(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6003065	B. WING		R- 08/0	.C 5/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ROSICLA	ARE REHAB & HCC		ELL ROAD	•		
040.15	CLIMANA DV CTA		RE, IL 62982		ON	0.45
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU! CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
		Certification Revisit to survey plaint #2454104/IL173586				
S9999	Final Observations		S9999			
	Statement of Licens 300.610a) 300.2100 300.2210b)2)3)4)5)	6)7)8)9)				
	a) The facility shall procedures governi facility. The written be formulated by a Committee consisting administrator, the a medical advisory conformer of nursing and othe policies shall complements.	dvisory physician or the ommittee, and representatives r services in the facility. The y with the Act and this Part. shall be followed in operating I be reviewed at least annually documented by written, signed				
	Every facility shall c	ood Handling Sanitation comply with the Department's Service Sanitation" (77 III.				
	mechanical, water s and sewage dispos functioning conditio inspections of these	II: electrical, signaling, supply, heating, fire protection, al systems in safe, clean and n. This shall include regular				

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed 08/12/24

TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING.		R-	
		IL6003065	B. WING		1	5/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ROSICL	ARE REHAB & HCC	55 FERRE ROSICLA	ELL ROAD RE, IL 6298	2		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 1	S9999			
	appliances in a safe	e and functioning condition.				
	Maintain the of the building as no	e interior and exterior finishes eeded to keep it attractive and nting, washing, and other				
	5) Maintain all furniture and furnishings in a clean, attractive, and safely repaired condition.					
	6) Maintain the grounds and other buildings on the grounds in a safe, sanitary and presentable condition.					
		e grounds free from refuse, lent breeding areas.				
	free of any possible rodents by eliminati harborage inside ar eliminating sites of screens of not less	g and grounds shall be kept e infestations of insects and ing sites of breeding and nd outside the building; entry into the building with than 16 mesh screen to the ny breaks in construction.				
	9) Maintain all good repair and pro	plumbing fixtures and piping in perly functioning.				
	This REQUIREMEN	NT is not met as evidenced by:				
	review the facility fa water heater and ke pests. This failure r without hot water in	on, interview, and record hiled to maintain a working hot eep the kitchen free from esulted in the facility going the kitchen for weeks and putting a procedure in place				

Illinois Department of Public Health

STATE FORM 6899 XEUQ13 If continuation sheet 2 of 21

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
			A. BUILDING.		R-	.C
		IL6003065	B. WING			5/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
\$9999	to properly clean ar and food contact suproper hand hygien infestation of roach harmful disease-ca has the potential to currently residing a Findings Include: The facility Nurses this surveyor on 7/2 residents currently On 7/24/24 at 1:24 this surveyor obserdishes using the distrap next to the store sticky trap measure 12 inches and had some dead, some that trap had roaches of approximately one outer edges. There varying sizes crawliunder the stove, who located. These roac surveyor to get und was also full of roac On 7/24/24 at 1:28 stated the pest con Monday 7/22/24 an control company put	and sanitize dishes, equipment urfaces as well has adhere to e protocols all while having an es putting residents at risk for using pathogens. This failure affect all 38 residents the facility. Midnight Census provided to ex/24 documents there are 38 residing at the facility. PM, upon entering the kitchen wed dietary staff washing the shwasher. There was a sticky we, lying flat on the floor. The ed approximately 8 inches by multiple roaches, some alive iny, and some full grown. The overing the edges inch deep and surrounding the were at least five roaches in ing across the open floor and here a second sticky trap was ches crawled past this er the stove. The second trap ches, some dead, some alive. PM, V8 (Dietary Manager) trol company came in on d sprayed. V8 stated the pest ut out sticky traps and they are all for them to bomb the	S9999			
	On 7/24/24 at 1:34	PM, V26 (Cook) stated there				

