

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000976		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/05/2026	
NAME OF PROVIDER OR SUPPLIER Joliet Living & Rehab Center				STREET ADDRESS, CITY, STATE, ZIP CODE 2230 MCDONOUGH , JOLIET, Illinois, 60436			
(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) COMPLETION DATE	
S0000	Initial Comments		S0000				
	First Probationary Licensure Survey						
S9999	Final Observations		S9999				
	Statement of Licensure Violations:						
	1 of 8						
	300.615e)						
	Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information.						
	e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, 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)						
	This requirement is not met as evidenced by:						
	Based on interview and record review, the facility failed initiate criminal history background checks within twenty-four hours after admission of a resident.						
	This applies to 3 of 10 residents (R32, R34, and R36) reviewed for criminal background checks in the sample of 36.						
	The findings include:						
	1. R32's EMR showed R32 was admitted to the facility on January 19, 2026. R32's criminal history information response process (CHIRP) was run on January 16, 2026. R34's name was searched on the Illinois sex offender						

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	Continued from page 1 registry and Illinois Department of Corrections parolee registries on January 16, 2026. 2. R34's EMR showed R34 was admitted to the facility on January 23, 2026. R34's CHIRP was run on January 20, 2026. R34's name was searched on the Illinois sex offender registry and Illinois Department of Corrections parolee registries on January 14, 2026. 3. R36's EMR showed R36 was admitted to the facility on December 22, 2025. R36's CHIRP was run on January 05, 2026. R36's name was searched on the Illinois sex offender registry and Illinois Department of Corrections parolee registries on January 06, 2026. On February 04, 2026, at 11:14 AM, V1(Administrator) reported V28 (Corporate Office Manager) is responsible for running background checks and CHIRP reports for residents in the facility. On February 04, 2026, at 1:56 PM, V28 confirmed she runs background checks for residents in the facility. V28 said once she receives notice from corporate admissions that a resident is coming in, she runs the background immediately. V28 said background checks and CHIRPs should be run between twenty-four and seventy-two hours either prior to or after admissions. V28 said she is not alerted when residents are admitted beyond that threshold. V28 said she only runs background and CHIRPs when alerted to do so, and this usually is only done once. V28 said she only handles things from the corporate office and does not interact with the facility. V28 said V29 (Corporate Admissions) handles that aspect. On February 04, 2026, at 1:59 PM, V29 confirmed she is responsible for starting the background check process. V29 said she receives notifications that residents are entering the community usually a week or two prior to admitting to the facility. V29 said she does run a second background for residents closer to the actual admission date because the company has to pay for each CHIRP that is run. V29 said she was unaware that background checks were to be run within twenty-four hours of admittance to facility and the facility does not alert her if residents are admitted outside of the time frame. (C) 2 of 8 300.610a)		S9999				

Illinois State Department of Health

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S9999	Continued from page 2 300.625c)2) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.625 Identified Offenders c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following: 2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files. This requirement was not met as evidenced by Based on interview and record review, the facility failed to initiate and arrange for a fingerprint-based criminal history inquiry record within 72 hours of a positive criminal history information response process (CHIRP) report. This applies to 6 of 10 residents (R9, R12, R30, R31, R32, and R36) reviewed for identified offenders in the sample of 36. 1. R9 was admitted on September 10, 2025. R9's CHIRP		S9999				

Illinois State Department of Health

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S9999	Continued from page 3 was returned with a positive hit on September 09, 2025. On February 04, 2026, V1 (Administrator) provided a receipt for fingerprinting with an appointment date of September 16, 2025. 2. R12 was admitted on August 30, 2023. R12's CHIRP was returned with a positive hit on August 30, 2023. On February 04, 2026, V1 provided a receipt for fingerprinting with an appointment date of December 07, 2023. 3. R30 was admitted on August 28, 2025. R30's CHIRP was returned with a positive hit on August 28, 2025. On February 04, 2026, V1 provided a receipt for fingerprinting with an appointment date of September 05, 2025. 4. R31 was admitted on August 20, 2025. R31's CHIRP was returned with a positive hit on August 21, 2025. There were no records or receipts provided to show that R31 has been fingerprinted. 5. R32 was admitted on January 19, 2026. R32's CHIRP was returned with a positive hit on January 16, 2026. On February 04, 2026, V1 provided a receipt for fingerprinting with an appointment date of January 27, 2026. 6. R36 was admitted on December 22, 2025. R36's CHIRP was returned with a positive hit on January 05, 2026. On February 04, 2026, V1 provided a request for fingerprinting on January 09, 2026, and receipt for fingerprinting with an appointment date of January 20, 2026. The facility's undated Identified Offender Facility Policy and Procedure showed, "It is the policy of this facility to establish a resident sensitive and resident secure environment. In accordance with the provisions of the Nursing Home Care Act, this facility shall check the criminal history background on any resident seeking admission to the facility in order to identify previous criminal convictions. Once the facility determines the resident is an Identified Offender, the facility must request in 72 hours for the resident to undergo a live scan State and Federal Bureau of Investigation (FBI) fingerprint check on the premises within five business days. The fingerprint check must be requested on the Nursing Home Resident Fingerprint Inquiry Consent Form attached. One copy of the form will be sent to the live scan vendor, one will be kept by the facility, and one will be given to the resident. (C) 3 of 8			S9999			

