of the building, but then when some individuals in the Recreation room developed Covid 19, they stopped taking the clients out, and now they are only receiving bed baths. E1 confirmed that the Recreation room does not have any bathing/showering facilities in that room. E1 was also asked if the recreation room has closet space, storage space, and extra screens to provide privacy for the 13 individuals who have been residing in this room since mid-July. E1 stated that they do not have enough screens to separate each bed. E1 also stated that the recreation room does not have closet space or shelving, so clients have their clothing and personal items in laundry bins, bedside stands, and boxes, but space is very limited. E1 stated that she does not have a waiver and has not reached out to Public Health to receive permission to do so. E1 was asked if they received permission and was granted a variance in order to allow 13 individuals to live in one large room together, acting as their bedroom. E1 stated that they went through Public Health in order to receive permission to perform the renovation, but they did not let Public Health</p> | Z9999         |   |                    |

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| Z9999              | <p>Continued From page 6</p> <p>know that they were allowing 13 clients to sleep and live in one room, exceeding the no more than four clients to one bedroom requirement. E1 offered that they only obtained permission to start the renovation through Life Safety and Construction and procured a building permit.</p> <p>E1 provided this writer a letter from Public Health which stated that they received construction drawings for the purpose of a corridor and bathroom remodel/renovation and offered no further comments at this time. The letter does indicate that the facility is still totally responsible for meeting the Department's licensure standards, and the facility's responsibility is never waived, even if the Department conducts a facility plan review and does not specify all licensure deficiencies.</p> <p>During a telephone interview on 8/31/22 at 1:20pm with E10(Acting Director of Life Safety and Construction), E10 was asked if he gave permission to allow 13 clients to reside in the large Recreation room, while Peach hall was being renovated. E10 stated that the architect who granted the permission to allow the construction to proceed is no longer employed with Public Health but offered that they did grant permission for the renovation, but never granted a variance which would allow 13 individuals to reside in one large room together, and act as one large bedroom.</p> <p>During an interview with E1(Administrator) on this same date at 12:00pm, E1 was also asked if they have any active Covid 19 in the building. E1 stated that 9 of the 13 individuals who currently reside in the large Recreation room are positive for Covid 19 (R19, R28, R33, R35, R54, R56, R61, R12, &amp; R75). E1 stated that they did not</p> | Z9999         |   |                    |

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| Z9999              | <p>Continued From page 7</p> <p>move the other four clients (R25, R26, R45, R62) out of the Recreation room, as they have no other place to put them. E1 offered that on Plum Hall, they have two clients who are in the same room, and one of the clients has Covid 19(R78), but her roommate is negative (R31). E1 stated that they did not move R31 out of that room (234) as they have no other room to place R31 in, and they thought it would be ok, as the clients don't move around much.</p> <p>Observations were conducted outside of the large Recreation room on 8/30/22 at 1:00pm. E8(Direct care staff) was observed in the room with a surgical mask on that was soiled with what appeared to be light orange colored food debris. He was not wearing a face shield, N95 mask, gloves, or a gown. The three outside access doors did not have any signage on the outside of the door indicating an active infection was in place, nor did they have any isolation carts outside of the doors on a table, providing staff with the proper PPE. No isolation cart was outside of the hallway entrance to Plum hall either.</p> <p>During an interview with E1 on this same date with E1 at 2:30pm, E1 was made aware of the above observation. E1 stated that per their policy, staff who work in any Covid 19 positive rooms should be wearing an N95 mask, face shield, gloves, and gown. E1 was also asked why they did not have any isolation carts available outside of the Recreation room, or outside of the entry way to the Plum Hall. E1 offered that she does not know why, but there should be, and they have plenty of PPE for the staff to have access too.</p> <p>The CDC (Centers for Disease Control and</p> | Z9999         |   |                    |



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| Z9999              | <p>Continued From page 8</p> <p>Prevention) Interim Infection Prevention and Control Recommendations to Prevent SARS-COV-2 (COVID 19) Spread in Nursing Homes (Nursing Homes and Long-Term Care Facilities) updated 2/22/22 was reviewed. Under manage residents with suspected or confirmed SARS - COV-2 infection. It includes, "...Ideally, a resident with suspected SARS-COV-2 infection should be moved to a single person room with a private bathroom while test results are pending. The core principals of COVID 19 Infection Prevention include...Source control(masks, face coverings, and other respiratory protection), physical distancing, appropriate use of PPE, instructional signage throughout the facility and communication, effective cohorting....Residents with confirmed COVID 19 in a single room, door closed if safe to do so, designate a separate area or unit as a COVID 19 unit, isolate using transmission-based precautions, staff wear full PPE(N95 respirator, gown, gloves, eye protection)."</p> <p>The facility policy entitled, " COVID-19 Testing and Quarantine Plan, with a revision date of 1/1/22 was reviewed. The policy states that when clients are confirmed with COVID 19 infection, clients should isolate in rooms as much as possible. In facilities that have primarily double occupancy rooms it may not be possible to isolate and the risk of increased transmission as a result of moving clients may outweigh the risk to all of some remaining in a double occupancy room. Staff are to wear full PPE, which is defined as a N95 respirator, gown, gloves and eye protection."</p> <p>2) The facility's incidents were reviewed. The following peer to peer incidents wherein R4 was the aggressor were as follows:</p> | Z9999         |   |                    |