Illinois Department of Public Health

STATE FORM KEUQ13 If continuation sheet 3 of 21

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				E CONSTRUCTION	(X3) DATE	SURVEY LETED	
74401044	OF CONTROL OF THE CON	BENTH IOM TON NOMBER.	A. BUILDING:				
		IL6003065	B. WING		R- 08/0	C 5/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
200101		55 FERRE	LL ROAD				
ROSICL	ARE REHAB & HCC	ROSICLAI	RE, IL 62982	2			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
	in the past couple of control company he (7/22/24) they were been more active s like the facility is att cleanliness and perhave been getting to was the drains, and they put something have gotten much to get a lot of flies and V26 stated it has in weeks and even medium on 7/24/24 at 1:42 stated they were still hot water, V32 stated it	g improvement" in the roaches of months. V26 stated the pest eavily sprayed the last time where, and the roaches have ince then. V26 stated he feels tempting to improve in st control. V26 stated the flies better. V26 stated he thinks it I when the pest control came, down the drains and the flies better. V26 stated they would I gnats up through the drain. In proved in the past couple of bore in the past couple of bore in the past couple of days. PM, V32 (Dietary Aid/Cook) Ill waiting on the part for the lasked if they had hot its warm, it just doesn't get all re. When asked how they					
	clean/sanitize the d water. When asked V32 stated they run first. V32 stated the sanitizer in it. This s during my observat at 1:24 PM, staff we wash the dishes an three-compartment because she was of and they didn't need (Maintenance Direct V32's interview and for the hot water he size fuses it needed fuses to determine on the hot water he order the fuses, so locally. V4 stated he	ishes, V32 stated they heat up to describe how they did it, the dishes through hot water by heat up the water and put a surveyor shared with V32, that ion of the kitchen on 7/24/24 are using the dish machine to d there was no water in the sink. V32 stated that was in the last run of the dishes, d the sink anymore. V4 ator) was in the kitchen during a stated he tried to order fuses eater, but he wasn't sure what d. V4 stated he needed the if it was an element going out ater. V4 stated he couldn't he bought 30-amp fuses a wasn't sure if that was the en asked how he could find out					

Illinois Department of Public Health

STATE FORM KEUQ13 If continuation sheet 4 of 21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER SUPPLIER IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING R-C 08/05/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 55 FERRELL ROAD ROSICLARE REHAB & HCC (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 4 what size fuses it needed, V4 stated he had tried looking them up online but couldn't find them. V4 stated the 30 amp fuses he bought were not the correct ones to determine if the elements were working. V4 stated he hadn't called a plumber because he had to have approval from corporate to do that. When asked if he had asked corporate for approval, he stated he hadn't. When asked how long the hot water had been out, V4 stated he didn't know because it has been out as long as
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how long the hot water had been out, V4 stated he didn't know because it has been out as long as
he didn't know because it has been out as long as
he has worked at the facility.
On 7/20/24 at 10:21 AM \/1 (Administrator)
On 7/29/24 at 10:31 AM, V1 (Administrator)
stated V1 stated V4's start date was 5/15/24.
On 7/24/24 at 2:23 PM, V33 (RCC/Resident Care
Coordinator- LPN/Licensed Practical Nurse)
stated she was not aware they didn't have hot
water in the kitchen. V4 (Maintenance Director)
was also present during this interview. V4 stated
if he could get approval, he would call a plumber.
When asked if he could fix the hot water heater,
V4 stated, "not readily." V4 stated after changing
the fuses (2-3 weeks ago) the water started
getting warmer. V4 stated the water isn't getting
as warm as it should. When asked what the water
temperatures were, V4 stated he didn't check
them since he knew it wasn't getting warm
enough. V4 stated he did check the water
temperature after he changed the fuses. When
asked if this surveyor could see the
temperatures, V4 stated he didn't document
them. V4 stated they were as low as 80 degrees
Fahrenheit and as high as 105 degrees
Fahrenheit. When asked what the water
temperature should be he stated he thought the
water heater was set on 135 - 138 degrees
Fahrenheit but he wasn't sure. When asked what
the plan was to fix the hot water, V33 (RCC/LPN)
stated if V4 couldn't fix it, they would call a

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION		E SURVEY PLETED	
		11 0000005	B. WING			
NAME OF	PROVIDER OR SUPPLIER	IL6003065		STATE, ZIP CODE	08/	05/2024
	ARE REHAB & HCC	55 FERRE	LL ROAD			
	T		RE, IL 6298			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 5	S9999			
	they had pest contr they had asked for back for additional	they do have roaches and ol in to treat them. V4 stated approval for them to come treatment in the evening. V4 trol company also put out				
	stated when the ho they could not use minutes and then it couple of weeks it is stated V4 (Mainten order new fuses bu stated the water ter checked by V4. Why water was hot enous tated, "Yes." V8 the dishes they boil was she knew they did to	PM, V8 (Dietary Manager) t water first started going out, the hot water for 20-30 would heat up, but the last hadn't been heating up. V8 ance Director) was going to t she wasn't sure if he did. V8 mperatures in the kitchen are nen asked if the dishwasher uph to sanitize the dishes, V8 en stated after the last cycle of ter to sanitize them. V8 stated that after breakfast, but she er lunch, so she wasn't sure				
	V4 was going to tro heater on 7/24/24 a	PM, V33 (RCC /LPN) stated buble shoot the hot water and if he couldn't fix it, they all to corporate to get approval me look at it.				
	Director) stated the	AM, V4 (Maintenance plumber was supposed to be at the water heater on the 4.				
	temperature was charmometer. The thot water in the cor	AM, this surveyor the kitchen and the water necked by V4 using the facility temperature reading for the ner sink was 79.9 degrees hand washing sink water				

