Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ COMPLETED C B. WING IL6015192 01/19/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2150 WEST GOLF ROAD CHARTER SR LVG POPLAR CREEK **HOFFMAN ESTATES, IL 60194** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Complaint Investigation #2210260/IL142282 #2210422/IL142511 S9999 Final Observations S9999 Statement of Licensure Violations: 330.790a) Section 330,790 Infection Control 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. Based on observation, interview, and record review the facility failed to test vaccinated and unvaccinated staff during a SARS-COVID-19 outbreak and also failed to ensure staff wore proper personal protective equipment (PPE) during a COVID-19 outbreak. This failure has the potential to affect all residents that are currently residing in the building. The findings include: Attachment A Statement of Licensure Violations On 01/13/22 at 9:27AM, the facility census sheet

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

TITLE

(X8) DATE

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: C B. WING IL6015192 01/19/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2150 WEST GOLF ROAD CHARTER SR LVG POPLAR CREEK **HOFFMAN ESTATES, IL 60194** 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 TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 1 S9999 had 17 COVID positive cases (which includes 8 residents and 9 staff) in the building. On 01/13/22 at 9:35AM, V3 LPN-Licensed Practical Nurse was passing medication to residents on the first floor. V3 LPN was wearing a surgical mask. At 10:00AM, V4 RA-Resident Assistant, V6 LPN, and V7 RA were on the second floor providing care. V4, V6, and V7 were wearing surgical masks and with no eye protection. At 10:30AM, R10's room door was closed. A sign on R10's door showed contact/droplet isolation with a picture of a N95 mask, eye protection, gloves and shoe covers. The isolation cart outside the room did not have N95 masks, eye/face shield, gloves, or shoe covers. At 1:30PM, V8 Activities Aide was engaged with residents on the first floor in the activity area. V8 was wearing a surgical mask and had no face shield or eye protection. On 01/18/22 at 9:50AM, V29 CNA entered the lobby. V29 was wearing a N95 mask with the lower strap not secured behind the head and hanging down under her chin. V29 left the lobby and went into resident care areas. At 9:55AM. V15 Business Office Associate and V9 Hair Dresser were seen in the facility lobby. V15 and V9 were both wearing a cloth mask. At 12:00PM. in the resident first floor communal dining area. V12 Server and V13 Server were noticed wearing KN95 masks and not wearing eye/face shield. On 01/13/22 at 10:15AM, V6 LPN said, I have three residents that are COVID positive, R10, R11, and R20 and also I take care of other residents. On 01/13/22 at 1:00PM, V3 LPN said, when staff

are in resident care areas they should wear a

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R11, R16, R17, R18, R19, R20, V26 Resident

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NAME OF PROVIDER OR SUPPLIER  CHARTER SR LVG POPLAR CREEK  2150 WEST GOLD FROAD  PREERY TAG  SUMMARY STATEMENT OF DEFICIENCIES  2150 WEST GOLD FROAD  PREERY TAG  SUMMARY STATEMENT OF DEFICIENCIES  2150 WEST GOLD FROAD  PREERY TAG  SUMMARY STATEMENT OF DEFICIENCIES  SUMMARY STATEMENT OF DEFICE COUNTY OF THE APPROPRIATE  SAME COUNTY OF THE APPROPRIATE  SUMMARY STATEMENT OF DEFICE COUNTY OF THE APPROPRIATE  SUMMARY STATEMENT OF DEFICE COUNTY OF THE APPROPRIATE  SUMMARY STATEMENT OF THE APPROPRIATE  SUMMARY STATEMENT OF DEFICE COUNTY OF THE APPROPRIATE  SUMMARY STATEMENT OF THE APPROPRIATE  SUMMARY STATEMENT	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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PREFIX TAG  TAG  CEACH DEFICIENCY MUST BE PRECEDED BY FULL  TAG  CROSS-REFERENCED TO THE APPROPRIATE  COMPLETE  TAG  CROSS-REFERENCED TO THE APPROPRIATE  S9999  Continued From page 4  Assistant and V27 Dish washer tested positive. On 01/09/22 V28 Dietary Alde tested positive. R2 and R5 were not included in the COVID LOG. An updated COVID ID git hat was presented later for the time period of 01/09/22 to 01/15/22 shows the addition of eleven staff members testing positive for COVID-19. The log indicates a total of thirty-six SARS-COVID-19 positive staff and residents tested positive in the facility from December 17, 2021 to January 15, 2022.  Updated Interim Guidance for Nursing Homes and long-term care Facilities of Illinois must continue to follow the guidance issued by the CDC and IDPH that requires the use of face coverings in congregate facilities for those over the age of 2 and able to medically tolerate a face covering, regardless of vaccination status." Newly identified COVID-19 positive HCP-health care providers or residents in a facility, test ALL health care providers and residents (regardless of vaccination status." Newly identified COVID-19 positive HCP-health care no more positive cases for 14 days.  Testing Intervals of Unvaccinated HCP by Community Transmission Level, High-Twice a week.  Routine testing of unvaccinated HCP: minimum of weekly or more frequently according to the community transmission level  Source Control (e.g., Cloth Face Covering, face Mask, or Respirators): Source control refers to the use of a well-fitting face covering, face masks, or respirators to cover a person's mouth and nose to prevent spread of respiratory  Resident Source Control = cloth face covering, surgical mask, or procedure mask.	CHARLER OR LVO PUPLAR CREEK							
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