

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007231	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/20/2026
NAME OF PROVIDER OR SUPPLIER PARKVIEW HOME - FREEPORT		STREET ADDRESS, CITY, STATE, ZIP CODE 1234 SOUTH PARK BOULEVARD FREEPORT, IL 61032		
(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 Complaint Investigation 2610596/IL199618 - 300.696d)13)	S 000		
S9999	Final Observations Statemnet Of Licensure Violations: 300.696d)13) Section 300.696 Infection Prevention and Control d) Each facility shall adhere to the following guidelines and toolkits of the Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, Agency for Healthcare Research and Quality, and Occupational Safety and Health Administration (see Section 300.340): 13) Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes. These requirements were not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure personal protective equipment (PPE) was wore into a residents room who was on isolation precautions for COVID-19 (droplet precautions/airborne precautions) which affected 1 of 6 residents (R1) reviewed for infection control in a sample of 6. The findings include:	S9999		

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

TITLE

(X6) DATE

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S9999	Continued From page 1 R1's Admission Record printed 1/20/20 showed R1 is a 100-year-old female resident admitted to the facility on 8/18/2025. R1's Respiratory Panel test results dated 1/14/26 showed R1 was positive for COVID-19. On 1/20/26 at 9:05 AM, R1's doorway had signs notifying R1 was on isolation for COVID-19. V4 (R1's Hospice Nurse Case Manager) and V5 (R1's Hospice Physician) were interviewing R1 in the room wearing only surgical masks. On 1/20/26 at 9:45 AM, V2 (Infection Control Preventionist) stated the appropriate PPE to be worn in a COVID-19 isolation room is eye protection, N-95 mask, gown, and gloves before entering a room. On 1/20/26 at 11:30 AM, V3 Nurse Practitioner stated anyone entering a COVID-19 positive residents' room should wear the appropriate PPE. This includes third party healthcare professionals. The facility's undated COVID-19 Policy showed when a resident is positive for COVID-19 staff need to wear a N95 respirator, eye protection, gown and gloves upon entering the resident's room. (B)	S9999			