(X6) DATE

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:			,
		IL6008718	B. WING			, 1/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SOUTH	ELGIN REHAB & HCC	·	SPRING ST LGIN, IL 601			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Complaint Invesitat 2470632/IL169067	ion: 2470615/IL169049 &				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations				
	300610a) 300.1210b) 300.2210b)1)2)9) 300.3130c)1)					
	a) The facility procedures governing facility. The written be formulated by a Committee consisting administrator, the amedical advisory conformed and other policies shall compound the facility and shall by this committee, and dated minutes Section 300.1210 (Nursing and Person b) The facility and shall by this committee, and dated minutes	dvisory physician or the ommittee, and representatives or services in the facility. The ly with the Act and this Part. It is shall be followed in operating to be reviewed at least annually documented by written, signed of the meeting. General Requirements for all Care shall provide the necessary				
	care and services to practicable physica well-being of the re- each resident's con plan. Adequate and care and personal of resident to meet the	o attain or maintain the highest I, mental, and psychological sident, in accordance with aprehensive resident care I properly supervised nursing care shall be provided to each e total nursing and personal esident. Restorative				

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

02/25/24 **Electronically Signed**

TITLE

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	, ,	E CONSTRUCTION	(X3) DATE	
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		IL6008718	B. WING			1/2024
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SOUTH	ELGIN REHAB & HCC		LGIN, IL 601			
()(4) ID	CLIMMA DV CTA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION		(VE)
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S9999	Continued From pa	ge 1	S9999			
	measures shall include, at a minimum, the following procedures:					
	and free of the follo or ceilings; peeling loose boards; warp floor covering, such handrails or railings panes; and any oth 2) Maintain all mechanical, water s and sewage dispos functioning conditio inspections of these 9) Maintain all	y shall: be building in good repair, safe building in good repair, safe buing: cracks in floors, walls, wallpaper or paint; warped or ed, broken, loose, or cracked as tile or linoleum; loose; loose or broken window er similar hazards. electrical, signaling, supply, heating, fire protection, all systems in safe, clean and on. This shall include regular				
	to supply potable w volume to operate a equipment during n Based on observati review, the facility fa comfortable homeli					
	handwashing faciliti human feces/urine response caused a residents as eviden to eliminate in toilet	in a lack of available ies and the accumulation of in the toilets. The lack of risk for psychosocial harm to aced by their disgust for having as full of urine/feces and ave hand washing facilities ands.				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
				D. WING		
		IL6008718	B. WING		02/0	1/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
SOUTH	ELGIN REHAB & HCC		SPRING ST			
040.15	CLIMMA DV CTA		LGIN, IL 601		DNI .	()/5)
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S9999	Continued From pa	ge 2	S9999			
	R10-R13, R15-R17 R30-R32, R35, R40 R60) reviewed for h could utilize facility of 61. The findings include On 1/23/24 at 8:33 was informed by V1 the facility had froze 1/17/24 through Mo during that period, t periodically up to tw twelve frozen pipes	AM, the State Regional Office 13 (Maintenance Director) that en pipes from Wednesday, anday, 1/22/24. V13 state the water was shut down to hours at a time to replace. V13 stated the facility had				
	water shut down pe at 8:33 AM, all runn building and only dr completed.	upplies on site during the eriod. V13 stated as of 1/23/24 sing water was restored to the ry wall repairs remained to be 0 AM with V2 (Director of				
	Nursing) and V3 (R Operations), V1 (Ad facility water pipes of water was restored stated the water wat	`				
	running water in the past five to six days was shut off, the to urine. R23 stated of	6 AM, R23 stated there was no e community bathrooms for the s. R23 stated while the water ilets filled up with stool and earlier that morning he tried to mmunity bathroom but the				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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SOUTH	ELGIN REHAB & HCC		SPRING ST LGIN, IL 601			
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\$9999	down to the 200 ha toilet was emptied. 200 hall community The sink was turned available from the sink water beath. R23 stated the community bathroof facility with working. On 1/23/24 at 11:05 Maintenance) and Voperations) both restored to all areas water break on 1/17 intermittently to repand V3 stated where pipe, they would turned turned to the burst since 1/17/24. On 1/23/24 at 12:46 was expecting pluming restore water to the was not aware any in service to resider stated she was una resident areas as woon 1/23/24 at 11:07 with V1 (Acting Adm Department of Public Plumbing Inspector were made and resident areas as woon 1/23/24 at 11:07 with V1 (Acting Adm Department of Public Plumbing Inspector were made and resident areas as woon 1/23/24 at 11:07 with V1 (Acting Adm Department of Public Plumbing Inspector were made and R13) had toilet or the handward to the plumbing Inspector were made and R13) had toilet or the handward to the plumbing Inspector were made and R13) had toilet or the handward to the plumbing Inspector were made and R13 had toilet or the handward to the plumbing Inspector were made and R13 had toilet or the handward to the plumbing Inspector were made and R13 had toilet or the handward to the plumbing Inspector were made and R13 had toilet or the handward to the plumbing Inspector were made and R13 had toilet or the handward to the plumbing Inspector were made and R13 had toilet or the handward to the plumbing Inspector were made and R13 had toilet or the handward to the plumbing Inspector were made and R13 had toilet or the handward to the plumbing Inspector were made and R13 had toilet or the handward to the plumbing Inspector were made and R13 had toilet or the handward to the plumbing Inspector were made and R13 had toilet or the handward to the plumbing Inspector were made and R13 had toilet or the handward to the plumbing Inspector were made and R13	rine and feces. R23 walked II community bathroom but the There was no bucket in the bathroom for flushing toilets. Id on and only had cold water sink. R23 stated he was being for drinking and to brush his he shower in the 200 hall m was the only shower in the hot water. 6 AM, V13 (Director of V3 (Regional Director of V3 (Regional Director of V3 after water being shut off air several pipe bursts. V13 in the facility fixed one broken on the water back on and burst and require repairs. V3 re were numerous pipe that the sexecutive office area, but he toilets/sinks/hot water was not a reas in the facility. V3 ware of the lack of service to	S9999			

