

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000947	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BEVERLY FARM FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 6301 HUMBERT ROAD GODFREY, IL 62035
--	---

(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
Z 000	COMMENTS Complaint Investigation: 2243489/IL146552 Annual Licensure Survey-Extended Annual Certification Survey-Extended	Z 000		
Z9999	FINDINGS #1 Statement of Licensure Violations: 350.620a) 350.1210 350.1220j) 350.1230b) 350.1230d)1) 350.3210o) 350.3220f) 350.3240a) Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents, and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually. Section 350.1210 Health Services The facility shall provide all services necessary to maintain each resident in good physical health. Section 350.1220 Physician Services j) The facility shall notify the resident's physician of any accident, injury, or change in a	Z9999	Attachment A Statement of Licensure Violations	

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

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000947	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BEVERLY FARM FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 6301 HUMBERT ROAD GODFREY, IL 62035
--	---

(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
Z9999	<p>Continued From page 1</p> <p>resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days.</p> <p>Section 350.1230 Nursing Services</p> <p>b) Residents shall be provided with nursing services, in accordance with their needs, which shall include, but are not limited to, the following: The DON shall participate in:</p> <p>d) Direct care personnel shall be trained in, but are not limited to, the following:</p> <p>1) Detecting signs of illness, dysfunction or maladaptive behavior that warrant medical, nursing or psychosocial intervention.</p> <p>Section 350.3210 General</p> <p>o) The facility shall also immediately notify the resident's family, guardian, representative, conservator and any private or public agency financially responsible for the resident's care whenever unusual circumstances such as accidents, sudden illness, disease, unexplained absences, extraordinary resident charges, billings, or related administrative matters arise.</p> <p>Section 350.3220 Medical Care</p> <p>f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000947	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/02/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER BEVERLY FARM FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 6301 HUMBERT ROAD GODFREY, IL 62035
---	---

(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
Z9999	<p>Continued From page 2</p> <p>such orders. (Section 2-104(b) of the Act)</p> <p>Section 350.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation, record review and interview, the governing body failed to:</p> <p>1) Document and measure wounds per policy, affecting 1 of 1 in the sample and 1 outside the sample who have an acquired wound (R1, R11),</p> <p>2) Follow facility abuse/neglect policy when facility failed to: Follow physicians orders, affecting 1 resident with an acquired wound (R1), Notify the physician and guardian in a timely manner of an acquired wound, affecting 1 individual (R11), Obtain an order for a dressing for an acquired wound, affecting 1 individual (R11)</p> <p>Findings include:</p> <p>1) Facility Skin Care/Pressure Injury Policy dated 7/29/21 documents, "Any pressure injury will be assessed with every treatment. Assessment should include size, shape, depth, color, and presence of granulation or necrotic tissue when appropriate. Assessment will be done twice daily (day and evening shift). Preventive measures will remain in place until healed."</p> <p>Wound Measurement and Documentation Guide,</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000947	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BEVERLY FARM FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 6301 HUMBERT ROAD GODFREY, IL 62035
--	---

(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
Z9999	<p>Continued From page 3</p> <p>undated documents, "Measuring Wounds: Measure the length head-to-toe at the longest point (A). Measure the width side-to-side at the widest point (B) that is perpendicular to the length, forming a +. Measure the depth (C) at the deepest point of the wound. All measures should be in centimeters. Size: L (Length-head to toe) x W (Width hip-to-hip) x D (Depth-deepest point). Undermining: Open area extending under intact skin along the edge of the wound."</p> <p>Facility Abuse, Neglect, and Mistreatment Policy dated 8/11/21 includes, "Policy: Facility has a proactive approach to the prevention of abuse, neglect, and mistreatment and that residents are free from serious and immediate threat to their physical and psychological health and safety. Neglect means failure to provide goods and service necessary to avoid physical harm, mental anguish, or mental illness. Neglect: an employee's, agency's, or facility's failure to provide adequate medical care, personal care, or maintenance, and causes a resident pain, injury or emotional distress, resulting in a resident's maladaptive behavior or the deterioration of physical or mental conditions, or puts a resident's health or safety at risk of possible injury, harm or death."</p> <p>Facility Roster dated 5/11/22 identifies R1 & R11 as individuals who function within the Severe Range for Individuals with Intellectual Disabilities.</p> <p>R1's Nurses Note dated 12/15/21 documents, "Applied (Brand name of ointment) menthol and zinc oxide topical ointment used to prevent and heal skin irritation Ointment to left hip below trochanter blanchable pinkish red area 9 cm."</p> <p>R1's Nurses Note dated 12/18/21 documents,</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000947	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BEVERLY FARM FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 6301 HUMBERT ROAD GODFREY, IL 62035
---	---

