

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0054452		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/23/2026	
NAME OF PROVIDER OR SUPPLIER WATERFORD CARE CENTER, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 7445 NORTH SHERIDAN ROAD , CHICAGO, Illinois, 60626			
(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			02/03/2026	
	Annual Licensure Survey						
S9999	Final Observations		S9999			02/03/2026	
	Statement of Licensure Violations:						
	1 of 2						
	300.1060e)						
	Section 300.1060 Vaccinations						
	e) A facility shall distribute educational information provided by the Department on all vaccines recommended by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (available at: https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf), including, but not limited to the risks associated with shingles and how to protect oneself against the varicella-zoster virus. The facility shall provide the information to each resident who requests the information and each newly admitted resident. The facility may distribute the information to residents electronically. (Section 2-213(e) of the Act)						
	This requirement was NOT met as evidenced by:						
	Based on interview and record review, the facility failed to provide evidence they educated residents and their representatives regarding the risks associated with shingles and how to protect the residents against the varicella-zoster virus for five (R11, R15, R60, R143, R144) out of five residents reviewed for immunizations. These failures could potentially affect all 135 residents residing in the facility.						
	Findings include:						
	On 01/20/26 at 10:54 AM, V2 (Director of Nursing) stated, "We have screening for the most part, for the new admissions. I have been doing the screening since						

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 March or April 2025. We do not offer Shingles screening or education." On 01/20/26 at 02:34 PM, V3 (Assistant Director of Nursing/Infection Preventionist) stated, "We do not do the shingles screen and education. Once a vaccine is consented or declined, it is documented under the immunization tab in the electronic medical records." On 01/21/2026 at 11:56 AM, V3 (Assistant Director of Nursing/Infection Preventionist) stated "We do not do any education for shingles. If a resident is not educated and offered the Hepatitis, Shingles and HIV vaccinations, there is a risk for Hep B and C and there is a possibility of an outbreak especially during the season." R11, R15, R60 R143 and R144 Vaccination records were reviewed and there is no documented shingles education. R11, R15, R60, R143 and R144's immunization records were reviewed with V3 (Assistant Director of Nursing/Infection Preventionist). V3 stated, "There is there is no documented shingles education for (R11), (R15), (R60), (R143) or (R144)." The facility did not provide a policy and procedure related to shingles. The facility's residents' roster printed on 01/20/26 shows a total of 135 residents residing in the facility. (B) 2 of 2 300.650c) 300.650d) c) Prior to employing any individual in a position that Section 305.155 of Person, the Facility shall contact the Illinois Department of Financial and Professional Regulation to verify that the individual's license is active. A copy of the license shall be placed in the individual's personnel file. d) The facility shall check the status of all applicants with the Health Care Worker Registry prior to hiring. These requirements were NOT MET as evidenced by:	S9999					

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S9999	Continued from page 2 Based on interviews and record reviews, the facility failed to perform a Health Care Worker (HCW) Registry check prior to hiring three employees (V16, V18, V19) and failed to verify two Registered Nurses (V14, V15) with the Illinois Department of Financial and Professional Regulation (IDFPR) prior to hire date. Findings include: On 1/21/26 at 9:36 AM, V40 (Human Resources) stated she started working in the facility in December. V40 said prior to hiring someone, the facility needs to check the applicant's licenses, background checks, and registries. V40 stated HCW registries are checked if they are eligible to work prior to hiring. V40 said that if applicants have criminal records and not eligible to work, they will not be hired in the facility. V40 said that it is important to check the HCW backgrounds and licenses prior to hiring for the safety of the residents. Employee files revealed: V16's (Dietary Aide) hire date was 8/29/25 with HCW registry checked on 12/8/25. V18's (Certified Nursing Assistant) hire date was 7/14/25 with HCW registry checked on 12/8/25. V19's (Certified Nursing Assistant) hire date was 8/11/25 with HCW registry checked on 12/12/25. V14's (Registered Nurse) hire date was 6/27/23 and V15's (Registered Nurse) hire date was 10/31/23. Facility's Lookup Detail View from IDFPR website has a time stamp of 4/16/24 at 9:57 AM for V14 and 12/9/25 at 10:42 AM for V15. (C)	S9999					