Illinois State Department of Health

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S9999	Continued from page 4 300.610a) 300.661 Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.661 Health Care Worker Background Check A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code. The requirement was not met as evidenced by: Based on interview and record review, the facility failed to ensure employees names were searched on the Illinois sex offender registry, Illinois Department of Corrections (IDOC) sex registrant parolee page, the IDOC inmate search, the IDOC wanted fugitive, the national sex offender registry and the Office of Inspector General Health and Human Services Registry search prior to hiring from December 2025 to January 2026. The facility also failed to check the Illinois Department of Financial and Professional Regulation registry an obtain nursing licensure for newly hired nurses. This failure applies to 5 of 10 employees (V5, V18, V21, V22, and V23) reviewed for health care worker background checks and has the potential to affect all 92 residents residing at the facility. The findings include: The facility's employee list showed the following: V5 (Cook) was hired on January 11, 2026. V18 (Business Office Manager) was hired on December 15,			S9999			

Illinois State Department of Health

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S9999	Continued from page 5 2025. V21(Registered Nurse) was hired on December 12, 2025. V22 (Licensed Practical Nurse) was hired on January 07, 2026. V23 (Restorative Nurse) was hired on January 05, 2026. On February 02, 2026, at 12:45 PM, a verbal request was made to V1 (Administrator) for the background checks of five most recently hired CNA's (Certified Nursing Assistants), three nurses, and three unlicensed staff members. At 4:30 PM, V1 had not provided the documentation, and a written request was given for documents to be prepared and ready for the next morning. On February 03, 2026, at 12:57 PM, V1 said they did not have backgrounds for newly hired employees since the changeover to new management in November. V1 said she had just started working at the facility in December and there is no Human Resources team in place. V1 said she had only just learned the process and backgrounds were run this week for employees hired from November 2025 to January 2026. V1 said previous ownership utilized either an outside agency or corporate management to run background checks. V1 said she is now aware that checks are to be run for all employees. V1 then went to her office and returned with several background checks that were completed on February 02, 2026, and February 03, 2026, for staff hired from November 2025 to January 2026. These files did not include the Illinois Department of Public Health Healthcare Worker registry check or eligibility to work. On February 04, 2026, at 10:02AM, V19 (Chief Operating Officer) said the company took over November 17, 2025, and had limited information on how operations were managed from previous company. V19 said background checks are completed during the onboarding process. This process automatically triggers backgrounds to be done. V19 said she was not aware that background checks were not performed for newly hired staff from November 2025 to January 2026. V19 said the facility only recently acquired a Business Office Manager (BOM) who would be responsible for this process. V19 said since there was not a BOM in place it was the responsibility be the of the Administrators (past and present) to perform the background checks. V19 said he was under the impression the former Administrator had been performing background checks. V19 said V1 received training from V19 upon hire and that healthcare worker			S9999			

Illinois State Department of Health

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S9999	Continued from page 6 background was a topic reviewed during V1's training. The facility's "Background Check" Policy from December 2024 showed "facility conducts employment background screening checks including, but not limited to, criminal background checks, sex offender database, OIG exclusion database, reference checks and criminal conviction investigation checks on individuals making application for employment with our facility." 1. The Personnel/Human Resources Director, or other designee, will conduct employment background checks, reference checks and criminal conviction checks, including fingerprinting as may be required by state law}, on persons making application for employment with this facility. Such investigation will be initiated upon hire and during onboarding process via Paycom. (C) 4 of 8 300.610a) 300.696b) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.696 Infection Prevention and Control b) Written policies and procedures for surveillance, investigation, prevention, and control of infectious agents and healthcare-associated infections in the facility shall be established and followed, including for the appropriate use of personal protective equipment as provided in the Centers for Disease Control and Prevention's Guideline for Isolation		S9999				