Illinois Department of Public Health

STATE FORM 6899 U80111 If continuation sheet 4 of 12

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: IL 6008718 IL 6008718 STREET ADDRESS, CITY, STATE, ZIP CODE SOUTH ELGIN REHAB & HCC SOUTH ELGIN, IL 60177		
NAME OF PROVIDER OR SUPPLIER SOUTH FLIGHN REHAB & HCC SOUTH FLIGHN REHAB & HCC B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 746 WEST SPRING STREET		
SOUTH FLGIN REHAB & HCC 746 WEST SPRING STREET	24	
SOUTH FLGIN REHAB & HCC		
SOUTH ELGIN REHAB & HCC SOUTH ELGIN, IL 60177		
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room and the staff flush down the toilets possibly once a day. R12 stated the toilets built up with feces and urine during the day. There was no bottled water or sanitizer in the bathroom or any bucket with water in the bathroom for flushing the toilet. - The shared bathroom between rooms 112/114 (utilized by R8 and R10) had no running water to the toilet or handwashing sink. The toilet was full of stool and urine and the toilet was unable to be flushed. There were no water buckets in the bathroom for flushing or water bottles for washing hands near the sink. R8 stated her sink never had any hot water, but now she had no water flowing from her sink or to her toilet. R8 stated she shared a toilet with R10 in room 112 and she had to use the 200 hall community toilet because her toilet was full of waste. R8 stated he also found the 200 hall community toilet full of waste when she needed to use it. - The shared bathroom between rooms 108/110 (utilized by R15) had no running water to the toilet or sink. R15 stated, "I'm going in my pants! What else can I do!?" R15 stated she had to urinate or defecate in her incontinence brief because she did not have a choice due to the toilets not working. R15 stated the pipes broke approximately a week ago and the toilets had not been working since the pipes broke. There were no buckets of water near the toilet for flushing and no bottled water or sanitizer for handwashing near the sink. - Rooms 211 and 213 were both designated isolation rooms requiring contact precautions to enter the rooms. The room 211/213 shared bathroom (utilized by R4 and R30) had no running water to the toilet for flushing and to bucket of water available hear the toilet for		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
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S9999	Continued From pa	ge 5	S9999				
\$9999	to use the toilet on stated he recently in 110. R4 stated he do toilet of his old room because the toilet with staff were not flushing toilet. R4 stated, "I room 110 or the one full!" - Shared bathroom faucets falling off the from the sink or to the bucket of water near bottled water or san handwashing. - Shared bathroom running water to the available in the hand bucket of water near the toile of days" in room 20 no water running to water near the toile. - The back nursing no running water - Women's 300 hal (utilized by R40, R4 water available at the only The second handwer plastic wrap and no valued to the toile of the water was also be all of the toile of the toile of the water and no valued the second handwer plastic wrap and no valued to the toile of the	and off for about a week!" R4 noved to room 213 from room eliminated his stool/urine in the n which built up in the toilet would not flush. R4 stated the ing down the wastes in the tried to use the toilet in my old e next to 106 when mine was a between rooms 207/209 had be sinks and no running water the toilet. There was no ar the toilet for flushing and no nitizer near the sink for a of rooms 203/205 had no el toilet and no hot water dwashing sink. There was no ar the toilet for flushing. V5 el water has been off a couple 3. The toilet in room 203 had the toilet and no bucket of the toilet and no bucket of the for flushing. I station handwashing sink had all community bathroom at 1, R43-50) had no hot or cold in the shower and no hot water of working handwashing sink. The shower and no hot water of working handwashing sink was covered in the shower and no hot water of water on a cart and	\$9999				
		nought the toilets were shut off					
		t was not sure how long they					
	had no running wat	er. V1 stated he did was not s were shut off to the toilets					

