Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015192	A. BUILDING: _____ B. WING _____	05/25/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HOFFMAN ESTS GOLF RD	2150 WEST GOLF ROAD HOFFMAN ESTATES, IL 60194

(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 Annual licensure Complaint investigation: 1893068/IL102553 - No deficiency /IL102557 - No deficiency 1891204/IL100526 - No deficiency	S 000		
S9999	Final Observations Statement of Licensure Violations: 330.911g)b) 330.770)2) 330.790 a)c)1) (Licensure 1 of 1) 330.911 Healthcare Worker Background Check Health Care Worker Background Check Act [225 ILCS 46] and Part 955 Health Care Worker Background Check Code Section 225 ILCS 46 Section 33(g) (g) Health care employers shall check the Health care Worker Registry before hiring an employee to determine that the individual..and has no disqualifying conviction or has been granted a waiver. Title 77: Chapter I subchapter u: Miscellaneous programs and services Part 955.220 Health Care Employer Files (b) If the Health Care Worker Registry indicates that the employee had no disqualifying criminal offenses or administrative findings at the time of hire, then the health employer shall retain a screen print of this information in the employee's file....	S9999	**Attachment A** **Statement of Licensure Violations**	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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S9999	Continued From page 1 These Requirements Were Not Met as Evidenced by: Based on interview and record review, the facility failed to check the health care worker registry prior to hire and maintain a copy of the health care worker registry check in one employee (V8) personnel file out of 11 reviewed for background checks. Findings include: On 5/23/18 at 1:00 pm and 5/24/18 at 10:00 am, meeting was held with V9 (Human Resources Manager) to review health care employee background checks. V9 (Certified Nursing Assistant) hire date according to V9 was 8/23/17. On 5/23/18 V9 did not have a copy of healthcare worker registry check in her personnel file. On 5/24/18 V9 stated she had not completed a healthcare worker registry check as required prior to the individual's working in a direct care position. V9 presented a copy of a health care registry check dated 5/23/18 which is more then 6 months after V9 began to work as a C.N.A providing direct patient care. (AW) Licensure (2 of 3) 330.770 Disaster Preparedness 2) A diagram of the evacuation route, which shall be posted and made familiar to all personnel	S9999		

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S9999	Continued From page 2 employed on the premises. These Requirements Were Not Met as Evidenced By: Based on observation and interview, the facility failed to ensure a diagram of the evacuation route was posted in 1 of 2 resident care units. This deficient practice has the potential to affect all 14 residents who reside in the 1st floor memory care unit as well as visitors and staff. Findings include: On 5/24/18 at 10:35 am emergency preparedness plan was reviewed with V10 (Maintenance Director) and V1(Executive Director) on 5/24/18 at 9:30 am. Both V10 and V1 reported evacuation maps as part of emergency preparedness policy and procedure were located on each resident care unit. At 1:00 pm on 5/24/18 evacuation route was not posted on the 1st floor memory care unit. V12 (Licensed Practical Nurse) was was working the day shift on the 1st floor memory care unit was asked to identify the evacuation map and after walking the length of the unit could not locate an evacuation map. V1(Executive Director) was then taken on a tour of the 1st floor and also could not locate an emergency evacuation map on the 1st floor dementia care unit from room 134 to room 162. (AW) (Licensure 3 of 3) Section 330.790 Infection Control	S9999		

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S9999	Continued From page 3 a)Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed. c) Depending on the services provided by the facility, each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, as applicable (see Section 330.340): 1)Guideline for Hand Hygiene in Health-Care Settings These requirements were not met as evidenced by; Based on observation, interview and record review the facility failed to ensure that hand hygiene and dish sanitation was performed during dining. This failure affected one resident (R2) in the sample of 10 reviewed for infection control and three residents (R11, R12, R13) in the supplemental sample. Findings include: The following observations were made during the lunch meal on 5/22/18. 12:13 PM V5 (Resident Assistant) was assisting R11 with lunch. V5 picked up R11's bread and placed chicken in the bread, V5 then placed the	S9999		

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S9999	Continued From page 4	S9999		

food in R11's hand and touched R11's hand. V5 was not wearing gloves and did not perform hand hygiene.

12:15 PM V5 went to R2 and picked up the sandwich and placed it in R2's hand, touching R2's hand. V5 was not wearing gloves and did not perform hand hygiene.

12:16 PM V5 returned to R11, touched the food and R11's hand to guide the food to R11's mouth and encouraged R11 to eat. V5 was not wearing gloves and did not perform hand hygiene.

12:17 PM V5 returned to R2, touched the sandwich and R2's hand to guide the food to R2's mouth and encouraged R2 to eat. V5 was not wearing gloves and did not perform hand hygiene.

12:20 PM V5 took a cup from the tray holding used dishes, poured red liquid from the cup then held the cup under running water while rubbing the cup with ungloved hands. V5 then used the cup to serve coffee to R12. V5 was not wearing gloves and did not perform hand hygiene.

12:35 PM V5 removed used dishes from tables in the dining room and placed them in the tray for used dishes. V5 did not perform hand hygiene. V5 then removed a pitcher of dark liquid from the refrigerator, poured it into a cup and added ice. V5 served the beverage to R13.

12:40 PM V5 stated that when we know we're going to handle food we wash our hands first. I only washed my hands before going to (R11). I shouldn't have used the cup for (R12). I should have washed my hands before getting coke for (R13).

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S9999	Continued From page 5 5/23/18 2:30 PM V1 (Executive Director) stated that there should have been hand washing between patients and handling food. Clean dishes and cups should be used. We don't have a way to sanitize dishes on the memory care unit, that is why we have extra dishes. A policy titled How To: Hand Washing-Associates-31 reads 1.A minimum twenty (20) second hand washing should be performed in situation including but not limited to: Before touching, preparing, or serving food. (C)	S9999		