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S9999	Continued from page 7 Precautions, Hospital Respiratory Protection Program Toolkit, and the Occupational Safety and Health Administration's Respiratory Protection Guidance. The policies and procedures must be consistent with and include the requirements of the Control of Communicable Diseases Code, and the Control of Sexually Transmissible Infections Code. The requirement was not met as evidenced by: Based on observation, interview, and record review, the facility failed to follow infection control standards and clean medical equipment that was used between several residents. This applies to 4 of 4 residents (R16, R17, R18, and R26) reviewed for infection control in the sample of 36. Findings include: On February 3, 2026, during continuous observation starting at 8:10 AM, V14 (LPN) checked R15's blood pressure, oxygen saturation, and heart rate with an electronic blood pressure cuff (that attaches to the arm) and a pulse oximeter (that attaches to the finger.) After using the blood pressure cuff and the pulse oximeter on R15, V14 put them in the right drawer of her medication cart without cleaning or disinfecting them. V14 then rolled the cart the D hallway where she used the same blood pressure cuff and pulse oximeter (that was not yet cleaned or sanitized) on R16 at 8:26 AM, R17 at 8:36 AM, R18 8:43 AM, and R26 at 8:53 AM without cleaning or sanitizing them in-between residents. On February 3, 2026, at 9:01 AM, V14 stated she should have cleaned the blood pressure cuff, the pulse oximeter, and the thermometer between residents with the disinfectant wipes to prevent transmission of infection. On February 3, 2026, at 11:41 AM, V3 (Infection Preventionist) stated medical equipment used between residents should be cleaned with disinfectant wipes to prevent the transmission of infections. The facility's Blood Pressure Policy revised January 2025 stated, "Equipment is to be properly sanitized between each resident use." The facility's Cleaning Medical Equipment policy undated showed the following: Policy: to ensure that all medical equipment will be cleaned and sanitized		S9999				

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S9999	Continued from page 8 after each resident's use. Nebulizers, oxygen tanks, blood pressure apparatus, stethoscopes, pulse oximeters, etc., will be cleaned and sanitized with alcohol. (C) 5 of 8 300.610a) 300.700b)1)2)3) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. 300.700 Testing for Legionella Bacteria b) The policy shall be based on the ASHRAE Guideline "Managing the Risk of Legionellosis Associated with Building Water Systems" and the Centers for Disease Control and Prevention's" Toolkit for Controlling Legionella in Common Sources of Exposure". The policy shall include, at a minimum: 1) A procedure to conduct a facility risk assessment to identify potential Legionella and other waterborne pathogens in the facility water system. 2) A water management program that identifies specific testing protocols and acceptable ranges for control measures; and 3) A system to document the results of testing and corrective actions taken. This requirement was not met as evidenced by:	S9999					

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S9999	Continued from page 9 Based on interview and record review, the facility failed to implement a water management program and conduct risk assessments to identify high risk areas where potential legionella and waterborne pathogens could occur. This applies to all residents residing within the facility. The findings include: On February 3, 2026, at 10:53AM, V1 (Administrator) and V15 (Administrator) said the water management plan could not be located and the policy would be provided. V15 provided a policy for the water management plan. V1 said the previous Maintenance Director was termed the day before and the new Maintenance Director was starting on this day. On February 3, 2026, at 11:07 AM V1 said the facility did not have schematics that would show the layout and flow of the facility's water system. V1 was unaware of the required risk assessment needed to determine where Legionella and other waterborne pathogens could grow and spread. V1 confirmed risk assessments and control measures that could address potential hazards had not been established. On February 3, 2026, 12:11PM, V3 (Assistant Director of Nursing) said she is familiar with the water managements program related to Legionaries, but she does not have anything to do with the program. On February 3, 2026, 12:17 PM, V16 (Maintenance Director) said he is responsible for the water management program. V16 said he did not have a plan in place to assess or monitor for Legionella. V16, confirmed this day was his first day, but the correct procedure would be to flush alternating bathroom sinks and showers on a regularly scheduled basis and assess for brown water. The facilities water management program policy dated May 1, 2024, showed: 1. The maintenance director will maintain documentation that describes the facility's water system 2. A risk assessment of water system components will be conducted to identify where Legionella and other opportunistic waterborne pathogens could grow and spread in the facility's water system. 3. The risk assessment will be completed by facility		S9999				

