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: IL6002497 B. WING 10/13/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 15535 DIXIE HIGHWAY **DIXIE MANOR SHELTERED CARE** HARVEY, IL 60426 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) **Initial Comments** S 000 Annual Licensure and Certification Complaint Investigation: 2295184/IL148629 S9999i **Final Observations** S9999 Statement of Licensure Violation: 330.794b) 330.794c)2) 330.794g) 330.794h)2) Section 330.794 COVID-19 Vaccination of Facility Staff EMERGENCY b) Each facility shall require all staff to be fully vaccinated against COVID-19 or be tested in a manner consistent with the requirements of subsection (c). c) Except as provided in subsection (c)(7), each facility shall require its staff who are not fully vaccinated against COVID-19 to undergo testing for COVID-19, weekly, at a minimum. Staff who are not fully vaccinated against COVID-19 and not tested as required by this subsection shall not be permitted to enter or work at the facility. 2) Testing for staff who are not fully vaccinated against COVID-19 must be conducted on-site at the facility, or the facility must obtain proof or confirmation from the staff member of a negative test result obtained elsewhere. g) Each facility shall maintain a record of fully Attachment A vaccinated staff, unvaccinated staff, and weekly Statement of Licensure Violations testing. Facilities that are not required to report

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

TITLE

(X6) DATE

PRINTED: 12/19/2022 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: __ B. WING IL6002497 10/13/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **15535 DIXIE HIGHWAY DIXIE MANOR SHELTERED CARE** HARVEY, IL. 60426 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 COVID-19 aggregate vaccination and testing data into the National Healthcare Safety Network (NHSN) shall report this data to the Department weekly utilizing the online form available at https://dph.illinois.gov/covid19/ltc-vaccination-testi na-reporting.html. h) The facility shall maintain documentation in each staff persona's confidential medical file, in accordance with federal and State privacy laws, regarding COVID-19 vaccinations and tests, including the following: 2) The results of COVID-19 tests for each staff person These Regulations are not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure that a staff who is not fully vaccinated for COVID 19 (Coronavirus 19) perform the tests; accordingly, failed to document test results; and failed to report the test results to local state health agency. This deficiency has the potential to affect all seven residents currently residing in the facility. Findings include: Per V1 (Administrator) and resident roster, there are seven residents currently residing in the facility. According to facility's staff vaccination record, V2 (Assistant Cook/Activity Director) received only the first dose of COVID 19 (Coronavirus 19) vaccine on 04/15/22. On 10/12/22 at 10:45 AM, V1 was asked regarding testing and reporting of results if a staff

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