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STATE FORM KEUQ13 If continuation sheet 6 of 21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
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		IL6003065	B. WING		1	5/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ROSICI	ARE REHAB & HCC	55 FERRE	_			
- KOOIOL	AILE ILLIAD & 1100	ROSICLA	RE, IL 6298	2		
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S9999	Continued From pa	ge 6	S9999			
	temperature was 80 During this observa crawling on the han checking the water	O-81.2 degrees Fahrenheit. Ition there was a small roach It washing sink while V4 was It temperature. V4 stated the Supplied all the hot water to				
	use the three-sink r dishes. V34 stated started having issue stated they had roa coming in to treat the asked if the facility having the pest con	AM, V34 (Cook) stated they method to wash/sanitize the she didn't know when they es with the hot water. V34 ches and the "bug guy," was ne facility for them. When was doing anything more than atrol company treat them, V34 lly didn't do anything, just had n.				
	stated to wash dish compartment sink to rinse water in the mathird sink. V35 states sanitizer water for 3 water stopped work weeks ago and he way for 2-3 weeks. my observation on done in the dishwasthe three compartmatime. V35 stated so dishwasher and durasked how they "dudishwasher, V35 states dishwasher, V35 states dishwasher and durasked how they "dudishwasher, V35 states was dishwasher and durasked how they "dudishwasher and durasked how they "dudishwasher and durasked how they "dudishwasher and durasked how they use the dish mathetic three-compartmater oaches, but he was When asked what the sanitized in the sanitized sanitized in the sanitized sanitatized sanitized sanitized sanitized sanitized sanitized sanitiz	S AM, V35 (Cook/Dietary Aid) es he fills the three-up with soap in the first sink, niddle sink, and sanitizer in the ed he lets the dishes sit in the 30 seconds. V35 stated the hot sing approximately three had been doing dishes that When this surveyor shared 7/24/24 of the dishes being sher, V35 stated they don't use nent sinks 100 percent of the metimes they use the mp hot water in it. When imped hot water in it. When imped hot water in the ated they just open the mp it in. V35 stated one day eachine and one day they use nent sink. V35 stated they had as seeing a decrease in them, they were cleaning everything				

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Illinois D	epartment of Public	Health				
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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ROSICLA	ARE REHAB & HCC	55 FERRE				
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S9999	Continued From pa	ge 7	S9999			
		came back and put out sticky It is just taking forever to get				
	stated he had treate months. V36 stated the past and then the and when he came V36 stated he want was what was plant the approval. When V36 stated that is we machine after hours flush all the roaches are hiding in. V36 sthe last time he was what was needed. Vacility a flush out we stated he told them (6/5/24), but they we treatment to see if it them again on 7/22 needed. V36 stated to get it approved. Vacility and sanital mitigating the roach keep it clean in their flies, V36 stated the 7/22/24 and he told light. V36 stated he more and V1 (Admissee what they could lights. V36 stated he more and v1 (Admissee what they could lights. V36 stated he more and v1 (Admissee what they could lights. V36 stated he more and v1 (Admissee what they could lights. V36 stated he more and v1 (Admissee what they could lights. V36 stated he more and v1 (Admissee what they could lights. V36 stated he was waiting placed.	B PM, V36 (Exterminator) ed the facility for the past two deverything had been good in here was a gap in the service back to the facility it was bad. ted to do a "flush out" and that hed as soon as someone gave hasked what a "flush out" was when they come in with a s and use a chemical that will s out of all the crevices, they stated he talked with the facility stated he talked with the facility stated he told the was needed on 7/22/24, V36 hit was needed in June ranted to do a normal fit worked. V36 stated he told fit/24 that was what was define the facility said they would try fit/36 stated he told the facility fition was a big part of hes. V36 stated, "I told them to hes. V36 stated, "I told them to her." When asked about the hey talked about them on he them they only had one old fly told them they needed to add inistrator) told him they would ded do about getting two more fly he told V1 that would help but he for each hall. V36 stated the her tial service report dated 6/5/24				
		tial service report dated 6/5/24 vity in the kitchen and kitchen				