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S9999	Continued from page 10 leadership and the Infections Prevention with collaboration from the other facility members such as maintenance employee, risk and quality management staff and Director of Nursing...6. Based on risk assessment, control measures will be established to address potential hazards. (B) Statement of Licensure Findings 6 of 8 300.610 a) 300.1210b) 300.1210d)1)2) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 1) Medications, including oral, rectal, hypodermic,		S9999				

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S9999	Continued from page 11 intravenous and intramuscular, shall be properly administered. 2) All treatments and procedures shall be administered as ordered by the physician. The requirement was not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure medication was available to be administered and the administration of medication was done according to professional standards. These failures resulted in medication error rate of 7.6 %. This applies to 2 of 6 residents (R4 and R6) reviewed for medication administration in the sample of 36. Findings include: 1.R4 has a physician order for tamsulosin 0.4 milligrams (mg) capsule by mouth once daily in the evening, and it is scheduled for 5:00 PM. On February 2, 2026, at 4:13 PM during medication administration observation, V13 (Licensed Practical Nurse/LPN) did not have Tamsulosin 0.4 MG to be administered to R4. R4's Medication administration record was noted by the V13 that the February 2, 2026 5 PM dose of tamsulosin 0.4mg capsule was not administered. 2. R6 has a physician order for albuterol sulfate 90 micrograms (mcg) inhalation route every 6 hours as needed for asthma. On February 3, 2026, at 8:21 AM V14 (LPN) gave R6 his albuterol inhaler to self-administer. R6 took 2 puffs of the medication, one directly after the other, without waiting in between and without any instruction or education from R6. On February 3, 2026, at 12:01 PM, V2 (Director of Nursing) stated that nurses should instruct residents on how to properly use inhalers, to rinse their mouth if required, and inform them of the reason they are taking the medication. In addition, V2 stated that the nurse should instruct residents to wait one minute in between administering 2 puffs of an inhaler. The facility's medication administration policy, dated March 2021, showed that when administering a metered dose inhaler, one he should wait approximately one	S9999					

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000976		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/05/2026	
NAME OF PROVIDER OR SUPPLIER Joliet Living & Rehab Center				STREET ADDRESS, CITY, STATE, ZIP CODE 2230 MCDONOUGH , JOLIET, Illinois, 60436			
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S9999	Continued from page 12 minute in between each puff. (B) 7 of 8 300.610a) 300.2100 Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.2100 Food Handling Sanitation Every facility shall comply with the Department's rules entitled "Food Code." This requirement was not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure food was stored and prepared under sanitary conditions by not properly storing food, not labeling stored food when opened, and not ensuring the kitchen area and equipment was kept in clean condition and sanitary condition. This failure applies to all 92 residents in the facility. The findings include: On February 02, 2026, at 9:57 AM, 15 cartons of undated concentrated orange juice were stored in the freezer. V4 (Dietary Manager) said the concentrated orange juice is normally labeled when stored in the freezer. On February 02, 2026, at 9:59 AM, a six pound can of pears, six pound can of pork, and six pound can of corn		S9999				

Illinois State Department of Health

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S9999	Continued from page 13 with large dents were stored with non-dented cans. V4 said dented cans are returned upon receipt and are usually removed if they become dented. On February 02, 2026, at 10:09 AM, two opened large containers of cream of tartar and two opened large containers of nutmeg were stored in the kitchen with no date labeled on them. V4 (Dietary Manager) said the seasonings are labeled after opening. On February 02, 2026, at 11:43 AM, thick brown spots were present on the wall above the three-compartment washing sink in the kitchen. On February 02, 2026, at 11:44 AM, visible dust and white residue was present throughout the surface of the low temp dish machine in the kitchen. Visible dark residue and debris was present on various parts of the faucet area of the hand-washing sink, thick tan- and yellow-colored spills were present on the doors underneath the hand-washing sink. On February 02, 2026, at 11:52 AM, thick dark brown residue was present throughout the inside surface of the sanitizer compartment of the dish washing machine that was being used to clean dishware. White residue was heavily present throughout the surface of the food catcher underneath the dish washing machine, food particles and trash were present on the top surface of the food catcher underneath the dish machine. V8 (Dietary Aide) said when the dish washing machine is drained the food and particles are caught by the catching device underneath the dish machine. On February 02, 2026, at 11:58 AM, a large number of gnats were present after V4 (Dietary Manager) pulled a box of sweet potatoes from underneath the food service steam table in the kitchen; gnats were flying near a bundle of speckled bananas stored underneath a storage table next to the food service steam table. On February 02, 2026, at 12:01 PM, a large amount of rust and peeling paint was present on the bottom shelf of a storage table in the kitchen with a box of potatoes stored underneath. Dried food spatter and visible dust were present in various areas of the two and three door refrigerators especially on the hallowed door handles. On February 03, 2026 at 9:50 AM, During a tour of the kitchen: food particles were present on multiple areas of surface of the meat slicer that was covered with plastic and stored on a table in the kitchen; food particles were heavily present throughout the inside			S9999			

