

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6015325</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/13/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ARDEN COURTS (PALOS HEIGHTS)</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7880 WEST COLLEGE DRIVE PALOS HEIGHTS, IL 60463</b>
---	---

(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
S 000	Initial Comments  Annual Licensure Survey	S 000		
S9999	Final Observations  Statement of Licensure Violations:  330.794b)1)2) 330.794c)  Section 330.794 COVID-19 Vaccination of Facility Personnel <b>EMERGENCY</b>  b) Each facility shall require all staff to be fully vaccinated against COVID-19 or be tested in a manner consistent with the requirements of subsection (c).  1) Each facility shall require staff who are not fully vaccinated against COVID-19 to have, at a minimum, the first dose of a two-dose vaccination series or a single-dose vaccination by September 19, 2021, and the second dose within 30 days following administration of their first dose in a twodose vaccination series, or be tested consistent with the requirements in subsection (c).  2) Facility staff starting employment after September 19, 2021 must receive or have received, at a minimum, the first dose of a two-dose vaccine series or a single dose vaccine no later than 10 days after their start date at the facility, and if applicable, the second dose of a two-dose COVID-19 vaccine series within 30 days after administration of their first dose, or be tested consistent with the requirements of subsection (c).	S9999		

**Attachment A  
Statement of Licensure Violations**

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6015325</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/13/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ARDEN COURTS (PALOS HEIGHTS)</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7880 WEST COLLEGE DRIVE PALOS HEIGHTS, IL 60463</b>
---	---

(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
S9999	<p>Continued From page 1</p> <p>c) Beginning September 19, 2021, except as provided in subsection (c)(5), each facility shall require its staff who are not fully vaccinated against COVID-19 to undergo testing for COVID-19, weekly, at a minimum. If staff who are not fully vaccinated against COVID-19 are not tested as required by this subsection, the staff shall not be permitted to enter or work at the facility.</p> <p>This requirement was NOT MET as evidenced by:</p> <p>Based on interview and record review, the facility failed to follow their policy on COVID testing for unvaccinated staff members. This failure has the potential to affect all 28 residents currently residing in the facility.</p> <p>Findings include:</p> <p>2/12/22 at 3:15pm, V1 (Administrator) stated that the facility does have unvaccinated staff since they are not CMS certified, the mandate does not apply to them. V1 confirmed that the facility policy is to have unvaccinated staff test twice weekly (for COVID); they have a rapid test and then a PCR test.</p> <p>Surveyor was provided list of unvaccinated staff and asked to see verification of testing being done twice a week for those staff members since the beginning of 2022.</p> <p>2/12/22 at 4pm, V1 stated that based on review of the information requested, it was clear that not all unvaccinated staff are being tested twice a week. V1 continued to state, "I can tell you now that we are not in compliance with our own policy." Now</p>	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6015325</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>02/13/2022</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>ARDEN COURTS (PALOS HEIGHTS)</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7880 WEST COLLEGE DRIVE PALOS HEIGHTS, IL 60463</b>
---	---

(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
S9999	<p>Continued From page 2</p> <p>that I am aware of this, I will make sure that I notify the Director of Nursing so that we can correct it right away.</p> <p>2/13/22 12:25pm, V1 provided requested documentation of staff COVID testing and stated that five out of eight unvaccinated people are not being tested at this point ...after a positive COVID test, we don't re-test for 90 days per policy.</p> <p>Review of staff testing results document that two unvaccinated staff members were not currently being tested for COVID twice a week per policy and 90 days after a positive COVID result.</p> <p>(A)</p>	S9999		