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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S9999	Continued From pa	ge 6	S9999			
	the facility. - V8 (CNA- Certifies the facility had water water was shut off is stated there was an thought the water w was still trying to re - V11 (Laundry) sta water to residents s (Housekeeping) sta turned off water to - V12 (CNA) stated were being flushed	ted the facility had shut off since 1/17/24 and V10 ated she was aware the facility residents since 1/20/24 the toilets in resident rooms "on and off" by housekeeping container pushed through the				
	the following observinterviews were obtainerviews were obtained. R16 stated he util bathroom but the towere not working, so 1/20/24 if he needed the toilet was not with the toilet was not with the toilet was forced by the toilet was forced to urina brief instead of utilized community toilet per R19 was in his roand had a urinal site.	V18 during tour of the facility vations were made and ained: ized the 100 hall community bilet and handwashing sink to he had to soil his brief since d to urinate/defecate because orking in the community ated the staff were only once a shift and was forced to f. R16 stated staff never gave oilet to use when he was was not working in his m. On 1/24/24 at 1:57 PM Director of Operations), R16 he toilets were not working, he te/defecate in his incontinence zing the toilet in the hall				

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
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		IL6008718	B. WING			1/2024
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NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
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		SOUTH EI	_GIN, IL 601	77		
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S9999	Continued From pa	ge 7	S9999			
	100 hall community urinal with urine bed with urine and feces R19 stated the toile no running water to have no alternative same!" R19 stated full of human waste - The men's and we bathrooms (utilized R59, and R60) had toilets or their hand disconnected pipes visible through an endisconnected pipes visible through and to both sink for handwashir - R17 stated he nor community bathroow water to the toilet of stated he was using bathroom but had downs not full of human needed to use the butter to the following observinterviews obtained	bathroom, he was filling a cause the toilets were filled up a for the last four or five days. It did not flush and there was the toilets. R19 stated, "I left toilets. R19 stated, "I left toilets are all the all of the facility toilets were afor the last four to five days. It is seen to five days				
	five days that their I R20 stated, "If you and went in because and urine." R20 sta flushing the toilet 1/ the toilets over the would get heavy en not all the way." R2 sink had no running	hall had a toilet that flushed. had to go, you held your nose e the toilet was full of feces ated the facility staff began (22/24 but were not flushing weekend. R20 stated, "It ough to make itself flush but 20 stated the handwashing water and residents only had a hallway wall to clean their				

hands.