STATE FORM 6899 If continuation sheet 8 of 21 XEUQ13

		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		A. BUILDING.		R-	\sim
IL	.6003065	B. WING			5/2024
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE		
ROSICLARE REHAB & HCC	55 FERRE				
		RE, IL 62982			
(X4) ID SUMMARY STATEMENT (PREFIX (EACH DEFICIENCY MUST BE TAG REGULATORY OR LSC IDENTI	PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999 Continued From page 8		S9999			
storage. This same report of description as "General Permaintenance." The report of insect light trap and docum under General Comments, management. German roaches found in kitchen for German roaches rodent traps. Treated exterior break room nurses station invaders. Checked out with follow up on next visit in Julian The pest control report date " Exterior Insect Perimermaintenance Bioremediated dispenser maintenance Under Gereport documents, "Checket Administrator) roaches and Inspected exterior for occasions Inspected interior for pest at Treated exterior doorways occasional invaders. Treated roaches. Treated drains. Cl Will follow up on next visit in On 7/25/24 at 12:31 PM, the kitchen. There was a rorefrigerator and a roach und three-compartment sink. Vistated the local health depart the facility on 7/25/24, sa was told they didn't have he told them to use the three-compartment sink. Vistated the local health depart the facility on 7/25/24, sa was told they didn't have he told them to use the three-compartment sink. Vistated the local health depart the facility on 7/25/24, sa was told they didn't have he told them to use the three-compartment sink. Vistated the local health depart the facility on 7/25/24, sa was told they didn't have he told them to use the three-compartment sink. Vistated the local health depart the facility on 7/25/24, sa was told they didn't have he told them to use the three-compartment sink.	st Control locuments there is one ents the following "Checked in with ches reported. and rodent activity. Actichen. Treated is. Serviced interior for doorways. Treated laundry for occasional management. Will ly" ed 7/22/24 documents the ter treatment tion - drain line General pest control neral Comments the ed in with (V1 liflies kitchen area. Sional invaders. In and rodent activity. In hecked out with (V1). In August" is surveyor entered each on the floor by the der the cart next to the later than the compartment sink until and to sanitize	S9999			

Illinois Department of Public Health

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Illinois D	epartment of Public	Health				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		IL6003065	B. WING		R- 08/0	C 5/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
		55 FERRE		,		
RUSICLA	ARE REHAB & HCC	ROSICLA	RE, IL 62982	2		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 9	S9999			
	baseboard close to storage. This surve substance was one area that needed cl showing the area to toe of her shoe acroand went under the V8 stated they were the baseboards who Throughout these owere observed craw There were at least around the kitchen table that was holdi Aid/Cook) was obset three-compartment asked how long the wash dishes, V32 s dishwasher sometir V32 stated when the would put hot water dishwasher and use the sheet. V32 state wasn't alright until "to do dishes in the the surveyor observed counters surroundir of the sinks. This su and V32. V8 stated (Maintenance Direct appliance sitting on they needed to clear washed the dishes. On 7/25/24 at 3:39 Director) stated the wasn't able to come	the entrance of the dry yor pointed out to V8 that of the things in the kitchen eaned, as this surveyor was V8, this surveyor rubbed the case it and a roach crawled out rack that was over this area. It planning on cleaning along en that area was painted. Observations multiple roaches whigh across the kitchen floor. It wo flies observed flying and landing on the steaming food. V32 (Dietary erved preparing the sink to wash dishes. When you had been using the sinks to tated they would use the mes and the sink other times. It was the dishwasher, they will in the bottom of the entrance that temperature to log on end she didn't realize that today" (7/25/24). V32 started chree-compartment sink, this food and other debris on the log the sinks and on the back surveyor pointed this out to V8 they would have V4 etor) come in to move the the counter and V8 stated in the area before they PM, V4 (Maintenance plumber had called and eto the facility on 7/25/24.				
		PM, V1 (Administrator) stated pting to trouble shoot the hot				

