(X3) DATE SURVEY

Illinois Department of Public Health

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		IL6011332	B. WING		12/09/2020	
	NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  1055 EAST GRAND AVENUE LINDENHURST, IL 60046					
(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 CROSS-REFERENCED TO THE APPROFILIENCY)	D BE COMPLETE	
S 000	Initial Comments		S 000			
5:	Focused Survey wa	a Control Survey/COVID-19 as conducted by the Illinois ic Health on 12/9/2020.	an an			
	Survey Census: 56					
	Total Sample: 21	Į.				
S9999	Final Observations		S9999			
C	Statement of Licens	sure Violations				
	300.696a) 300.696b) 300.696c)7) 300.1210b)					
	Section 300.696 Inf	ection Control				
	controlling, and pre- shall be established and procedures sha include the requiren Communicable Dise 690) and Control of Diseases Code (77	cedures for investigating, venting infections in the facility I and followed. The policies all be consistent with and ments of the Control of eases Code (77 III. Adm. Code Sexually Transmissible III. Adm. Code 693). Activities to ensure that these policies a followed.			Z ]	
in	quality assurance of entity, shall periodic	infection control committee, ommittee, or other facility cally review the results of activities to control infections.				
	guidelines of the Ce	I adhere to the following enter for Infectious Diseases, e Control and Prevention,		Attachment A Statement of Licensure Violation	s	
llinois Department of Public Health						

(X2) MULTIPLE CONSTRUCTION

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

TITLE

(X6) DATE

0KFV11

Illinois Department of Public Health

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED			
	·	IL6011332	B. WING		12/0	9/2020		
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		·		
VILLAGE	VILLAGE AT VICTORY LAKES, THE 1055 EAST GRAND AVENUE							
		LINDENH	URST, IL 60					
(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		
S9999	Continued From pa	ge 1	S9999					
•		c Health Service, Department an Services (see Section						
	7) Guidelines for Intersection Personnel	fection Control in Health Care	:					
	Section 300.1210 G Nursing and Persor	Seneral Requirements for nal Care						
•	and services to atta practicable physica	provide the necessary care ain or maintain the highest I, mental, and psychological sident, in accordance with						
	each resident's con plan. Adequate and care and personal of	nprehensive resident care I properly supervised nursing care shall be provided to each e total nursing and personal				*		
	These Requiremen by:	ts are not met as evidenced						
	review the facility facontrol policies and Centers for Disease Coronavirus 19 (CC and COVID-19 neg failed to designate for the positive resi	ion, interview, and record ailed to implement infection recommendations from the e Control (CDC) to separate DVID-19) positive residents eative residents. The facility dedicated staff to provide care dents. This failure has the ligh risk residents with		*	٥			
	to negative residen	ead the disease of COVID-19 ts. This applies to 21 residents for infection control in the						
	Findings include:							
	The facility's Reside	ent Roster dated 12/7/20						

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PRINTED: 01/25/2021 FORM APPROVED

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING 12/09/2020 IL6011332 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1055 EAST GRAND AVENUE VILLAGE AT VICTORY LAKES, THE** LINDENHURST, IL 60046 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) Continued From page 2 S9999 S9999 shows that there are 56 residents residing in the facility. On 12/7/2020 at 9: 10 AM, V2 (Director of Nursing/DON) said there are 8 residents that are positive for COVID-19 in the COVID Unit on 1st floor, V2 (DON) said there are 10 additional COVID-19 positive residents on 2nd floor. On 12/7/2020 at 9:20 AM on the 2nd floor before entering B WING was R1's room. R1's room had a red sign on the door. V3 (Assistant Director of Nursing/ADON), who was with the surveyor, said that the red sign means R1 is positive for COVID-19. 2nd floor B wing's door was wide open. R2's room had a red sign posted on her door, V3 (ADON) said that R2 is positive for COVID-19. Across from R2's room is R3 and R11's room. R3 and R11 were in their rooms sitting in their wheelchairs. V3 said both R3 and R11 are negative for COVID-19. The next occupied room was R14's room. R14's door had a red sign which V3 confirmed that R14 is positive for COVID-19. Across R14' room is R13's room. R13 was in his room sitting in his wheelchair by his doorway. V3 said R13 is negative for COVID-19. Surveyor asked V3 why residents who are COVID positive were in the same wing/hall with COVID negative residents and why the COVID-19 positive residents were not moved in the COVID unit wing on 1st floor. V3 said the facility decided to keep residents where they were since everyone on 2nd floor were already exposed. At 10:00 AM, V5 (Certified Nursing Assistant/CNA) entered R1's room (COVID-19 positive resident) and at 10:15 AM, V5 (CNA) left R1's room. V5 removed her gown, applied a new gown, and then entered R16's