(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
Z9999	<p>Continued From page 4</p> <p>"The left hip abrasion with 1 cm open area continues."</p> <p>R1's Nurses Note dated 12/22/21 documents, "Left hip (not open) collapsed blister."</p> <p>R1 Wound Clinic Note dated 2/18/22 documents, "Wound on left hip appears worse, with eschar and signs of infection."</p> <p>R1's Nurses Note dated 2/22/22 documents, "Dressing to left hip wound changed 2/21/22 on evening shift and remains clean, dry, and intact. Wound is approximately 2.5 inches x 2 inches x 0.25 cm and top of wound bed covered in slough."</p> <p>R1 Wound Clinic Note dated 2/25/22 documents, "Again, left wound appears worse, as it did before sharp debridement last week. Notable odor as well. R1 has had copious drainage. It is not clear if our instructions were followed closely enough. He did not have gentian violet-methyl blue dressing on today on intake."</p> <p>R1 Wound Clinic Note dated 3/4/22 documents, "Continues to be odorous. It is unclear how compliant caregivers have been with the Santyl applications, but his caregiver today noted the wound was saturated with urine when she changed it."</p> <p>R1's Nurses Note dated 3/7/22 documents, "Left hip dressing changed. Slight odor from site, slightly red around edges. Size bigger than silver dollar deep with gray tissue at bottom."</p> <p>R1 Wound Clinic Note dated 3/18/22 documents, "Again, there are questions as to the level of care he is getting at facility. His caregiver with him today notes she wasn't sure if the dressings were</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000947	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BEVERLY FARM FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 6301 HUMBERT ROAD GODFREY, IL 62035
--	---

(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
Z9999	<p>Continued From page 5</p> <p>changed much this past week. He was prescribed antibiotics last week; it is not clear if they are finished."</p> <p>R1's Report of Consultation dated 3/18/22 documents, "Consulting Physician's Assessment and Diagnosis: Wound dressings are not being done according to our orders. Please follow orders as written."</p> <p>R1 Wound Clinic Note dated 4/1/22 documents, "Wound still has odor."</p> <p>R1 Wound Clinic Note dated 4/29/22 documents, "R1's caregiver today is the usual one and notes that his dressing wasn't changed until right before he was transported over. There is again a noticeable odor to the wound."</p> <p>R1's Physician's Orders from Wound Clinic dated 4/29/22 includes, "Left Trochanter: Three times a day cleanse wound with Dakin's solution. Moisten gauze or packing strip with solution, wring out excess moisture and pack into wound. Apply Non-Sterile 4x4 over the wound. Cover with Abdominal Pad. Cover with (brand name) tape."</p> <p>R1 Wound Clinic Measurement Note for Left Trochanter Pressure Ulcer documents, "12/30/21: 4.4 cm (length) x 3 cm (width) x 0.3 cm (depth); 1/21/22: 4.6 cm x 3.5 cm x 0.2 cm; 2/4/22: 5.2 cm x 4.2 cm x 0.2 cm; 2/18/22: 5.2 cm x 4 cm x 0.4 cm; 2/25/22: 5.6 cm x 4.1 cm x 0.7 cm; 3/4/22: 5 cm x 3.8 cm x 1.2 cm; 3/11/22: 4.7 cm x 3.5 cm x 2.1 cm with 1.9 cm undermining; 3/18/22: 4.9 cm x 3.2 cm x 2.2 cm with 2 cm undermining; 3/25/22: 4.5 cm x 2.5 cm x 2 cm with 2.4 cm undermining; 4/1/22: 4 cm x 2.5 cm x 2.5 cm with 2 cm undermining; 4/8/22: 3.6 cm x 2.4 cm x 3</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000947	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/02/2022
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BEVERLY FARM FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 6301 HUMBERT ROAD GODFREY, IL 62035
--	---

(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
Z9999	<p>Continued From page 6</p> <p>cm with 3.5 cm undermining; 4/29/22: 3.7 cm x 2.5 cm x 3.3 cm with 7.3 cm undermining."</p> <p>On 5/11/22 at 3:33 pm, Z6 (Agency Licensed Practical Nurse/LPN) measured length and width for R1's wound past the redness surrounding the wound. Z6 then measured the depth by placing the rough end of the cotton swab into the wound bed while holding the cotton end then pulled out the cotton swab and stated that she couldn't see well and handed the cotton swab to E17 (Shift Supervisor) and instructed her to measure depth. On 5/11/22 at 3:33 pm, Z6 Placed a 4 x 4 gauze in a cup with Dakin's solution in the cup. Took the Dakin's-soaked gauze and wiped across R1's wound bed. Z6 then took a dry 4 x 4 gauze and wiped across R1's wound bed. Z6 packed R1's wound with a 4x4 gauze with Dakin's solution on the gauze.</p> <p>On 5/12/22 at 8:18 am, E3 (Director of Nursing/DON) was asked how often a wound should be measured. E3 stated, "Twice a day." E3 confirmed that the majority of nurses at the facility were agency nurses. E3 was asked if the agency nurses at the facility have been in serviced or trained on wound care. E3 stated, "No, when they get here, they should be able to function as a staff nurse."</p> <p>On 5/12/22 at 8:18 am, E3 was asked if a nurse should pat or wipe across a wound bed. E3 stated, "Pat." E3 was asked if a nurse should take a dry 4x4 gauze and wipe across R1's wound. E3 stated, "It doesn't say to do that."</p> <p>On 5/12/22 at 10:39 am, Z7 (Agency LPN) squirted Dakin's solution directly onto R1's wound bed and took a dry 4x4 gauze and pat the wound bed. Z7 then took a Dakin's solution soaked 4x4</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000947	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BEVERLY FARM FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 6301 HUMBERT ROAD GODFREY, IL 62035
--	---