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| Z9999              | <p>Continued From page 9</p> <p>5/05/22 R12 - bit by R4 on the right forearm, above antecubital area, sustained bruise</p> <p>5/30/22 R6 - bit by R4 on the right forearm. R4 lifted R6's arm with his mouth still biting it, sustained broken skin, was prescribed antibiotics</p> <p>R1 - hit with R4's left opened hand three times on the left forearm, then struck with R4's right closed hand on his left forearm one time, sustained no injuries, R4 then attempted to bite R1's left forearm, sustained no injury</p> <p>6/01/22 R10 - hit by R4 on the right forearm with a semi-closed fist once, sustained no injury</p> <p>6/10/22 R15 - bit R15 on the left wrist, sustained a bite mark with some broken skin. R15 was sent out to the Emergency Room for evaluation and tetanus shot, was prescribed antibiotics</p> <p>6/14/22 R50 - R4 attempted to bite and hit R50 the first time then R4 hit and bit R50 on her left hand. R50 sustained a 0.5cm horizontal laceration and 4cm x 1cm vertical bruise on her left hand, was prescribed antibiotics</p> <p>R10 - R4 attempted to bite R10 then hit R1 hit on the left arm then kicked him twice on the left lower leg with his left foot, no injury sustained</p> <p>6/16/22 R42 - R4 hit R42's right lower arm with his left open hand, no injury sustained</p> <p>R15 - R4 hit R15's right knee/right upper thigh with his left closed hand five times, R4 then hit R15's right hand with his left open hand one time, no injury sustained</p> <p>R1 - R4 hit R1's left elbow area with his closed right hand one time. R4 then hit R1's left elbow area with his left closed hand one time, then R4 leans down and attempts to bite R1's left shoulder, R1 did not sustain any injury</p> <p>R15 - R4 then hit R15 on the right shoulder with both closed hands one time. R4 then hits R15's left hand two times and right</p> | Z9999         |   |                    |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CLEARBROOK CENTER</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3201 WEST CAMPBELL STREET<br/>ROLLING MEADOWS, IL 60008</b> |
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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 |
|--------------------|--|---------------|---|--------------------|
| Z9999              | <p>Continued From page 10</p> <p>shoulder one time with his left closed fist. R15 did not sustain any injury.</p> <p>6/20/22 R29 - R4 hit R29's left upper back two times with his left closed hand, no injury sustained</p> <p>8/19/22 R10 - R4 leaned down and bit R10 on his right upper arm. R10 was noted with a bite mark on his upper right arm with some broken skin. R10 was prescribed antibiotics.</p> <p>8/20/22 R10 - R4 walks over to R10 hits R10's left upper arm three times with his left closed fist. R4 then leans down, opens his mouth and bites R10's left upper arm. R10 sustained a bite mark on his upper left arm with no broken skin.</p> <p>R15 - R4 walks up to R15 and hits R15's left shoulder two times with his right closed fist, no injury sustained</p> <p>Further review of these clients that R4 had hit, or bit showed that all except for R29 and R42 are in wheelchairs.</p> <p>During the course of the survey process, surveyors have intermittently observed R4 walking the hallways of the facility by himself.</p> <p>The facility's suspected abuse, neglect mistreatment of a client or injury of unknown origin / incident and accident investigation policy revised 1/15/18 was reviewed. Under IDPH (Illinois Department of Public Health) definitions, it defines abuse as: "Abuse - any physical or mental injury or sexual assault inflicted on a resident other than by accidental means in a facility."</p> <p>E1, Administrator, was interviewed regarding R4's aggressive behaviors on 9/1/22 at 9:27am. E1 stated, "R4 have had no incidents of aggression</p> | Z9999         |   |                    |

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>IL6001853</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>09/19/2022</b> |
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|--------------------|--|---------------|---|--------------------|
| Z9999              | <p>Continued From page 11</p> <p>since that time (August 20) that we know of." Surveyor explained to E1 that R4 was observed walking around the facility by himself and he could have just easily hit or bitten a peer. Surveyor asked E1 if anyone reviews the camera footage since the facility have cameras in the hallways and common areas. E1 answered, "We review the camera recording only when there is a reason to do so like an incident we are investigating." Surveyor asked E1 what interventions has the facility put in place to protect the clients from R4. E1 answered, "R4 is currently on 15 minutes checks and the psychiatrist had increased his Risperidone 8/23."</p> <p>R4's Client Behavior Program implemented 8/23/22 was reviewed. Under summary, it includes; "...On 12/27/21, the IDT (Interdisciplinary team) met after meeting with the psychiatrist who reduced the Risperidone back to 1mg three times a day. A 15-minute roll call procedure was also put into place at that time. He was aggressive towards other residents and staff that morning for well over an hour, which resulted in 911 being called. He returned to the facility with no new orders. On 1/24/22, the Risperidone was decreased to 0.5mg three times a day..."</p> <p>E1 was re-interviewed on 9/2/22 at 11:40am. E1 stated, "R4 was on 15 minutes checks since 12/27/21."</p> <p>3) R5's medical chart was reviewed. A physician order dated 6/15/22 was noted, which reads for staff to obtain weekly weights on R5. A monthly weight list was provided to this writer on 9/15/22. R5 has a weight noted for May at 93.5, June 84.5 and July 90.0. However, there is no weekly weights noted on this form.</p> | Z9999         |   |                    |

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|--------------------|---|---------------|---|--------------------|
| Z9999              | <p>Continued From page 12</p> <p>During an interview with E1 on 9/15/22 at 10:10am, E1 was asked if she has weights recorded for every week, starting from 6/15/22. E1 stated that she will have to look for the weights in June from after the 15th of June but offered that the facility scale broke during the middle of the transition from the Peach Hall into the Recreation room. E1 stated that the scale has been broke from 7/18/22 through 9/14/22.</p> <p>(A)</p> | Z9999         |   |                    |