

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009278	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/25/2023
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NAME OF PROVIDER OR SUPPLIER SUNNYMERE	STREET ADDRESS, CITY, STATE, ZIP CODE 925 SIXTH AVENUE AURORA, IL 60505
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S 000	Initial Comments Annual Licensure Survey 330.715a)b) 330.790c)1) 330.1160a)b)c)d) 330.2000	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of 4 330.715a) 330.715b) Section 330.715 Request for Resident Criminal History Record Information a) A facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act) b) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender. This REQUIREMENT was not met as evidenced	S9999	Attachment A Statement of Licensure Violations	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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S9999	<p>Continued From page 1</p> <p>by:</p> <p>Based on record review and interview, the facility failed to submit background checks, check the Illinois Department of Corrections (IDOC) website, and check the Illinois State Police (ISP) website within 24 hours of admission. This applies to 10 of 10 residents (R101, R104, R107, R108, R109, R110, R111, R112, R113, R114) backgrounds in the sample of 14.</p> <p>The findings include:</p> <p>On 7/24/23 at 2:30PM, V1 (Director) said I was only ever asked to do the ISP (Illinois State Police) check that's all I have ever done for residents.</p> <p>On 7/25/23 at 10:45AM, V1 said I do the background checks for the residents. I try to do all the residents' background checks within the first week they are here. I have no idea why we stopped doing the sex offender check for residents.</p> <p>R104's facility medical record lists R104's admission date as 7/10/21. The background check form was submitted on 7/15/21 for the ISP website. The IDOC background check was not completed for R104.</p> <p>R109's facility medical record lists R109's admission date as 8/11/22. The IDOC background check was not completed for R109.</p> <p>R110's facility medical record lists R110's admission date as 6/3/22. The background check form was submitted on 6/28/22 for the ISP website. The IDOC background check was not completed.</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>R111's facility medical record lists R111's admission date as 1/27/23. The background check form was submitted on 2/15/23 for the ISP website. The IDOC background check was not completed.</p> <p>R112's facility medical record lists R112's admission date as 5/28/23. The background check form was submitted on 5/31/23 for the ISP website. The IDOC background check was not completed.</p> <p>R107's facility medical record lists R107's admission date as 7/1/22. The IDOC background check was not completed for R107.</p> <p>R101's facility medical record lists R101's admission date as 10/28/22. The background check form was submitted on 2/15/23 for the ISP website. The IDOC background check was not completed.</p> <p>R108's facility medical record lists R108's admission date as 6/13/22. The background check form was submitted on 6/28/22 for the ISP website. The IDOC background check was not completed.</p> <p>R114's facility medical record lists R114's admission date as 7/31/22. The background check form was submitted on 8/9/22 for the ISP website. The IDOC background check was not completed.</p> <p>R113's application for residency lists R113's admission date as 10/1/22. The background check form was submitted on 2/15/23 for the ISP website. The IDOC background check was not completed.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>The facility's Background Check policy, revised 1/6/11, states "all. . . residents of [the facility] shall have a criminal background check through the Illinois State Police. . . residents must be checked in the sex offender registry. . . [the facility] shall not retain any resident who is a registered sex offender. . ."</p> <p>(C)</p> <p>2 of 4 330.790c)1)</p> <p>Section 330.790 Infection Control</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 330.340):</p> <p>1) Guideline for Hand Hygiene in Health-Care Settings</p> <p>This requirement was not met as evidenced by:</p> <p>Based on observation and record review the facility failed to ensure that staff remove/change their gloves when moving from a contaminated area of the body to a clean area during resident care.</p> <p>This applies to 1 of 5 residents (R101) reviewed for infection control in a sample of 14.</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>The findings include:</p> <p>R101's Face Sheet shows that she was admitted to the facility on 10/28/2022 with diagnoses including Cerebrovascular Accident and Memory Loss.</p> <p>On 7/24/23 at 1:50 PM V2 (Nursing Assistant) provided pericare for R101 after R101 was incontinent of a semi-loose stool. V2 turned R101 onto her left side and with gloves on cleaned R101's skin with wet wipes. After V2 removed all the stool from R101's skin she applied a new brief to R101. Without removing her soiled gloves V2 continued to position R101 in the bed, pulled the blankets over her, handled the bed control to raise R101's head, offered and provided R101 with a drink of water from the water bottle on her over-bed table. V2 touched her own uniform and her own hair to get her hair behind her back, turned off the light with the light switch across the room, gathered the trash and opened the door by turning the handle.