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: \_ IL6008460 B. WING 07/15/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 908 WEST ARGYLE STREET SELFHELP HOME OF CHICAGO CHICAGO, IL 60640 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Annual Licensure S9999 Final Observations S9999 Statement of Licensure Violations Section 300.696 Infection Control 300.696a) 300.696c)2) 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 III. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 III. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed. 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

Illinois Department of Public Health

300.340):

**Health-Care Settings** 

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

Based on observation, interview and record

review the facility failed to ensure staff implemented the facility's infection control

of Health and Human Services (see Section

Guideline for Hand Hygiene in

These regulations were not met as evidenced by:

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

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Illinols Department of Public Health

On 07/13/21 at 11:58 AM V5

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: \_ B. WING IL6008460 07/15/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 908 WEST ARGYLE STREET SELFHELP HOME OF CHICAGO CHICAGO, IL 60640 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 (Housekeeping/Laundry) was observed entering R5's room with his personal clothes on hangers. V5 hung a dark red laundry bag on the closet door knob, hung R5 clothes in the closet then proceeded to remove empty hangers from the closet, exited the room and hung the hangers on the laundry cart. V5 proceeded to the next room without performing hand hygiene. On 07/13/21 at 11:59 AM V5 (Housekeeping/Laundry) was observed entering R6's room with her personal clothes on hangers. V5 hung a dark red laundry bag on the closet door knob, hung R6 clothes in the closet then proceeded to remove empty hangers from the closet, exited the room and hung the hangers on the laundry cart. V5 proceeded to the next room without performing hand hygiene. On 07/13/21 at 12:00 PM V5 (Housekeeping/Laundry) was observed entering R7's room with her personal clothes on hangers. V5 hung a dark red laundry bag on the closet door knob, hung R7 clothes in the closet then proceeded to remove empty hangers from the closet, exited the room and hung the hangers on the laundry cart. V5 exited the room without performing hand hygiene. On 07/13/21 at 12:02 PM V5 (Housekeeping/Laundry) stated when I hang the resident clothes I collect the empty hangers. I don't speak English so good, let me get my supervisor. On 07/13/21 at 12:04 PM V6 (Director of Environmental Services) stated V5 (Housekeeping/Laundry) should be using hand sanitizer between each resident room.

Illinois Department of Public Health

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Illinois Department of Public Health

On 07/13/21 at 12:15 PM V4 (Registered Nurse) was observed preparing R6's medication, V4 placed a medication cup with one pill, a

medication cup with applesauce, a spoon, straw and a cup of water in the gray plastic tray, V4

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Illinois Department of Public Health

water back into the gray tray and exited the room.

Illinois Department of Public Health							
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	IL6008460		8. WING		07/		
NAME OF PROVIDER OR SUPPLIER STREET ADD			DRESS, CITY.	, STATE, ZIP CODE		IJIZUZI	
SELFHELP HOME OF CHICAGO 908 WEST ARGYLE STREET							
CHICAGO, IL 60640							
(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 5	S9999				
	tray on top of the med medication cup, spo	3 PM V4 (Registered Nurse) ication cart, placed the gray edication cart, removed the on, straw and water cup then garbage. V4 did not clean or ay.					
	was observed preparation place the eye drops gray plastic tray. V4 the gray tray on the eye drops and Albut	4 PM V4 (Registered Nurse) aring R11's medication. V4 and Albuterol Inhaler in the entered R11's room, placed dresser then administered the erol Inhaler. V4 placed the erol inhaler back into the gray oom.					
	returned to the medi tray on top of the me eye drops and Albute	O PM V4 (Registered Nurse) cation cart, placed the gray edication cart, removed the erol inhaler then placed them on cart. V4 did not clean or y.					
	stated I use the gray need. I put medication room then bring it ou it is dirty or somethin we have to disinfect in and soap. It is not ok the gray tray to have	I PM V4 (Registered Nurse) tray to carry things that I ons in it and bring it inside the t. We usually clean the tray if g spill in it. If it becomes dirty it with a wipe or warm water ay for the things I put inside patient contact and then use else. It is considered dirty contamination.				of Mag.	
1	stated we have the w medication trays. If ye	AM V2 (Director of Nursing) hite disposable foam ou have several medications disposable tray. If you are you have to use the	-				

disinfecting wipes to clean it after each resident. It

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Illinois Department of Public Health

safe and timely manner.

document Medications shall be administered in a

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