Illinois State Department of Health

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S9999	Continued from page 14 surface of the toaster over that was covered with plastic and stored on a table next to the meat slicer in the kitchen. V4 (Dietary manager) said although the toaster oven and meat slicer are no longer in use because they are broken, they should not be stored in the kitchen in an unclean condition because this could attract insects. Brown and orange residue was present on various parts of a storage container with multiple packets of coffee stored in them. V4 said the container should be clean and free of visible residue. Multiple large, opened containers of seasonings were stored in a cabinet without any dates labeled on them; multiple heads of lettuce mostly wilted on the outside were stored beneath a storage table, V4 said they were still edible once the outside leaves were removed. Food particles and dirt were present on various areas of a food service cart containing several cups of juice on the top shelf being prepared by V5 (Cook), V5 said the juices were being prepared to be served during lunch, V4 said food particles and dirt should not be present on the service cart and the cart needed to be cleaned. Thick brown residue was present on various surface areas of the stove; V4 said the residue on the stove was drippings and it was not fresh from today's activity, visible dust and particles were present on the shelf directly above the stove; V4 said the dust and dirt on the shelf above the stove was not fresh from today's activity. Grease, dust, and particles were heavily present on the pan rack underneath the conventional oven; V4 said the pan rack was dirty. Dried food spatter and visible dust were present in various areas of the two and three door refrigerators especially on the hallowed door handles, visible dust and spills were present on various areas of the surface of the refrigerators; V4 said the dust, smudges, and spills on the refrigerators is not fresh from today's activities and shouldn't be there. V4 said the there is too much visible dust present on the glove rack sitting above the storage table containing ice used for storing beverages during the tray line that shouldn't be there; V4 said the heavy presence of rust and peeling material on the surface of the bottom shelf of the cooling table is from wear and tear, the large box of potatoes that was sitting on the shelf should not be stored on the table when the table is in that condition and the box should probably be moved to another table. V4 said there is red stains probably from juice and cereal crumbs on various parts of the cup tray stored on a dish rack sitting directly next to the steam table where food is served, the cup tray should be removed and not stored in that condition because this could cause food contamination. V4 said the wooden stick sitting on the top shelf of the steam table is used for moving the service window behind the steam table, it's			S9999			

Illinois State Department of Health

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S9999	Continued from page 15 probably not sanitary to store the stick in that area. Brown residue and thick grease like stains were heavily present in various areas of the front, bottom, and side surface of the steam table and were heavily visible when wiped with a white wet cloth by V4. V4 said the steam table should be cleaned. There was a heavy presence of gnats when V4 pulled out a large box of sweet potatoes from the previous day stored underneath the steam table, V4 said when gnats are present, they should find the source of the gnats and remove any spoiled food because the gnats can contaminate the food. There was visible dust present on the coils of the service window directly behind the steam table, and visible dust and a heavy presence of rust and discolored stains on the outlet directly next to the steam table, V4 said the surface of the service window and outlet should be cleaned. A large amount of food particles was left sitting in one of the compartments of the three-compartment dish washing sink, V4 said once the sink is drained the food particles are usually removed from the sink and this should be done to prevent contamination and insects. Visible particles and dust were present on the chemical dispenser above the three-compartment sink, V4 said the dispenser is not used but should be free of visible dirt. Rust and brown stains were present on a wall above the three-compartment sink, V4 said the stains should not be present on the wall. There was a heavy presence of visible dust on the shelves of the clean dish rack where clean pots and pans were stored, V4 (Dietary Manager) and V6 (Dietary Aide) said there should not be any visible dust on the dish racks. Visible particles and residue were present on the storage table where cleaning chemicals and silverware were stored, V4 and V6 said the storage table should be free of visible substances. White residue was present on multiple large buckets of cleaning soap, and a heavy presence of black residue and dirt were visible on the holding racks underneath the soap buckets, V4 said the holding racks and soap buckets should be clean. Thick dark brown residue was heavily present throughout the inside surface of the sanitizer compartment of the dish washing machine, thick white residue was heavily present throughout the surface of the food catcher underneath the dish washing machine, food particles and trash were present on the top surface of the food catcher underneath the dish machine that was also present the day prior, V4 said she sees corrosion inside the sanitizer compartment of the dishwasher, and dust and debris throughout the surface of the dish washing machine and this should be cleaned. Visible dark residue and debris were present on various parts of the faucet area of the hand washing sink, and thick tan- and yellow-colored spills were present on the			S9999			