(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
Z9999	<p>Continued From page 7</p> <p>gauze, formed a ball and placed in R1's wound bed pushing the gauze in the wound bed with her gloved finger.</p> <p>On 5/12/22 at 1:57 pm, Z1 (Registered Nurse) was asked if the nurses should squirt the Dakin's solution directly into R1's wound. Z1 stated, "No, it seems like they are two steps behind. Not doing the dressing for the week. No consistency, let alone getting them to follow orders." Z1 was asked if the facility has been doing the dressing correctly for R1. Z1 stated, "Oh no."</p> <p>On 5/12/22 at 3:44 pm, E3 (DON) was asked when measuring a wound, should you measure in cm or inches. E3 stated, "cm."</p> <p>On 5/16/22 at 7:08 am, Z8 squirted Dakin's solution directly onto R1's wound bed. Z8 then took a dry 4x4 gauze and pat the wound bed.</p> <p>On 5/16/22 at 3:05 pm, After Z10 (Agency LPN) packed R1's wound with packing strips with Dakin's solution on strips, R1's wound bed was not covered with packing strip. Z10 grabbed a 4x4 gauze to cover the wound and surveyor asked E3 (Director of Nursing/DON), who was in R1's room, if R1's wound had enough packing strip on the wound bed. E3 stated, "No, you need more."</p> <p>On 5/17/22 at 1:14 pm, Z3 (Physician) was asked if the facility has been changing R1's dressing correctly. Z3 stated, "No and the staff that came with him said they only change the dressing if they know he's coming in."</p> <p>R1's Wound Care Discharge Instructions, dated 4/29/22 includes, "Keep weight off area of wound at all times. R1 must not have any pressure over</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000947	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/02/2022
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BEVERLY FARM FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 6301 HUMBERT ROAD GODFREY, IL 62035
--	---

(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
Z9999	<p>Continued From page 8</p> <p>the left trochanter at any time; this is creating more damage to the wound bed."</p> <p>R1's Wound Care Discharge Instructions, dated 5/6/22 includes, "Keep weight off area of wound at all times. R1 must not have any pressure over the left trochanter at any time; this is creating more damage to the wound bed."</p> <p>R1's Midnight Repositioning Documentation Sheet documents R1 on his left side on: 4/29/22 at 3:00 am and 5:00 am; 4/30/22 at 11 pm and 3:00 am; 5/3/22 at 12:00 am, 1:00 am, and 5:00 am; 5/4/22 at 12:00 am, 3:00 am, and 5:00 am; 5/5/22 at 10:00 pm, 2:00 am, and 6:00 am; 5/6/22 at 11:00 pm, 1:00 am, and 5:00 am; 5/7/22 at 3:00 am and 6:00 am; 5/8/22 at 12:00 am, 3:00 am, and 6:00 am; 5/9/22 at 11:00 pm and 3:00 am; 5/10/22 at 1:00 am and 5:00 am.</p> <p>On 5/12/22 at 1:57 pm, Z1 (RN) was asked if R1 should be laying on his left side while in bed. Z1 stated, "No, he should not be on that side." Z1 was asked should the worsening of this wound been prevented. Z1 stated, "Yes, if the facility was staying on top of appropriate dressing changes and keeping pressure off of that side. It wouldn't have gotten as bad as quickly as it did."</p> <p>On 5/16/22 at 1:07 pm, R1 was observed lying in bed on his left side, on his wound. On 5/16/22 at 1: 23 pm, R1 was observed lying on his left side in bed, on his wound. On 5/16/22 at 1:59 pm, R1 was observed lying in bed on his left side, on his wound.</p> <p>R1's Medication Administration Record dated 4/22 includes, "8:00 am medications include: Oscal-Vit D 500 mg/200 IU and Augmentin (antibiotic) 875-125 mg; 9:00 am medications</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000947	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/02/2022
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BEVERLY FARM FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 6301 HUMBERT ROAD GODFREY, IL 62035
--	---

