

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/04/2022
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NAME OF PROVIDER OR SUPPLIER FAIRHAVEN CHRISTIAN RET CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3470 NORTH ALPINE ROAD ROCKFORD, IL 61114
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(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	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.790 (c) (4)</p> <p>Section 330.790 Infection Control 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): 4) Guidelines for Infection Control in Health Care Personnel</p> <p>This requirement was not met as evidenced by:</p> <p>Based on interview and record review the facility failed to ensure a non vaccinated staff was tested per (CDC) Center for Disease Control requirements for Covid-19. This failure has the potential to effect all 37 residents residing in the sheltered care unit of the facility.</p> <p>The findings include:</p> <p>The facility provided Daily Census Report dated 5/2/2022, shows the resident census of the supportive care (sheltered care) unit was 37.</p> <p>The facility provided employee Covid-19 vaccination list updated on 5/1/2022, shows that V5 (Licensed Practical Nurse/LPN), is not vaccinated against Covid-19.</p>	S9999	<p style="text-align: right;"><i>Attachment A</i> <i>Statement of Licensure Violations</i></p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X8) DATE
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S9999	<p>Continued From page 1</p> <p>Facility provided Covid-19 testing results for V5 shows she was tested on the following dates: 3/28/22, 4/1/22, 4/4/22, and 4/11/22. There are no Covid-19 test results for V5 after 4/11/2022.</p> <p>On 5/3/2022 at 1:40 PM, V2 (Director of Nursing) said all staff who are not vaccinated for Covid-19 are required to be tested two times a week per CDC guidelines. V2 said she is not sure why V5 did not comply with the testing policy and procedure she must have slipped through the cracks. V2 said they have ample testing resources and V5 should easily have been able to come and get tested at the facility. V2 said V5 has been working the month of April while the facility has been in outbreak mode, however she only works the sheltered care unit.</p> <p>The facility's undated Covid-19 Vaccine Policy states, " Purpose: To reduce the incidence of Covid-19 and the morbidity and mortality attributed to this infection." Table 1: Minimum testing frequency of staff who are not up to date with Covid-19 vaccinations testing is required at a minimum of twice a week."</p> <p>(C)</p>	S9999		