Illinois Department of Public Health

STATE FORM 6899 If continuation sheet 10 of 21 XEUQ13

Illinois L	epartment of Public	Health				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
						c
		IL6003065	B. WING		1	5/2024
		12000000	<u> </u>		1 00/0	3/2027
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
POSICI A	ARE REHAB & HCC	55 FERRE	LL ROAD			
KOSICL	ARE REHAB & HCC	ROSICLA	RE, IL 6298	2		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PRÉFIX		/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE DATE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
				,		
S9999	Continued From pa	ge 10	S9999			
	water heater and fix	k it himself due to funding				
	issues.	t trimison due to runding				
	1000001					
	On 7/26/24 at 8:57	AM, V37 (Health Inspector)				
		ected the facility kitchen on				
	7/25/24. V37 stated	I they were boiling water for				
		nent sink when he arrived, so				
		using that. V37 stated they				
		nave a plumber out to look at				
		r on 7/24/24 and he was going				
		em next week to verify that				
		r what the plan was for the hot				
		stated they had pest control y every week and were				
		a bomb approved. V37 stated				
		king on sanitizing everything				
		ated he made sure they knew if				
		hing it had to be used that				
		out. V37 stated if they can				
		etting things improved, they				
		them down. V37 stated they				
	have to keep every	thing sanitized; roaches carry				
	salmonella.					
		2 AM a digital metal stemmed				
		for taking temperatures for this				
		d for accuracy using the				
		nd was accurate within +/_ 2				
	degrees Fahrenheit	I.				
	On 7/29/24 at 10:00	O AM, this surveyor entered				
		ed the hand washing sink to				
		vater was cool to touch. This				
		he temperature of the water in				
		sink, the temperature was 76.4				
		t. The temperature of the				
		sink was also checked using				
		eter and read 77.5 degrees				
		cky traps remained on the				
		ches on it, dead and alive.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6003065	B. WING			R-C 05/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE	•	
200101		55 FERRI	ELL ROAD			
ROSICL	ARE REHAB & HCC	ROSICLA	RE, IL 62982			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 11	S9999			
	entered the kitchen hand washing sink. to the bathroom and then washing sink locate	2 AM, V18 (Dietary Aid) and washed his hands at the V18 stated he had just gone d washed his hands in the rewashed them at the hand of in the kitchen. V18 stated is his hands at the nurse's				
	she would add hot we drain plug hopper of check the temperate put it in the dish ma	S AM, V27 (Dietary Aid) stated water from the stove to the n the dish machine and would ure of the water before she achine and again after she sh machine. V27 stated then cycle.				
	stated the facility di- wash, rinse, and sa low temperature sa machine. V8 showe sitting under the dis sodium hypochlorite bottle. V8 stated sh temperature of the temperature to clea degrees Fahrenheit temperature of the using the thermome machine. V8 started machine and the th degrees Fahrenheit the readings that we Dishwasher Tempe they were testing the	AM, V8 (Dietary Manager) sh machine had three cycles, nitize. V8 stated they use the nitizer (chlorine) in the dish ad this surveyor the sanitizer in machine that read 5.25% a (chlorine) on the front of the e wasn't sure what the water should be for the low er. V8 stated the water n dishes should be 140-150 is. V8 stated they check the water in the dish machine eter on the side of the dan empty cycle on the dish ermometer read 70-71 is. When asked how they got ere documented on the rature/Sanitizer Log, V8 stated e water when it drained out of 78 stated she talked to the nent, and they told her adding				

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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
,	0. 0020		A. BUILDING:			
		IL6003065	B. WING		1	-C)5/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		55 FERRE	LL ROAD			
ROSICL	ARE REHAB & HCC		RE, IL 6298	2		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC	ΓΙΟΝ	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)		COMPLÉTE DATE
S9999	Continued From pa	age 12	S9999			
	•	boiled on the stove to the dish				
		cle was not the best idea and				
		three-compartment sink. V8				
		using the three-compartment				
		to sanitize the dishes. V8				
		or the bottle labeled				
		next to the three-compartment				
		when the hot water heater				
	went out, V8 stated	I she did a work order and				
	turned it into V4 (M	aintenance Director). V8				
		st week of June and the				
	second week of Jul	•				
	Cook/Dietary Aid) v					
		off and on and the other				
		dding hot water boiled on the				
		achine. V8 stated dietary staff				
	located outside the	ands at the nurse's station				
	located outside the	Kitchen doors.				
	On 7/29/24 at 10:53	3 AM, V4 (Maintenance				
		parts for the hot water heater				
		as 30-amp fuses. When asked				
	why they ordered m	nore 30-amp fuses when he				
	•	ses he had, didn't work, V4				
		nt type of fuse. V4 stated he				
		id asked for a plumber and told				
		would have to be paid in				
		had not been paid in the past				
		they couldn't do that. V4				
		trouble shooting the hot water ned he had the wrong type of				
		if the hot water heater was				
		rst started working at the				
		would heat up for a little while				
		ng. V4 stated he would change				
		it would do it again. V4 stated				
		wasn't working when he				
		temperatures or when				
		it to him. V4 stated he didn't				
		s and didn't document the				