</p> <p>The facility policy entitled Infection Control: Hand Hygiene Policy and Procedure dated 2/2016 states, "Change gloves during patient care if moving from contaminated body site to a clean body site, and Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces and before caring for another patient."</p> <p>(C)</p> <p>3 of 4</p> <p>330.1160a) 330.1160b)</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>330.1160c) 330.1160d)</p> <p>Section 330.1160 Vaccinations</p> <p>a) A facility shall annually administer or arrange for a vaccination against influenza to each resident, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention that are most recent to the time of vaccination, unless the vaccination is medically contraindicated or the resident has refused the vaccine. Influenza vaccinations for all residents age 65 and over shall be completed by November 30 of each year or as soon as practicable if vaccine supplies are not available before November 1. Residents admitted after November 30, during the flu season, and until February 1 shall, as medically appropriate, receive an influenza vaccination prior to or upon admission or as soon as practicable if vaccine supplies are not available at the time of the admission, unless the vaccine is medically contraindicated or the resident has refused the vaccine. (Section 2-213 of the Act)</p> <p>b) A facility shall document in the resident's medical record that an annual vaccination against influenza was administered, refused or medically contraindicated. (Section 2-213 of the Act)</p> <p>c) A facility shall provide or arrange for administration of a pneumococcal vaccination to each resident in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, who has not received this immunization prior to or upon admission to the facility unless the resident</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>refuses the offer for vaccination or the vaccination is medically contraindicated. (Section 2-213 of the Act)</p> <p>d) A facility shall document in each resident's medical record that a vaccination against pneumococcal pneumonia was offered and administered, refused, or medically contraindicated. (Section 2-213 of the Act)</p> <p>This requirement was not met as evidenced by:</p> <p>Based on interview and record review the facility failed to offer an Influenza Vaccine to one resident and failed to offer/arrange for a second pneumonia vaccine for 2 residents. The facility also failed to ensure that documentation of resident vaccines was available in the resident's medical record.</p> <p>This applies to 3 of 5 residents (R101, R102, R105) reviewed for immunizations/vaccines in the sample of 14.</p> <p>The findings include:</p> <p>1. R101's Face Sheet shows that R101 was admitted on 10/28/22.</p> <p>R101's Vaccine Record shows that her last Influenza Vaccine was given 10/28/2019.</p> <p>On 7/25/23 at 9:35 AM V1 (Director) stated, " We did our Flu Clinic in October 2022. I can't really recall what we did at that time. I don't recall if (R101) was here at the time we did the clinic." At 10:45 AM V1 stated, "We did miss her last year but once the family brought her in I don't think they would have taken her back out. I don't think the pharmacy would have come over here to just</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>give one immunization."</p> <p>The facility policy entitled Vaccination of Resident: Influenza and Pneumococcal dated 4/12/16 states, "A single dose of influenza vaccine is offered soon after the vaccine becomes available, ideally by October."</p> <p>2. R102's Face Sheet shows that R102 was admitted to the facility on 8/19/2020.</p> <p>R102's Immunization Record (provided by her physician's office) shows that R102 received 1 pneumococcal vaccine on 10/16/2010.</p> <p>There is no record for R102 that she received or had been offered a second pneumococcal vaccine.</p> <p>3. R105's Flu and Pneumonia Shot Record shows that she received one Pneumonia shot on 10/2/2015.</p> <p>R105's Immunization Record (provided by her physician's office) shows that she received the Pneumococcal, 23-valent on 10/2/2015.</p> <p>There is no record for R105 that she received or had been offered a second pneumococcal vaccine.</p> <p>On 7/25/23 at 9:35 AM V1 (Director) stated, "For Pneumonia, I ask about it. But they all go out to their own physician to get their shots and their vaccines are all managed by their own doctors. I can work harder on that and documenting the education."</p> <p>The facility policy entitled Vaccination of Resident: Influenza and Pneumococcal dated 4/12/16</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>states, "Pneumococcal vaccination and re-vaccination is recommended and requires a physician's order."</p> <p>(C)</p> <p>4 of 4</p> <p>330.2000</p> <p>330.2000 Food Handling Sanitation</p> <p>Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill. Adm. Code 700).</p> <p>This requirement was not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure the ceiling over the food preparation area was clean and free of debris, this applies to all 28 residents in the facility reviewed for Food Handling Sanitation.</p> <p>The findings include:</p> <p>On 7/24/23 at 9:30 AM, in the kitchen over the food preparation area there was an accumulation of dust and debris hanging from the ceiling over the food preparation table. The air vents in the ceiling between the food preparation table and the clean side of the dishwasher had an accumulation of dust and debris.</p> <p>On 7/24/23 at 2:30 PM, V1 (Director) said, I do not have a policy specific to this issue.</p> <p>The facility Census dated 7/24/23 shows, twenty-eight residents in the facility.</p>	S9999		

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