(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
Z9999	<p>Continued From page 9</p> <p>include: multivitamin with iron sulfate 325 mg." R1's Wound Care Discharge Instructions, dated 4/29/22 includes, "Please DO NOT give R1 any supplements (iron or calcium) or his multi-vitamin within two hours of giving him his antibiotic."</p> <p>On 5/12/22 at 1:57 pm, Z1 (RN) was asked if R1's supplements and multivitamin aren't given two hours apart, what happens to the antibiotic. Z1 stated, "It decreases the effectiveness of the antibiotic." Z1 was asked if the facility has been following orders. Z1 stated, "No, not at all. I have the facility call all the time clarifying and not using the right order."</p> <p>R1's Wound Care Discharge Instructions, dated 5/6/22 includes, "Single layer (Brand name) support stockings to be worn to both lower legs during the day and take them off at night."</p> <p>On 5/11/22 at 9:35 am, R1 sitting up in wheelchair with no single layer support stockings on both lower legs.</p> <p>On 5/11/22 at 10:33 am, R1 sitting in wheelchair with no single layer support stockings worn to both lower legs.</p> <p>On 5/16/22 at 9:37 am, R1 sitting in wheelchair with no single layer support stockings worn to both lower legs.</p> <p>On 5/17/22 at 7:44 am, R1 sitting in wheelchair with no single layer support stockings worn to both lower legs.</p> <p>On 5/17/22 at 1:14 pm, Z3 (MD) was asked if the worsening of R1's wound was preventable. Z3 stated, "Yes, if the facility would have been following orders given, the wound would have gotten better."</p> <p>R11's nursing note dated 3/12/22 includes, "Abrasion was noted to upper right hip (buttocks</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000947	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BEVERLY FARM FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 6301 HUMBERT ROAD GODFREY, IL 62035
--	---

(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
Z9999	<p>Continued From page 10</p> <p>area) area measures 5 cm by 3 cm top and 5 cm by 4 cm bottom."</p> <p>R11's nursing note dated 4/29/22 includes, "R11 continues to be monitored for wound to right hip. Wound is closed with no drainage."</p> <p>R11's nursing note dated 5/3/22 documents that R11 was transported to local hospital and admitted.</p> <p>R11's nursing note dated 5/6/22 includes, "Client arrived from local hospital. Skin clean and dry, pink in color."</p> <p>On 5/16/22 at 6:54 am, R11 was lying in bed with a dressing over right lower buttock. Z8 (Agency LPN) removed R11's dressing and 4 open areas were seen on R11's right lower buttock. Z8 laid the plastic measuring tool across R11's open areas and stated 2 cm x 2.5 cm as the measurement. Z8 did not measure each open area.</p> <p>On 5/16/22 at 7:35 am, Z9 (Agency LPN) was asked when she did R11's assessment after he returned from the hospital on 5/6/22, did he have any open areas. Z9 stated, "No and the area on his buttocks was closed."</p> <p>On 5/16/22 at 7:12 am, Z8 (Agency LPN) was asked before this week have you been in serviced on wounds. Z8 stated, "No."</p> <p>On 5/16/22 at 8:51 am, E3 (DON) confirmed that she was unaware R11 had an open area.</p> <p>On 5/16/22 at 8:51 am, E3 was asked if she had conducted an in-service on wounds since 5/12/22. E3 stated, "Yes, I had a handout and read through it with nurses there." E3 was asked how are the staff that weren't there in-serviced. E3 stated, "They are to read the paper and sign the service sheet." E3 was asked if all the nurses attended. E3 stated, "No, just the ones coming on shift and the ones going off shift." E3 was asked when the last time she was over in Hillier. E3 stated, "Couple of weeks since I've been in</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000947	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BEVERLY FARM FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 6301 HUMBERT ROAD GODFREY, IL 62035
--	---

(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
Z9999	<p>Continued From page 11</p> <p>Hillier to make rounds." E3 was asked if she had been in Hillier since 5/12/22. E3 stated, "No."</p> <p>On 5/16/22 at 1:37 pm, E3 was asked if the facility had standing orders for wounds. E3 stated, "No."</p> <p>On 5/16/22 at 2:57 pm, E3 handed surveyor R11's Physician's Orders with order documented on 4/23/22, "Right hip cleanse with normal saline, apply triple antibiotic ointment, cover with 4x4 then ABD dressing and secure with tape daily until healed." Surveyor showed E3 the date of the order and asked E3 if there is another order for R11's open area to right lower buttock? Because R11's area for that order had closed according to the R11's nurses notes and the nurse that readmitted him to the facility on 5/6/22 had documented. E3 stated, "I don't have one."</p> <p>On 5/16/22 at 3:37 pm, E3 measured R11's open areas to right lower buttock. Open area at twelve o'clock measured 1 cm (length) x 2.2 cm (width); open area at three o'clock measured 0.6 cm x 0.3 cm; open area at 6 o'clock measured 1.7 cm x 2 cm; open area at nine o'clock measured 0.7 cm x 1 cm.</p> <p>On 5/18/22 at 9:05 am, E1 (Administrator) confirmed MD and guardian notification of R11's open areas to right lower buttock was done after his open areas were seen by the surveyor.</p> <p>(B)</p> <p>#2 Statement of Licensure Violations:</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000947	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BEVERLY FARM FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 6301 HUMBERT ROAD GODFREY, IL 62035
--	---

(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
Z9999	<p>Continued From page 12</p> <p>350.620a) 350.690a) 350.690b) 350.690c) 350.690g) 350.760a) 350.760c)7) 350.1210 350.1223a) 350.2010a)1)5) 350.2020a)1 350.2020d) 350.3240a)</p> <p>Section 350.620 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents, and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually.</p> <p>Section 350.690 Disaster Preparedness</p> <p>a) For the purpose of this Section only, "disaster" means an occurrence, as a result of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of residents, personnel, and others present in the facility.</p> <p>b) Each facility shall have policies covering disaster preparedness, including a written plan for staff, residents and others to follow. The plan shall include, but not be limited to, the following:</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000947	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BEVERLY FARM FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 6301 HUMBERT ROAD GODFREY, IL 62035
--	---

