PRINTED: 04/06/2023 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:** COMPLETED A. BUILDING: ___ B. WING IL6016935 02/23/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 WEST FULLERTON AVENUE BELMONT VILLAGE LINCOLN PARK CHICAGO, IL 60614 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE **DEFICIENCY**) **Initial Comments** S 000 S 000 Complaint Investigation: 2381436/IL156643 S9999 Final Observations S9999 Statement of Licensure Violations: 330.790a) 330.790c)1)4) Section 330.790 Infection Control 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 III. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 III. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed. 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): 1) Guideline for Hand Hygiene in Health-Care

Illinois Department of Public Health

Settings 4)

Care Personnel

evidenced by:

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

These requirements were NOT MET as

Guidelines for Infection Control in Health

TITLE

Attachment A Statement of Licensure Violations

(X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6016935	B. WING			C 02/23/2023	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
REL MONT VILLAGE LINCOLN DARK 700 WEST FULLERTON AVENUE							
BELMONT VILLAGE LINCOLN PARK CHICAGO, IL 60614							
(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 CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIES OF T	ULD BE	D BE COMPLETE	
S9999	9 Continued From page 1		S9999				
**	Based on observation review the facility factor and failed to change utensils, cups and mealtime. These fail affect all 49 residen	on, interview, and record iled to perform hand hygiene e gloves in between touching esidents (R3, R4, R5) during liures have the potential to ts residing on the 2nd and 3rd eviewed for infection control.		859		= ×	
	Findings include:		*	·		9	
	observed on the 2nd gloved hands passin holding water pitche up from the chair, le Surveyor observed vigloved hands touche soiled with food part served to R4. Surve give R5 a spoon. Su same soiled gloves with clean utensils, rigave it (spoon) to R8 gloves and performing proceeded to pass with the same soiled gloved gloved fingers inside cup over and fill the passed the water cuthe water. This obse attention. Surveyor apolicy on infection cohygiene, use of gloves and cups. V4 stated, with gloves it (gloves should perform hand Surveyor observed viging the same soiled gloves should perform hand Surveyor observed viging the same soiled gloves should perform hand Surveyor observed viging the same same same same same same same sam	vater to R3 and R4 donning ves and dipping the soiled R3 and R4's cups to turn the cups with water, V4 then ps to R3 and R4 who drank rvation was brought to V4's asked V4 what is the facility's entrol regarding hand es and handling of utensils after touching the resident b) should be removed and I I hygiene and walk away. V4 removed the soiled gloves					
	and continue touchin cart in the dining are hygiene.	g the water pitcher and food a without performing hand		3			

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<u>Illinois Department of Public Health</u> STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED C IL6016935 B. WING 02/23/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 WEST FULLERTON AVENUE BELMONT VILLAGE LINCOLN PARK CHICAGO, IL 60614 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY**) S9999 Continued From page 2 S9999 On 02/22/23 at 12:46pm, interview with V2 (Director of Resident Care Services) regarding facility policy on infection control and prevention hand hygiene and use of gloves. V2 stated, "Before touching the resident and after care to remove the gloves and wash their hands and that goes for the nurses and PALS. V2 stated, "In between care of residents we (referring to the facility) have hand soap on every floor to be used". On 02/21/23 at 2:23pm, interview with V28 (Dining Room Coordinator) regarding surveyor's observation of V4 and infection control of handling utensils and drinking cups. V28 stated, in part that drinking cups should be held from outside of the cup to prevent bacterial contamination. On 02/22/23 at 11:42am, on the 3rd floor surveyor observed V23 (Agency Dish Washer) walking from the hallway donning yellow gloves into the dining area, V23 did not remove the gloves or perform any hand hygiene before picking up the resident desert on the kitchen cart and placing them on the table directly touching cakes. The surveyor asked V23 about facility policy on use of gloves. V23 does not understand English. V21 (Activity Director) who was present at the time tried to interpret and asked V23's name. V21 stated that V23 refused to identify self but she (V21) knows V23 is an agency staff in the kitchen. Both the surveyor and V21 then followed V23 to the kitchen. While at the elevator area. surveyor observed V23 touching the door handle and the elevator button with the same soiled gloves. V23 did not remove gloves or perform hand hygiene.

Illinois Department of Public Health

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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:** COMPLETED A. BUILDING: IL6016935 B. WING 02/23/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 WEST FULLERTON AVENUE **BELMONT VILLAGE LINCOLN PARK** CHICAGO, IL 60614 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S9999 Continued From page 3 S9999 On 02/22/23 at 11:49am, on the 2nd floor of the facility V24 was observed walking around the hallway wearing gloves. V24 was approached by the surveyor and asked about the facility policy on infection control and prevention and wearing of gloves. V24 stated, "I wore it because I was picking up the trash, but I should have removed it and wash my hand". On 202/22/2023 at 11:52am, when V2 was made aware of these observations, V2 stated, they (referring to facility staff) should not be wearing gloves in the hallways. Gloves should be removed in the resident rooms before leaving the room". On 02/22/23 at 12:22pm, V2 stated, the facility does not have any infection control policy on hand hygiene and use of gloves. V2 stated, the facility only has communicable diseases and exposure policy. On 2/22/23 at 1:22pm, V22 (Sous-Chef) who identified self as the staff in charge of the dietary department for 02/22/23 and identified V23, V22 stated, V23 was an agency staff hired to work as a dish washer for being short of staff. V22 stated in part, V23 should not be wearing gloves around the facility. V22 stated, V23 can only speak in Spanish but he (V22) can communicate with her (V22) in Spanish. Review of R3 medical record listed R3's chronic conditions that includes but not limited to Arthritis.

feeding.

Dementia, Depression, Dysphagia, feeding Difficulties, Osteoporosis. R3's plan of care under diet and eating documented for staff to assist with

R4's medical record listed Dementia as chronic

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and Prevention) hand hygiene in health care settings documented in part that hand hygiene protects you and those receiving the care you provide. The simple act of hands of cleaning hands can prevent spread of germs, including those that are resistant to antibiotics. Defined hand hygiene as cleaning of hands by using either with soap or water, antiseptic hand rub that includes alcohol-based hand sanitizer. Listed clinical indications for hand hygiene includes but not limited to immediately before touching a patient, after touching a patient or the patient's immediate environment and immediately after glove removal.

The facility Infection Control Policy presented for section titled COVID -19 with reviewed date 3/20/20 documented that the purpose of this policy is to review infection control precautions and provide guidance for direct care employees. The policy procedure under standard precautions documented that standard precaution should be use for all resident care, PPE (Personal Protective equipment) are used to protect healthcare providers from infection and prevent the spread of infection from patient to patient. Listed procedure includes hand hygiene.

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