PRINTED: 12/22/2023 FORM APPROVED

Illingis Department of Public Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001671 | | | I ' ' | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED C 11/22/2023 | | |
|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------|-----------------------------------|------------------------------------------|--|--|
| | | | A. BOILDING. | | | | | |
| | | IL6001671 | B. WING | | | | | |
| NAME OF P | ROVIDER OR SUPPLIER | STREET | ADDRESS, CITY, STATE | , ZIP CODE | *** | | | |
| CHESTNU | T CORNER S C | | ST CHESTNUT STR ILLE, IL 62858 | REET | | | | |
| (X4) ID | | | | | | | | |
| PREFIX TAG | (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | PREFIX TAG | (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | TION SHOULD BE THE APPROPRIATE | COMPLETE DATE | | |
| S 000 | Initial Comments | | S 000 | | | İ | | |
| | Complaint Investigation: 2359097/IL166161 | | | | | | | |
| S9999 | Final Observations | | \$9999 | | | | | |
| | Statement of Licensure Violations: | | | | | | | |
| | 330.2210 a)1) 330.2210 a)4) | | | | | | | |
| | written plan for mainte staff, appropriate equi supplies. Each facility 1) Maintain t | shall have an effective enance, including sufficient pment, and adequate shall: the building in good repair, allowing: cracks in floors, | | | | | | |
| | warped or loose board or cracked floor cover linoleum; loose handra broken window panes hazards. 4) Maintain the i | ls; warped, broken, loose, ings, such as tile or ails or railings; loose or , and any other similar nterior and exterior finishes | | | | | | |
| | | ded to keep it attractive, ing, washing and other | | | | | | |
| | The requirement is NO by: | OT been met as evidenced | | | | | | |
| | Based on observation, review, the facility faile walls, floors, and furnit West buildings in good potential to affect all 7 facility. | ed to maintain ceilings, shings in the East and | | | nment A ensure Violations | | | |
| | Resident Council Mee | ting Notes documented the | | | | | | |

STATE FORM

6899

(X6) DATE

PRINTED: 12/22/2023 FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: ___ B. WNG IL6001671 11/22/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 905 WEST CHESTNUT STREET **CHESTNUT CORNER S C** LOUISVILLE, IL 62858 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S9999 Continued From page 1 S9999 following: 8/29/23: "(Room #) in the East Building has a leak in the ceiling located in front of the window." 9/28/23: "(Room #) in the East Building has what appears to be mold in a large area of the ceiling". with action taken, "Cleaner has been ordered and will be used on these areas", and written underneath this entry,"10/24/23: Cleaner arrived, will get areas treated." On 11/22/23 at 8:05am, V1, Administrator, stated the facility's Maintenance Director passed away a few months ago and they have not hired a replacement in spite of advertising the position. V1 stated any issues with maintenance has to be resolved by hiring outside contractors. On 11/22/23 at 9:00am V5, Housekeeper, stated there had been black mold discovered in 2 rooms in the West Building, V5 stated, "Somebody came in and sprayed some stuff on it that was supposed to kill it." On 11/22/23 at 9:05am, V4, West Building Aid. stated within the past month or so, there has been black mold in the bathroom ceiling of a room in the West Building. V4 stated, "Somebody from outside the facility came and sprayed stuff on it. I don't think it was a professional mold treatment company." V4 produced a commercial spray bottle labeled "Instant mold and mildew remover", and stated that was the product that had been used. V4 stated V1 wanted V4 and a

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Housekeeping staff member to do the treatment, but they refused. V4 stated mold has been in the building due to the roof leaking at different times, as well as the bathrooms becoming damp and

On 11/22/23 at 9:10am, an environmental tour of

not being adequately ventilated.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

IDENTIFICATION NUMBER:

| Value | Provider Struction | (X2) Multiple Construction | (X3) Date Survey | (X4) Date Su

| CHESTNUT CORNER S C 905 WEST CHESTNUT STREET LOUISVILLE, IL 62858 | | | | | | |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|--|
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFIC (EACH DEFICIENCY MUST BE PRECEI REGULATORY OR LSC IDENTIFYING IN | DED BY FULL | ID PRÉFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE | |
| S9999 | Continued From page 2 | | S9999 | | | |
| | the West building was conducted. The of a room was noted to have multiple all over the ceiling. V4 stated before was treated, the brown spots were a floors, walls, windowsills, ceilings, are in the West building were in various disrepair, with patched, stained, and paint and drywall, stained toilets, sind and tubs, chipped, stained, and missestiles, and dressers, beds, and cabine repair. Ceilings throughout the building | e brown spots the ceiling Il black. All and furnishings states of chipping ks, showers sing floor ets in poor ang showed | 47 | | | |
| | evidence of staining from roof leaks. On 11/22/23 at 10:00am, and enviror of the East Building was conducted. V3, East Building Aid, stated there is black mold in some areas of the build room was noted to have a black area approximately 18 inches in diameter ceiling over the residents bed. Anoth observed to have a black spot approinches in diameter on the ceiling in the room near the head of the reside with the West Building, all floors, was windowsills, ceilings, and furnishings Building were in various states of dispatched, stained, and chipping paint stained toilets, sinks, showers and to stained, and missing floor tiles, and obeds, and cabinets in poor repair. Ce throughout the building showed evidestaining from roof leaks. | nmental tour At 10:05am, currently ding. One a on the er room was ximately 12 ne comer of ents bed. As ells, in the East crepair, with and drywall, elbs, chipped, dressers, eilings | | | | |
| 8 | On 11/22/23 at 11:05am, V1 stated to in the process of getting bids for a new both buildings. V1 acknowledged blat been found in the West Building. V1 did not hire a professional contractor the mold, but used a commercial more mildew remover. V1 stated she was | ew roof for ack mold had stated they to deal with Id and | | | | |

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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 IL6001671 11/22/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 905 WEST CHESTNUT STREET **CHESTNUT CORNER S C** LOUISVILLE, IL 62858 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) S9999 Continued From page 3 S9999 black mold in one room of the East Building, which particular room she could not recall. V1 stated the room was treated. V1 stated she did not check any of the other rooms in the East Building after the mold was discovered, and does not know how many rooms were affected. V1 stated she did not remember specifically when the mold was discovered or treated in either building, but that they were, "treated right away." On 11/22/23 at 11:15pm, V2, General Manager, stated black mold was treated in the West Building on the ceilings of one room and the bathroom ceilings 2 other rooms. When the Surveyor asked if the mold had been removed, V2 stated," I am not a mold removal professional-we didn't remove it, we cleaned it." V2 stated the buildings had not been inspected to determine the extent of the mold. When the Surveyor asked V2 how he could be sure the buildings were safe for the residents, V2 replied, "How can you be sure any facility is completely safe? " V2 stated he was unaware of the black spots in the East Building-"But now that we know, we will get right on it." On 11/22/23 at 1:05pm, V1 stated they had now contacted a commercial cleanup and restoration company to inspect both buildings. An 11/20/23 Room Roster documented a total of 71 residents living at the facility. (B)

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