Illinois State Department of Health

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S9999	Continued from page 16 doors underneath the hand washing sink, V4 said she sees the residue and dirt on the hand washing sink. Visible dust was heavily present on several vents throughout the kitchen, V4 said the vents should not have visible dust because the dust could fall into the food. The facility's Labeling and Dating Foods Policy received 02/03/2026 states: "To decrease the risk of food borne illness and to provide the highest quality, foods is labeled with the date received, the date opened and the date by which the item should be discarded." The facility's Cleaning Procedure for Equipment and Utensils Policy received 02/03/2026 states: "Equipment and utensils used in food preparation will be cleaned and sanitized according to standard procedure." Cleaning activities include cleaning dish carts and dollies, the dishwashing machine and area, meat slicer, stove, ovens, three-compartment sink (clean and rinse sinks thoroughly), refrigerators, shelving (monthly or as needed), sinks (rinse immediately after use), steam table exterior, and toaster. The facility's Cleaning Schedule dated 01/25/2026 – 01/31/2026 shows only one staff members' initials on multiple days performing cleaning duties, and missing information for multiple cleaning duties across multiple days. (B) 8 of 8 300.610a) 300.3260 e) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee		S9999				

Illinois State Department of Health

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S9999	Continued from page 17 consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.3260 Resident's Funds e) The facility shall provide, in order of priority, each resident, or the resident's guardian, if any, or the resident's representative, if any, or the resident's immediate family member, if any, with a written itemized statement at least quarterly, of all financial transactions involving the resident's funds. (Section 2-201(4) of the Act) This requirement was not met as evidenced by: Based on interview and record review, the facility failed to provide residents with an itemized statement of all financial transactions and total amount of personal funds on a quarterly basis. This failure applies to 2 of 2 residents (R27 and R28) reviewed for resident's funds in the sample of 36. 1. R27's EMR (Electronic Medical Record) showed R27 was admitted to the facility with multiple diagnoses including schizoaffective disorder, type 2 diabetes, hypertensive heart disease without heart failure, primary insomnia, and gastro-esophageal reflux disease without esophagitis. R27's MDS (Minimum Data Set), dated October 24, 2025, showed R27 is cognitively intact. On February 3, 2026, at 12:33 PM, R27 said she has never received a statement from the business office regarding her funds or the amount of the funds she has in the account. R27 confirmed she has resided in the facility for several year. 2. R28's EMR (Electronic Medical Record) showed R28 was admitted to the facility with multiple diagnoses including bipolar disorder, chronic obstructive pulmonary disease, generalized anxiety disorder, borderline personality disorder, and primary insomnia. R28's MDS, dated December 4, 2025, showed R28 is cognitively intact. On February 3, 2026, at 12:38 PM, R28 was sitting in		S9999				

Illinois State Department of Health

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S9999	Continued from page 18 the common area at table talking with peers. R28 said he has never received a banking statement from the business office detailing financial transactions and is unaware of the amount of funds within the account. R28 confirmed he has resided in the facility or several years. On February 3, 2026. at 12:50 PM, V17 (Business Office Manager) said statements for resident funds are only provided to residents upon request. V17 said residents are aware of the amount of funds within their accounts. V18 (Business Office Manager) said resident trust funds are disbursed on the first and third week of every month. The facility's policy "Resident Personal Fund", dated October 2024, stated the purpose is to ensure residents have access to their personal funds but does not detail when or how residents can obtain account statements. (C)		S9999				