(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
Z9999	<p>Continued From page 13</p> <p>c) Fire drills shall be held at least quarterly for each shift of facility personnel. Disaster drills for other than fire shall be held twice annually for each shift of facility personnel.</p> <p>g) A written evaluation of each drill shall be submitted to the facility administrator and shall be maintained for one year.</p> <p>Section 350.760 Infection Control</p> <p>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.</p> <p>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 350.340):</p> <p>7) Guidelines for Infection Control in Health Care Personnel</p> <p>Section 350.1210 Health Services</p> <p>The facility shall provide all services necessary to maintain each resident in good physical health.</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000947	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BEVERLY FARM FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 6301 HUMBERT ROAD GODFREY, IL 62035
---	---

(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
--------------------	--	---------------	---	--------------------

Z9999	<p>Continued From page 14</p> <p>Section 350.1223 Communicable Disease Policies</p> <p>a) The facility shall comply with the Control of Communicable Diseases Code (77 Ill. Adm. Code 690).</p> <p>Section 350.2010 Maintenance</p> <p>a) Every facility shall have an effective written plan for maintenance, including sufficient staff, appropriate equipment, and adequate supplies. Each facility shall:</p> <p>1) Maintain the building in good repair safe and free of the following: cracks in floors, walls, or ceilings; peeling wallpaper or paint; warped or loose boards; warped, broken, loose, or cracked floor covering, such as tile or linoleum; loose handrails or railings; loose or broken window panes; and any other similar hazards</p> <p>5) Maintain all furniture and furnishings in a clean, attractive, and safely repaired condition.</p> <p>Section 350.2020 Housekeeping</p> <p>a) Every facility shall have an effective plan for housekeeping including sufficient staff, appropriate equipment, and adequate supplies. Each facility shall</p> <p>1) Keep the building in a clean, safe, and orderly condition. This includes all rooms, corridors, attics, basements, and storage areas.</p>	Z9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000947	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BEVERLY FARM FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 6301 HUMBERT ROAD GODFREY, IL 62035
---	---

(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
Z9999	<p>Continued From page 15</p> <p>d) All cleaning compounds, insecticides, and all other potentially hazardous compounds or agents shall be stored in locked cabinets or rooms.</p> <p>Section 350.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation, interview and record review a physical environment that promotes the health, safety, and independence of individuals who reside at the facility was not maintained when the facility failed to ensure</p> <ol style="list-style-type: none"> 1. A sanitary living environment per facility's Cleaning Policy and Environmental Safety Policy, affecting all 175 individuals residing at the facility (R1-R175), 2. Fire Drills were completed quarterly on all 3 shifts, affecting all 175 individuals (R 1-R175), 3. Disaster Drills were completed on all 3 shifts, affecting all 175 individuals (R1-R75), 4. A Fire Watch Protocol was conducted during repairs of the sprinkler system, affecting residents of the Hillier building (R1, R2, R6, R11-R27), 5. Implement door alarm policy affecting all 27 individuals residing in Logan (R8, R9, R102-127), all 29 individuals residing in Herring (R3, R5, R128-R154) and all 21 individuals 	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000947	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BEVERLY FARM FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 6301 HUMBERT ROAD GODFREY, IL 62035
--	---

(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
Z9999	<p>Continued From page 16</p> <p>residing in Evans (R4, R7, R83-R101,</p> <p>6. Implement COVID Policy, affecting all 21 individuals residing in Hillier (R1, R2, R6, R11-R28), all 15 individuals residing in Chappee (R48-R62), all 20 individuals residing in Beverly (R29-R47, R175), and all 21 individuals residing in Stahl (R10, R155-R174).</p> <p>There are 175 individuals who reside in the facility:</p> <p>R8, R20, R64, R65, R70, R73, R76, R78, R79, R82, R109, R114, R122, R123, R125-R128, R132, R134, R142, R144, R148, R155, R165, R168, Function in the Mild Range.</p> <p>R9, R12, R14-R15, R17, R24, R30, R31, R36, R38, R43, R63, R68, R69, R71, R72, R74, R75, R80, R81, R83 R105, R106, R110-R112, R120, R129, R147, R159, R161, R162, R166, and R173 function in the Moderate Range.</p> <p>R1, R2, R5, R7, R10, R11, R18, R21, R23, R25, R33, R34, R42, R66, R86, R94, R108, R116, R118, R130, R131, R141, R151, R167, R172 and R175 function in the Severe Range.</p> <p>R4, R6, R13, R16, R19, R22, R26 -R29, R32, R35, R39-R41, R44-R62, R84, R85, R87, R89, R90-R101, R113, R115, R121, R124, R133, R138, R143, R145, R146, R149, R150, R152-R154, R156-R158, R160, R163, R164, R169-R171, R174 function in the Profound Range of Intellectual Disabilities.</p> <p>The Facility Cleaning Policy: "The facility will provide a sanitary environment to avoid sources and transmission of infections. 2. A. Cleaning Guidelines Policy reviewed 10/28/2020</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000947	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/02/2022
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BEVERLY FARM FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 6301 HUMBERT ROAD GODFREY, IL 62035
--	---