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		A. BUILDING.		R-	C
	IL6003065	B. WING			5/2024
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ROSICLARE REHAB & HCC	55 FERRE ROSICI AI	ELL ROAD RE, IL 62982	,		
O(4) ID CLIMMA DV CTAT	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECT	ON	()(5)
PREFIX (EACH DEFICIENCY	MUST BE PRECEDED BY FULL CC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999 Continued From page	ge 13	S9999			
water temperatures been coming to the 2024. V4 stated who July 2024, he asked do a stronger treatm and they thought the stated they are trying. On 7/29/24 at 11:18 work order when the and when it went all kept a copy. V8 state when it went cold. V the three-compartm degrees Fahrenheit, machine shouldn't be Fahrenheit, and the washing sink can't be Fahrenheit. V8 states surfaces with a kitch get to the facility in the shifts. V8 stated the When asked about the served on, V8 stated those. V8 stated those washing sink can't be served on, V8 stated the When asked about the served on, V8 stated those washing sink can't be served on, V8 stated the When asked about the served on, V8 stated those washers above the the silverware is kept and the si	. V4 stated pest control has facility monthly since June en they were at the facility in I them if they could come and nent between July and August, at would be a good idea. V4 g to get it approved. AM, V8 stated she filled out a se hot water started going out the way cold. V8 stated she ed it was 2-3 weeks ago 8 stated the temperatures for ent sink should be 171, the temperature for the dish be less than 120 degrees temperature for the hand be less than 85 degrees ed they clean/sanitize all the men approved spray when they she morning and between by also sanitize all utensils. The dishes the meals are do she hadn't thought about the seare stored on the open three-compartment sink and cotton top of the ice machine. The ance Work Order dated "Department Requesting to (sic) long to get hot." The partment Requesting the seare work Order dated "Department Requesting to (sic) long to get hot." The partment Requesting to (sic) long to get hot." The partment Requesting to (sic) long to get hot." The partment Requesting to cation of repairs needed:	59999			
and when it went all kept a copy. V8 state when it went cold. V the three-compartm degrees Fahrenheit, machine shouldn't be Fahrenheit, and the washing sink can't be Fahrenheit. V8 states surfaces with a kitch get to the facility in the shifts. V8 stated the When asked about the served on, V8 stated those. V8 stated those washing sink can't be served on, V8 stated the when asked about the served on, V8 stated those washers above the the silverware is kept a the silverware is kept washer, Types washer, Types not getting hot. Taking signed by V8 (Dieta The facility Maintena 7/12/24 documents, Service: Kitchen, Lo	the way cold. V8 stated she led it was 2-3 weeks ago '8 stated the temperatures for ent sink should be 171, the temperature for the dishipper less than 120 degrees temperature for the hand be less than 85 degrees ed they clean/sanitize all the men approved spray when they he morning and between by also sanitize all utensils. The dishes the meals are dishe hadn't thought about the seare stored on the open here-compartment sink and of on top of the ice machine. The ance Work Order dated "Department Requesting position of repairs needed: of repairs needed: Hot water me to (sic) long to get hot." The work Order dated "Department Requesting to (sic) long to get hot." The work Order dated "Department Requesting ance Work Order dated "Department Requesting"				

Illinois Department of Public Health STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6003065	B. WING			-C 05/2024
ROSICI ARE REHAB & HCC 55 FERRI		55 FERRE		STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
\$9999	On 8/5/24 at 1:47 P stated V8 (Dietary N orders that had a pa she had not given the when V8 gave V4 the day last week. On 8/1/24 at 1:59 P stated she had not did not have hot wasked to provide tra V38 stated if she harecommended discomachine, using the method with boiled by using paper prochave notified mainted the issue resolved. to properly clean arpotential for negative stated this population illnesses. On 7/29/24 at 10:31 stated she was never was broke. V1 stated longer to heat up. V Director) put a band didn't work. V1 stated plumbers but the oran issue with non-pedecided they weren stated after the plur Regional Maintenar hot water heater an out because the prehad put the wrong stated put the wrong stated after the wrong stated put the wrong state	M, V4 (Maintenance Director) Manager) gave him two work ast date on them and told him nem to him. When asked ne work orders, V4 stated one M, V38 (Registered Dietitian) been made aware the facility ter in the kitchen until she was alining for the staff on 7/30/24. The deen aware she would have continuing the use of the dish three-compartment sink water, and minimizing dishes ducts. V38 stated she would tenance and attempted to get V38 stated if they aren't able and sanitize there is the re impact to the residents. V38 on is at higher risk of food born I AM, V1 (Administrator) ter told the hot water heater and she was told it was taking I stated V4 (Maintenance I aid on it with fuses but they and they tried to reach out to ally one who would come had anyment in the past, and I't willing to provide service. V1 and they trouble shot the discovered an element went avious Maintenance Director size in it. V1 stated they size, and it should be in	S9999			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	IL6003065	B. WING		l l	R-C 05/2024	
NAME OF PROVIDER OR SUPPLIE	R STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
ROSICI ARE REHAB & HCC		ELL ROAD ARE, IL 62982	2			
PREFIX (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
On 7/29/24 at 1:0 they would begin facility for the every On 7/30/24 during 9:00 AM until 3:00 utilizing the kitcher kind. On 7/30/24 at 12: an email from V3 Operations) that of the building at no installing them so appropriate temp company) will be complete the flust the water heater of the season new eler will be at the supple days. The new elevill fix the fuse blowere purchased that water stays have on 8/1/24 at 9:42 kitchen and used The water in the land (Maintenance Dir sink has not been why. On 8/1/24 at 9:44 thermometer use survey was checkice-point method	ed a receipt that documented were ordered on 7/25/24. O PM, V1 (Administrator) stated preparing meals at their sister ning meal on 7/29/24. In intermittent observations from D PM, the kitchen staff were not en for food prep or service or any 26 PM, this surveyor received 1 (Regional Director of documents, "Fuses arrived to pon, the maintenance man (V4) is that the water will get up to the (name of pest control at the facility on 7/31 to nout. The fuses will work to get going but it continues to blow ments have been ordered and olier in St Louis in 2-3 business ements will be installed and that pwing problem. Extra fuses by me today to ensure that the					

