

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6013668</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/17/2022</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>ALVIN EADES CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1000A WEST MICHIGAN JACKSONVILLE, IL 62650</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
Z 000	COMMENTS  ANNUAL LICENSURE  COVID-19 SURVEY  INSPECTION OF CARE	Z 000		
Z9999	<p>FINDINGS</p> <p>Statement of Licensure Violations:</p> <p>350.620a) 350.760a) 350.769g) 350.769h)1)3) 350.1210</p> <p>Section 350.620 Resident Care Policies</p> <p>a) 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. 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.</p> <p>Section 350.760 Infection Control</p> <p>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 Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these</p>	Z9999	<p style="text-align: center;"><b>Attachment A Statement of Licensure Violations</b></p>	

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>IL6013668</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/17/2022</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>ALVIN EADES CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1000A WEST MICHIGAN JACKSONVILLE, IL 62650</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
Z9999	<p>Continued From page 1</p> <p>policies and procedures are followed.</p> <p>Section 350.769 - COVID-19 Vaccination of Facility Staff</p> <p>g) Each facility shall maintain a record of staff who are up to date on COVID-19 vaccinations, not up to date on COVID-19 vaccinations, and unvaccinated with an exemption pursuant to subsection (b)(3), and test results required per subsection (c). Facilities that are not required to report COVID-19 aggregate vaccination and testing data into the National Healthcare Safety Network (NHSN) shall report this data to the Department weekly utilizing the online form available at <a href="https://app.smartsheet.com/b/form/fa2d7abfb102490b9d2622a2ba490744">https://app.smartsheet.com/b/form/fa2d7abfb102490b9d2622a2ba490744</a>.</p> <p>h) The facility shall maintain documentation in each staff personal's confidential medical file, in accordance with federal and state privacy laws, regarding COVID-19 vaccinations and tests, including the following:</p> <ol style="list-style-type: none"> <li>1) Proof of vaccination for the staff person;</li> <li>3) Written exemption from the vaccination.</li> </ol> <p>Section 350.1210 Health Services</p> <p>The facility shall provide all services necessary to maintain each resident in good physical health.</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to develop and implement policies and procedures to ensure all staff are fully vaccinated for Covid-19 potentially affecting all 12 individuals residing in the facility (R1-R12).</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6013668</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/17/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ALVIN EADES CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1000A WEST MICHIGAN JACKSONVILLE, IL 62650</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
Z9999	<p>Continued From page 2</p> <p>Findings include:</p> <p>Facility Covid-19 Vaccination Policy ICF/DD provided on 6/14/22 documents, "Within 30 days after issuance of this memorandum, a facility must demonstrate that: Policies and Procedures are developed and implemented ensuring all facility staff, regardless of clinical responsibility or patient or resident contact are vaccinated for Covid-19."</p> <p>The facility was unable to provide any additional Policies/Procedures which include a contingency plan for staff who have not completed the primary vaccination series for Covid-19 and a process for which staff may request a vaccination exemption from the Covid-19 vaccination.</p> <p>Undated resident roster documents 12 individuals reside in the facility. R3, R5-R12 function at the Moderate Level of Intellectual Disability. R4 functions at the Severe Level of Intellectual Disability and R1 and R2 function at the Profound Level of Intellectual Disability.</p> <p>Undated Employee List documents 14 employees are employed by the facility including E1/Acting Administrator, E2/QIDP (Qualified Intellectual Disability Professional), E3/Home Manager, E4/DSP (Direct Support Person), E5/Cook-DSP, E6/DSP, E7/Maintenance Worker and E8-E14/DSP.</p> <p>The facility was unable to provide Covid-19 Vaccination records or exemptions for 21% of the employees (E1, E3 and E8).</p> <p>Covid-19 Vaccination Log provided on 6/14/22 has no documentation of Covid-19 vaccinations or exemption status for E1, E3, E6, E7 and E8.</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6013668	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  06/17/2022
--	---	--	--

NAME OF PROVIDER OR SUPPLIER  ALVIN EADES CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1000A WEST MICHIGAN JACKSONVILLE, IL 62650
--	--

(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 3</p> <p>The vaccination log does not document the type of Covid-19 vaccination E2, E4,E5, E9, E10, E11, E12, E13 and E14 received.</p> <p>On 6/16/22 at 9:50 AM, E1/Administrator was asked if the facility had developed any additional Covid-19 policies and procedures. E1 responded, "No other policies."</p> <p>(A)</p>	Z9999		