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING.			,
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\$9999	- R21 stated he us bathroom which ha toilet/handwashing bathroom continued to the handwashing we were filling then They would get a b down maybe three - The 400 hall comwater only running. On 1/23/24 at 2:55 previous bowel surphave blood in his stoilets were not wormovement with blochis bathroom (shart staff flushed it down in mouth wash bott containers because toilet for additional up the bottles/contadumped them in the turned back on. R2 in his handwashing water in the sink for On 1/23/24 at 2:55 between 300/302 (between 301/303 (water available from 1/24/24 at 1:40 utilized a urinal whethe toilets were not down the toilet himseventually flushed bowel movement desired.	ed the 400 hall community d no running water to the sink for days. R21 stated the d to not have hot water running sink. R21 stated, "Oh God, n up! Piss and crap in there! ucket of water and flush it or four times over a few days!" munity bathrooms had cold from the handwashing sinks PM, R22 stated he had geries which caused him to cols. R22 stated when the king, he had a bowel od which remained in his toilet ed by R32) for two days before in. R22 stated he was urinating les and empty water gallon at there was no room in his waste. R22 stated he sealed ainers of urine and then the toilet when the water was 22 stated he had no hot water sink and had not had hot	\$9999			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			, ,	E CONSTRUCTION	(X3) DATE	SURVEY
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S9999	Continued From pa	ge 9	S9999			
	instructions on wha	35 stated no staff gave any to do when the toilets would ed, "It didn't feel comfortable!"				
	had to go on top of gross!" R47 stated which was full of fe R47 stated the resi	PM with V3, R47 stated, "We what was there! It was she had to use the toilet ces and urine all weekend. dents could not wash their se the sanitizer in the hall.				
	lack of an available feel "very gross, yu "I am not used to th	PM with V3, R20 stated the , clean/flushed toilet made her cky, very gross!" R20 stated, nat. We always had clean as been disgusting!"				
	facility had no wate weekend and the h	PM with V3, R40 stated the r in the sink or toilets over the uman waste built up in the having to urinate/defecate in a feel "not good!"				
	employee bathroon	7 AM, the front nursing station, n near the nursing station, and I no hot water available from inks.				
	toured the facility to plumbers complete left the facility assu were still frozen. V	3 AM, V6 (Regional tor) stated on 1/22/24 he see what work the previous d in the facility. V6 stated they ming the toilets and sinks 6 stated he believed V1 was ty at the time of his visit.				
	Enforcement Super Elgin) stated he wa	O PM, V15 (Building Code rintendent - Village of South s at the facility three times on ld the facility restored all the				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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SOUTH E	ELGIN REHAB & HCC		「SPRING ST LGIN, IL 601			
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S9999	Continued From pa	ge 10	S9999			
	water to all of the fa	acility areas other than the				
	with V3 (Regional E following residents facility toilets: R2, R	PM during tour of the facility Director of Operations), the were identified as utilizing 84, R8, R10-R13, R15-R17, 85, R30-R32, R35, R40, R41, 90 R60.				
	residents did not ha	PM, V2 (DON) stated the ave access to hand sanitizer in that which was available the hallways.				
	Facility Timeline, dated 1/25/24, shows the facility had an initial water pipe break on 1/17/24 at 9:30 PM. The timeline shows the facility experienced multiple, daily, ongoing water pipe breaks from 1/17/24 to 1/23/24.					
	"Water from the wa as a primary source bathing. This water wheels that can be Cleaned, empty 5 g and detergents wer filled with non-potal for flushing toilets. to be filled with non bathing as necessar	Plan, dated 9/25/12, shows, ter heater tanks will be used to flush toilets and resident will be placed in a bin with moved around the building. Italian pails in which chemicals the received should be kept to water near each toilet stool Water basins will be available potable water for resident try." The plan also shows, or approved disinfectants for				
	R30 was placed on	e order, dated 1/10/24, shows contact isolation. Physician ited 1/24/24, shows R30's ntinued.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	.ETED
		IL6008718	B. WING		02/0	1/2024
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S9999	Continued From pa	ge 11	S9999			
		e order, dated 1/22/24, shows contact isolation precautions.				
	Most recent MDS (I documentation for the residents were R15 (1/8/24). R16 (12/2/23), R19 (10/2 (11/16/23), R22 (12/28/23), R40 (11	Minimum Data Set) the following residents showed cognitively intact: R4 (!/3/24), (12/2/23), R17 (12/13/23), R18 (23/23), R20 (12/1/23), R21 (28/23), R23 (1/18/24), R35 /1/23), and R47 (11/9/23). 23, showed R12's cognition				

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