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Illinois Department of Public Health							
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
			D. WING		R-C		
		IL6003065	B. WING		08/0	5/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE			
TW WILL OF T	NOVIDEN ON OUT LIEN			517(12, 211 OODE			
ROSICLA	ARE REHAB & HCC		LL ROAD	_			
		ROSICLA	RE, IL 6298	2			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)	
PRÉFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO	PRIATE	DATE	
				DEFICIENCY)			
S9999	Continued From pa	ge 16	S9999				
00000	Continued From pa	ge 10	00000				
	temperature was th	en checked using this					
	thermometer with V	/4 present and the					
		116.2 degrees Fahrenheit. V4					
		ater temperature in this sink					
		er read 116.1 degrees					
		ee-compartment sink water					
	temperature was ch						
	•	•					
		ead 123.0 degrees Fahrenheit.					
	The water pressure						
		sink water cooled and then					
		e water temperature was					
		surveyor's thermometer and					
		Fahrenheit. V8 (Dietary					
		cycle on the dish machine					
	and the dish machin	ne thermometer read 90					
	degrees Fahrenheit	t. The dish machine completed					
		w cycle was started. The					
	water temperature	was checked using both this					
		hermometer and the highest					
		reading was 112 degrees					
		rveyor walked to the hand					
		urned the water on to check					
	•	the water. The water					
		steaming, the temperature					
		ead 131.7 degrees Fahrenheit.					
		the next step would be since					
		ure on the dish machine was					
		nimum temperature and the					
		was fluctuating, V4 stated he					
	0 0	39 (Regional Maintenance					
	Director) and start t	rouble shooting the system.					
		AM, this surveyor and V4					
		ater heater, it documents on					
		ide of it that it is a 119-gallon					
		plumber was at the facility on					
		24 and checked the water					
		thermostat, told him he had					
	T	nd elements and there was					
	nouning eise ioi nim	n to do with it. V4 stated there					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		IL6003065	B. WING		R- 08/0	-C 05/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
ROSICLA	ROSICLARE REHAB & HCC 55 FERR ROSICLA			2		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 17	S9999			
	is no mixing valve of the kitchen.	on this tank since it is only for				
	9:00 AM until 12:30	termittent observations from PM, the kitchen staff were not for food prep or service or any				
	July 24 documents at breakfast, lunch, documents the tem degrees Fahrenheit The log documents checked each meal The log documents strip results before meal. Report inapping strip results to the second comments.	mperature/Sanitizer Log dated the temperature was checked and dinner each day. The log perature ranged from 155 to 160 degrees Fahrenheit. the sanitizer strip was l, each day and read 100 ppm., "Record temperature or test washing dishes and after each ropriate temperatures or test supervisor." The log does not of sanitizer that is being				
	policy dated 10/09 of (name of company) washed by mechan and sanitized. Proceed cleanliness of the mechanisms of the mec	ashing- Dish machine (sic) documents, "It is the policy of that utensils and dishes ical dishwasher will be clean edure: 1. Check the nachine. Wash and rinse tanks clean water3. For Low machines (sic) (temperature of the less than 120 (degrees fore washing anything, use a ne sanitizer level. A. For the level should be 50-100 ute) b. For Quat sanitizers, the ppm. 4. Record either the nitizer level on the Dish perature/Sanitizer Log"				