(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
Z9999	<p>Continued From page 17</p> <p>documents, "Kitchen: 1. Clean counter tops, outside of cabinets and light switches. 2. Clean Steam Tables-top, sides, front. 3. Clean microwave inside and out. 9. Clean utility carts/steam tables. 10. Clean sinks-sides, bottom and pipes of small sinks. 14. Mop floor. Dining Room: 1. Clean table-top, sides and legs. 2. Clean chairs-top, bottom, arms, and legs. 6. Clean trash cans inside and out. 9. Mop floor after each meal or snack. Bedrooms: 4. Dust mop floor 5. Mop floor-remove any marks on floor. Deep Cleaning of Bedrooms: 3. Dust wall hanging. 6. Clean air vent. 12. Remove dirt from corners, ceiling lights. Bathrooms: 2. Clean wall tiles and stalls 3. Clean inside and out of toilets. 8. Clean sinks and pipes below the sink. 14. Sweep and mop floor. Activity Rooms: 11. One time a week, clean air vents and sprinklers. Call Maintenance when cleaning ceiling fans, cling light fixtures, air vents and sprinkler are needed."</p> <p>During a walkthrough of Herring Cottage on 5/11/22 at 9:58 AM, the kitchen had live bugs under the sink with the lower cabinet shelves visibly wet and a black substance that appeared to be mold along with dust/grime build up. The bottom shelves of the lower cabinets were collapsing in. There was also a buildup of black substance which appeared to be mold and dust/grime in the corners of the floor .The trash can in the dining room (near kitchen door) had visible food splatters down the front and inside the open lid, metal food cart had visible food splatters and debris covering the sides of the cart and the wheels, black wooden cabinet had a buildup of food splatters down front and sides, wooden sink cabinet had a buildup of dust and food splatters and the dining room chairs had a buildup of food splatters. At 10:51 AM, an</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000947	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2022
NAME OF PROVIDER OR SUPPLIER BEVERLY FARM FOUNDATION		STREET ADDRESS, CITY, STATE, ZIP CODE 6301 HUMBERT ROAD GODFREY, IL 62035		
(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
Z9999	<p>Continued From page 18</p> <p>unlocked activity room (future Unit Director's office) had two dirty toilet brushes laying on the floor in the corner, an overflowing trash receptacle with cans on the floor surrounding, dirt and debris scattered on floor and a toilet plunger with debris in the doorway between room and adjoining bathroom. The bathroom had two toilets with dried feces filling the toilet bowls and toilet paper. The area behind the toilet on the floor and up the wall had a black substance, which appeared to be mold. The sink was also covered with dirt/grime. R3's bedroom floor had a buildup of black substance in the corners at the edges of the floor mats. An oscillating fan hanging in the activity room had a buildup of dust.</p> <p>On 5/11/22 at 10:52 AM, E6/QIDP (Qualified Intellectual Disability Professional) was asked about the condition of the unlocked activity room and stated, "This is the future unit director's office. Toilets don't work. This room is a mess. Maintenance was to be in over the weekend to clear it out." E6 also confirmed there was no lock on the activity room door and the buildup of a moist black substance on the floor in the corners of R3's bedroom.</p> <p>During interview with E6/QIDP on 5/11/22 at 11:15 AM, E6 was asked who was responsible for housekeeping. E6 responded, "Staff does it."</p> <p>On 5/11/22 at 3:35 PM in Evans Cottage, the bottom shelves of the upper kitchen cabinets (resident dish storage area) had water damaged areas which were raised with the surface peeling. These shelves had a black substance covering the surface, which appeared to be mold. The dishwasher had a buildup of debris inside. The fronts of the cabinets, steam table legs and metal cart had a buildup of food splatters. Under the</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000947	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/02/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER BEVERLY FARM FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 6301 HUMBERT ROAD GODFREY, IL 62035
---	---

(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
Z9999	<p>Continued From page 19</p> <p>sink, there was a buildup of dust, moisture, and a black substance, which appeared to be mold. An oscillating fan over the steam table had a buildup of dust. The inside of the microwave had a buildup of food. An oscillating fan above R96's bed was covered with a buildup of dust.</p> <p>During interview with Z15/Dietary Aid on 5/11/22 at 3:45 PM, Z15 was asked who was responsible for cleaning the kitchen. Z15 responded, "The dietary staff is responsible for cleaning the things we use like steam table, refrigerator, dishwasher and microwave." Z15 confirmed the areas were not clean.</p> <p>During interview with E8/QIDP on 5/11/22 at 4:08 PM, E8 was asked who was responsible for cleaning/housekeeping. E8 responded, "Dietary cleans the kitchen. Maintenance is supposed to clean the fans."</p> <p>During interview with Z15/Dietary Aid on 5/11/22 at 3:45 PM, Z15 was asked who was responsible for cleaning the kitchen. Z15 responded, "The dietary staff is responsible for cleaning the things we use like steam table, refrigerator, dishwasher and microwave." Z15 confirmed the areas were not clean.</p> <p>On 5/16/22 at 9:01 AM in Herring Cottage kitchen, E6/QIDP again toured areas of the cottage with surveyor and confirmed live bugs under the sink and on the floor near the sink base as well as moisture and a black substance with dirt/grime buildup in cabinet bottoms. The floor, trash can, wooden cabinets, sink base, metal cart and dining room chairs continued to have a buildup of food splatters and dust/grime. E6 also confirmed the buildup of dust on oscillating fan in an activity room.</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000947	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BEVERLY FARM FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 6301 HUMBERT ROAD GODFREY, IL 62035
---	---