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room. R16 was negative for COVID-19. At 10:20 AM, V5 said she was the CNA on B wing. V5 said

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PRINTED: 01/25/2021 FORM APPROVED 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: \_ IL6011332 12/09/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1055 EAST GRAND AVENUE** VILLAGE AT VICTORY LAKES, THE LINDENHURST, IL 60046 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **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 that there are 6 residents who do not have COVID and 3 residents who are COVID positive that are on her assignment today (B Wing). On 12/7/2020 at 10:25 AM, this surveyor entered 2nd floor C wing which was beside B wing. C wings door was wide open. V7 (Registered Nurse/RN) said C wing is like B wing; there are COVID-19 positive and negative residents. In the middle of C wing was R4 and R5's room. V7 (RN) said both R4 and R5 are positive for COVID-19. Beside R4 and R5's room is R21's room. V7 said R21 is negative for COVID-19. V6 (Certified Nursing Assistant/CNA) was noted to be entering R8's room. R8 had a red sign on his door. V7 said R8 is positive for COVID-19. After V6 (CNA) took care of R8, V6 changed her gown and went to R21's room to provide care. V7 said R21 is negative for COVID-19. At 10:35 AM. V6 said that there are 4 residents who do not have COVID and 7 resident who are COVID positive that are on her assignment today (C Wing). V6 said that she is caring for all the residents down the C Wing including the COVID positive residents. On 12/7/2020 at 10:40 AM, V7 (RN) went to R2's room (positive for COVID-19) to give morning medications. Then V7 went to R17's room to see if R17 needed something (R17 is negative for COVID-19). At 11:00 AM, while surveyor was at C wing, V10 (Housekeeper) was coming out from R5's room (COVID positive) then entered R19 and R20's

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negative).

room to clean (R19 and R20 are COVID

On 12/7/2020 at 12:10 PM, V11 (Housekeeper Supervisor) said it's the same housekeeping staff assigned to clean COVID negative resident

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positive residents.

R17-R21's test results dated 12/1/2020 show that R17-R21 are negative for COVID-19. All of these resident rooms were in the beginning and middle of C wing in between the rooms of the COVID

Preventionist Nurse) said on 12/1/2020 was when

On 12/7/2020 at 11:32 AM, V4 (Infection

they received the test results on 2nd floor

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		IL6011332	B. WING		12/09/2020	
NAME OF F	PROVIDER OR SUPPLIER			TATE, ZIP CODE		
VILLAGE	AT VICTORY LAKES	THE	T GRAND AV URST, IL 600	046		
(X4) ID PREFIX TAG	/EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE	
S9999	Continued From pa	age 5	S9999			
	residents). V4 said were COVID-19 powere and did not me the COVID Unit on on 2nd floor have on 12/7/2020 at 11 Nursing) said all ready exposed, the already exposed, the already exposed on unit on 1st floor control accommodate the 2nd floor.	2:30 PM, V2 (Director of esidents on 2nd floor were the positive residents on 2nd 2nd floor. V2 said the COVID and have been able to residents who were positive on				
	Department) said positive residents his understanding designated COVID not mix these CO COVID negative r dedicated staff to COVID-19 positive the expectation si	:24 PM, V13 (Local Health that V2 had sent him list of in the facility. V13 said it was that the facility has a D unit for positive residents and VID positive residents with esidents. And the facility had primarily provide care to the e residents. V13 said this was nce day 1 of this pandemic, to raff for COVID-19 positive				
	on 8/19/20 shows certain area of the suspected or con  The Centers for I (CDC) website er Considerations for COVID-19 in Nurresident is confirmed ardless of syn	/ID Response Policy reviewed by the consider designating a ge facility for residents with firmed cases of COVID-19."  Disease Control and Prevention notitled Responding to COVID-19 or the Public Health Response to sing Homes states, "If the med to have COVID-19, appropriate of COVID-19 care united to the control of the public Health Response to the country of the				

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Illinois Department of Public He STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X		Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6011332	B. WING		12/09/2020	
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST			
VILLAGE	AT VICTORY LAKES		T GRAND AVI URST, IL 600			
(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)		TE
S9999	Continued From pa	age 6	S9999			
	Assign a dedicated Professional) to wo	HCP (Health Care ork only on the COVID-19 care				
	E .	(B)				
	i-		:			
			:			

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