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	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3			(X3) DATE SURVEY	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
				R-	С	
	IL6003065	B. WING		08/0	5/2024	
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
ROSICLARE REHAB & HCC	55 FERRE	LL ROAD				
ROSICLARE REHAB & HCC	ROSICLA	RE, IL 62982	2			
PREFIX (EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE	
S9999 Continued From pag	ge 18	S9999				
policy dated 10/17 de (name of company) cannot be cleaned a dishwasher will be cleaned are cleaned are cleaned as each use. 2. Scrape before washing. 3. So large enough to accountensils. Each compand cold potable run the first sink. Wash a solution at least 110 Rinse all items in cleaned and the third sink (which (degrees Fahrenheit Sanitizing-Before sa strip to check the sa Water temperature in least 75 (degrees Fahrenheit Sanitizers, the level so Quat sanitizers, the level so Quat sanitizers, the level so Quat sanitizers or san Compartment Sink Tompartment Si	ocuments, "It is the policy of that utensils and dishes that and sanitized by a mechanical leaned and sanitized in a . Procedure: 1. The sink and ned and sanitized before , rinse, and soak all items sink compartments must be ommodate equipment and partment is supplied with hot uning water. 4. Wash items in all items in a detergent (degrees Fahrenheit). 5. ean water to remove ond sink. 6. For High ing- Before sanitizing temperature of the water of must be at least 171 the sink of the third sink in the third sink must be at ahrenheit). a. For Chlorine should be 50-100 ppm. b. For level should be 200 ppm. c. nufacturer's B. Record either the					

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R-	·C
		IL6003065	B. WING		08/0	5/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
			LL ROAD	, 002_		
ROSICL	ARE REHAB & HCC		RE, IL 6298	2		
(V4) ID	SHMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(Y5)
(X4) ID PREFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI DEFICIENCY)	PRIATE	DATE
				DEI ICIENCI)		
S9999	Continued From pa	ge 19	S9999			
	required by the mad	chine listedthe				
		perature range for optimal				
	performance is 130					
		-				
		Hand washing policy				
		: All staff will properly wash				
		hands as promptly and block between patient contacts				
		ith blood, body fluids,				
		is, and equipment or articles				
		em is an important component				
		and isolation precautions				
		n water on and use warm				
		Wet hands with warm water				
	and apply heavy lat	her of soap"				
	The Unites States F	Environmental Protection				
	Agency website					
		v/insect-repellents/list-pests-si				
		alth-importance documents				
	under "Lists of Pest	ts Significant Public Health				
		al pesticide law requires EPA,				
		the United States Department				
		an Services and the United				
	•	of Agriculture, to identify pests health importance. This list is				
	derived in large par					
		oinations for which efficacy				
		ce) data are generally				
		nitted and reviewed before				
		ay should this be interpreted				
		as or would base any				
		olely on this list. EPA is				
		eparate from any statutory or				
		ons which may be associated				
		esticides. Following is a brief of the identified pests or				
		nd an explanation for				
		s a public health pest:				
		listed cockroaches are				

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AND DIAN OF CORRECTION INDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
II 6003065			R-		
IL6003065	•		08/0	5/2024	
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, S	STATE, ZIP CODE			
ROSICLARE REHAB & HCC	55 FERRELL ROAD ROSICLARE, IL 6298	2			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY TAG REGULATORY OR LSC IDENTIFYING INFORM	Y FULL PREFIX	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE	
controlled to halt the spread of asthma, and food contamination." The Illinois Department of Public Health https://dph.illinois.gov/topics-services/etal-health-protection/structural-pest-coraches.html documents under "Structural Control Cockroaches, Cockroaches are undesirable pests but a threat to humal consuming our food and contaminating environment. Cockroaches are knowned disease pathogens, such as the various that produce "food poisoning" in human contaminating food, food preparation sidishes and eating utensils. How many ligastrointestinal disorders are attributed mechanical transmission of pathogens cockroaches has not been fully assess remains a valid health concern. Howev roach's greatest impact on human heal its ability to trigger asthma. Cockroach grow by periodically shedding their "ski exoskeleton). Fragments of their exosk along with bits of cockroach feces, servantigens (foreign protein) that, when into cause allergic and asthmatic reactions. "B"	n website environmen itrol/cockro al Pest e not only n health by the indoor to transfer s bacteria ns, by urfaces, human I to the by ed but er, the th may be nymphs n" (the seletons, ye as haled,				

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