(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
Z9999	<p>Continued From page 20</p> <p>On 5/16/2022 at 9:10 AM, E6/QIDP was asked how often the dining room chairs and furnishings should be cleaned. E6 responded, "Expectation is to clean at least weekly."</p> <p>On 5/20/22 at 6:46 am, facility wall in Herring, separating dining room and kitchen, had at least 2 feet of wall removed exposing metal studs, electrical wiring, and water lines. Leaving no barrier between kitchen and dining room. There were individuals present in the dining room eating.</p> <p>A Mold Company was contacted during the survey. Inspection of all the residential houses were conducted on 5/23 and 5/24 and the following concerns were noted: Logan-Mold notice underneath the sink, mold on a rolling tray in kitchen, mold in shower and bathtub. Donnelley-Mold in kitchen cabinets on both side of refrigerator. In the west bathroom, mold on cabinet facing bathtub and east hall bathroom mold on right side of shower. Stahl-Mold in West bathroom on wall on left of side of entrance and East bathroom, right wall between showers. Chappee-Mold notice behind sink in kitchen. Bathroom behind house around tub. In cabinets next to sink (base of cabinet). Front bathroom around base of hopper spray and base of shower. Beverly-Mold in Kitchen cabinet right of sink and above sink. East hall bathroom in the left corner between shower and tub West Hall bathroom wall between showers. Hillier- a panel was removed in kitchen and mold was detected at least 6 feet up the wall.</p> <p>Environmental Safety Policy reviewed 2/2022</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000947	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/02/2022
NAME OF PROVIDER OR SUPPLIER BEVERLY FARM FOUNDATION		STREET ADDRESS, CITY, STATE, ZIP CODE 6301 HUMBERT ROAD GODFREY, IL 62035		
(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
Z9999	<p>Continued From page 21</p> <p>documents, "Policy: The facility will establish guidelines for adherence to rules and regulations that ensure the safety of individuals while in their homes...Chemicals must be in labeled containers and either within eyesight or behind a closed door."</p> <p>Cleaning Guidelines Policy reviewed 10/28/2020 documents, "Policy: The facility will provide a sanitary environment to avoid sources and transmissions of infections. Kitchen: 15. Organize cabinet contents. Ensure there are no sanitizer tablets in cabinets and chemicals are properly stored."</p> <p>On 5/11/2022 at 9:40 AM, a bottle of blue All-Purpose Cleaner was sitting in the windowsill of the main activity room, a bottle of dish soap was sitting on the sink and sanitizing tablets were sitting on the countertop of the food service in the Herring Cottage.</p> <p>On 5/11/2022 at 3:35 PM, a bottle of dish soap was sitting on kitchen sink and two bottles of sanitizing tablets were sitting on cabinet shelves.</p> <p>On 5/18/2022 at 9:45 AM, E1, Administrator confirmed chemicals including dish soap, (all-purpose) cleaner and sanitizing tablets should not be stored in open.</p> <p>Review of the Facility's Disaster Drills: Chappee Building- A bomb threat drill conducted on all 3 shifts in first quarter, A tornado drill conducted in second quarter for first shift. Evans Building-A bomb threat drill conducted on all three shifts in first quarter. A tornado drill conducted in second quarter no time identified. Donnelley Building-A bomb threat drill conducted in first quarter only on 1 shift. Herring Building-A bomb threat conducted in first</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000947	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BEVERLY FARM FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 6301 HUMBERT ROAD GODFREY, IL 62035
--	---

