

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001671</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/27/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CHESTNUT CORNER S C</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>905 WEST CHESTNUT STREET LOUISVILLE, IL 62858</b>
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(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
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S 000	<p>Initial Comments</p> <p>Licensure Post Visit to 11/21/2018</p> <p>The Chestnut Corner Shelter Care is in compliance with their plan of correction for 330.1160d), 330.1910a)b), 330.1980a)d), 330.1990a)b), 330.2000, 330.2210, 330.2210a)2)3)5), 330.2220a)1)2); 2:330.2210.</p> <p>The Chestnut Corner Shelter Care failed to follow their plan of correction for 330.120e)1), 330.3940a).</p>	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>330.120 e)1) 330.3940 a)</p> <p>Section 330.120 Application for License e) Ownership Change or Discontinuation 1) The license is not transferable. It is issued to a specific licensee and for a specific location. The license and the valid current renewal certificate immediately become void and shall be returned to the Department when the facility is sold or leased; when operation is discontinued; when operation is moved to a new location; when the licensee (if an individual) dies; when the licensee (if a corporation or partnership) dissolves or terminates; or when the licensee (whatever the entity) ceases to be.</p> <p>Section 330.3940 Exit Facilities and Subdivision of Floor Area Every existing facility shall meet the following requirements:</p>	S9999	<p><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>a) Each floor used for the housing of residents shall have at least two approved exits which are well separated and provided in the most accessible locations.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to have a license for a building housing shelter care residents, and failed to provide two approved exits for a second floor area housing residents for 4 of 4 residents (R1, R2, R3, and R4) in the sample of 4.</p> <p>The findings include:</p> <p>On 2/22/19 at 9:00am, V2, Assistant Administrator, stated that four remaining residents( R1, R2, R3, R4) continue to reside in the facility's unlicensed unit. V2 stated all four will be moved by 3/1/19. V2 stated none of the residents have been made aware of the move yet. V2 stated the move has not yet happened due to moving people around on the other units in order to make room.</p> <p>On 02/22/19 at 10:40am while in the South Annex Building, surveyor observed notes on the doors of R1 and R2 shared room (married), and R3 and R4's rooms which stated, "February 22, 2019 The Illinois Department of Public Health is here for the 2nd time. They are demanding that all residents in this apartment are to be moved into the main building before Friday, March 1, 2019." On 02/22/19 at 10:42am, V2 stated she believes the owner of the facility posted the notes on the affected resident's doors.</p> <p>On 02/22/19 at 10:45am, while in the apartment</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>in the South Annex, R1 stated he does not mind moving.</p> <p>On 02/22/19 at 10:50am, while in the apartment in the South Annex, R2 stated the move is ok with her.</p> <p>On 02/22/19 at 10:55am, while in the apartment in the South Annex, R3 stated she saw the note on her door and moving is ok. R3 then stated she was not aware she was supposed to be moving before she saw the note on her door.</p> <p>Facility Roster dated 2/15/19 documents that R1, R2, R3 and R4 all reside in the South Annex (unlicensed unit).</p> <p>(REPEAT B)</p>	S9999		
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