(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
Z9999	<p>Continued From page 22</p> <p>quarter on all 3 shifts and a tornado conducted on first shift for second quarter Logan, Beverly, and Stahl Building-Bomb threat drill conducted in first quarter on all three shifts Hillier Building - Bomb threat conducted on first and second shift of the first quarter no time documented for the third shift on the first quarter. Interview with E2 (Unit Director) on 5/11/22 at 2:30pm, there were no disaster drills available for the third and fourth quarter of 2021.</p> <p>Facility Disaster Plan Policy & Procedures Revised 12/24/20 documents, "A) Fire Watch Notifications and Assignment 1) In the event that the fire alarm/and or sprinkler system is not functioning, this Fire Watch must be implemented. a) implementation of a fire watch for a fire alarm system is no later than the 4th hour in 24 hours. b) implementation of a fire watch for a sprinkler system failure is no later than the 10th hour in 24-hours. Procedures: 5) Supervisor shall assign a staff member familiar with the building to complete the Fire Watch duty. The staff member shall be relieved of all other assignments to continuously perform the fire watch duties. 6) The building supervisor ensure RACE (Rescue, Alarm, Confine, Extinguish) postings are available in the building and a NOTICE OF FIRE WATCH/ALARM OUT OF ORDER is posted in a visible location of the common areas." Interview with E1 (Administrator) on 5/23//22 at 8:45am, E1 stated, "From 4/21/22 to 5/23/22 the sprinkler system was completely shut down on C-wing in Hillier building due to repairs." Interview with E16 (Chief Financial officer) on 5/23/22 at 8:35am, E16 was asked if the facility had been completing fire watches in Hillier Building. E16 replied, "Yes, E1 has all the</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000947	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/02/2022
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BEVERLY FARM FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 6301 HUMBERT ROAD GODFREY, IL 62035
--	---

(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
Z9999	<p>Continued From page 23</p> <p>documentation in her office. "Surveyor asked E1 if fire watches have been completed on Hillier building. E1 replied, "No fire watches have been completed since the beginning of repairs on 4/21/22."</p> <p>Review of the facilities fire drills for 2021-2022, There was only a drill conducted on the day, evening and midnight shift conducted in the first quarter in 2022. There was no evidence of drills conducted in the second, third and fourth quarter in 2021.</p> <p>Interview with E2 (Unit Director) on 5/11/22 at 2:30pm, E2 confirmed the facility was unable to locate any Fire drills documentation for all three shifts for 2021.</p> <p>Door Alarm Policy (revised 1/22) documents, "It is the policy of the Facility to have outside residential cottage doors alarmed with a system that is audible to staff throughout the common areas of the building. Procedure: -Alarms should be remain on unless staff are in visual sight of the door while the alarm is in the off position (loading and unloading the buses or vans.) -the alarm panel should be checked after sounding of the alarm to verify which door alarm was activated -staff should verify why the alarm was activated and take necessary action when indicated. -the alarm panel should be reset after verification of who entered or exited the building. -maintenance should be notified in a timely manner of any problems noted with the function of the alarm panel for repair."</p> <p>Facility Roster identifies 27 individuals who reside in Logan Building.</p> <p>Observation on 5/12/22 at 9:30am, Surveyor</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000947	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BEVERLY FARM FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 6301 HUMBERT ROAD GODFREY, IL 62035
---	---

(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
Z9999	<p>Continued From page 24</p> <p>entered Logan Building. The alarm did not activate. After 10 minutes of being in the building, surveyor asked E4 (QIDP) why the alarm was not activated. E4 responded, "I guess the painters had turned the alarm off."</p> <p>Facility Roster identifies 29 individuals who reside in the Herring Building.</p> <p>Observation in the Herring Building on 5/20/22 at 5:34am, A male staff (unknown) entered the building through the basement door. No alarm sounded. Surveyor was standing next to the panel in the hallway. The alarm was not activated for the basement door.</p> <p>Facility Roster identifies 21 female who reside in Evans Building.</p> <p>Observation on 5/20/22 at 5:38am, Surveyors entered the front door of Evans Building. No alarms were activated to announce visitors had entered the building.</p> <p>Facility Coronavirus Policy, undated includes, "II. Prevention and Infection Control: C. Use of PPE (Personal Protective Equipment) Facility has identified that masks that cover the nose and mouth are to be worn by staff when inside all residential locations."</p> <p>On 5/11/22 at 10:45 am, E7 (Behavior Specialist) walking down hall in Hillier with mask below chin.</p> <p>On 5/11/22 at 11:19 am, Z5 (Dietary) was observed walking through dining room in Hillier with mask below chin.</p> <p>On 5/16/22 at 1:48 pm, E14 (Supplies) was observed walking into Hillier without a mask on.</p>	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000947	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 06/02/2022
NAME OF PROVIDER OR SUPPLIER BEVERLY FARM FOUNDATION			STREET ADDRESS, CITY, STATE, ZIP CODE 6301 HUMBERT ROAD GODFREY, IL 62035		
(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	
Z9999	<p>Continued From page 25</p> <p>E2 (Unit Director) instructed E14 to put a mask on. E14 replied, "I know" and continued walking without a mask on.</p> <p>On 5/16/22 at 1:51 pm, Z10 (Agency Nurse) was observed walking into Hillier without a mask on. E2 instructed Z10 to put a mask on. Z10 replied, "Ok" and kept walking down the hall.</p> <p>On 5/20/22 at 4:50 am, E18 (Direct Support Person/DSP) and E19 (DSP) were observed in Chappee without a mask on.</p> <p>On 5/20/22 at 5:07 am, Z16 (Agency DSP) was observed in Beverly building without a mask on.</p> <p>On 5/20/22 at 5:15 am, E20 (DSP) was in Stahl building without a mask on.</p> <p>On 5/20/22 at 5:21 am, E17 (Shift Supervisor) and E21 (DSP) were in Hillier without a mask on.</p> <p>(A)</p>	Z9999			