(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(3) DATE SURVEY COMPLETED	
		IL6004402	B. WING		05/3	1/2024
HILL CREST HOME 14688 ILLII		DDRESS, CITY, S LINOIS HIGH O, IL 61254	STATE, ZIP CODE WAY 82			
(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)	LD BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Annual Licensure a	nd Certification Survey				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations:				
	300.610a) 300.696a) 300.1210b) 300.3340a)4)					
	Section 300.610 Re	esident Care Policies				
	procedures governi facility. The written be formulated by a Committee consisti administrator, the a medical advisory co of nursing and othe policies shall compl	shall have written policies and ng all services provided by the policies and procedures shall Resident Care Policy ng of at least the 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				
	Section 300.696 Inf	ection Control				
	policies and proced controlling, and pre- facility. The policies consistent with and the Control of Com- and the Control of S Infections Code. Es	r shall establish and follow ures for investigating, venting infections in the s and procedures must be include the requirements of municable Diseases Code, Sexually Transmissible ach facility shall monitor that these policies and owed.				

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

Electronically Signed 06/20/24

TITLE

STATE FORM 6899 If continuation sheet 1 of 5 Y7T111

IL6004402 STREET ADDRESS, CITY, STATE, ZIP CODE 14688 ILLINOIS HIGHWAY 82 GENESCO, IL 61254 CACH DEPTORN SUMMARY STATEMENT OF PERFORMATION PREFIX PROVIDERS PLAN OF CORRECTION PROVIDERS PLAN OF C		NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
MILLCREST HOME SUMMARY STATEMENT OF DEFICIENCIES DEPERED CEACH DEFICIENCY MUST BE PRECEDED BY FULL FREEFIX TAG TEACH DEFICIENCY MUST BE PRECEDED BY FULL TAG DEFICIENCY MUST BE PRECEDED BY FULL TAG CROSS-REFERENCE TO THE APPROPRIATE DATE			IL6004402	B. WING		05/3	31/2024
PRÉFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 1 Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Section 300.3340 Social Isolation a) For the purposes of this Section: 4) "Social isolation" means a state of isolation wherein a resident of a long-term care facility is unable to engage in social interactions and religious and recreational activities with other facility residents or with family members, friends, loved ones, caregivers and external support systems. These requirements were not met as evidenced by: Based on observation, interview and record review the facility quarantined 6 residents to remain in their rooms (R1, R21, R36, R43, R53)	NAME OF PROVIDER OR SUPPLIER STREET ADDI 14688 ILLII 14688 ILLII		INOIS HIGH				
Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Section 300.3340 Social Isolation a) For the purposes of this Section: 4) "Social isolation" means a state of isolation wherein a resident of a long-term care facility is unable to engage in social interactions and religious and recreational activities with other facility residents or with family members, friends, loved ones, caregivers and external support systems. These requirements were not met as evidenced by: Based on observation, interview and record review the facility quarantined 6 residents to remain in their rooms (R1, R21, R36, R43, R53)	PREFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	ILD BE	COMPLETE
and R59) on 5/28/24 without any clear reasoning. This failure caused R53 to be very upset and anxious regarding his inability to leave his room. Findings Include: The Facility's "Policy for Outbreak Investigation" dated 4/1/2024 documents, "It is the policy of	\$9999	Section 300.1210 G Nursing and Persor b) The facility's care and services to practicable physical well-being of the reseach resident's complan. Adequate and care and personal cresident to meet the care needs of the resident to meet the care needs of th	General Requirements for hal Care shall provide the necessary of attain or maintain the highest I, mental, and psychological sident, in accordance with apprehensive resident care I properly supervised nursing care shall be provided to each estotal nursing and personal esident. Social Isolation coses of this Section: attion" means a state of resident of a long-term care engage in social interactions ecreational activities with other with family members, friends, ters and external support s were not met as evidenced on, interview and record uarantined 6 residents to as (R1, R21, R36, R43, R53, 4 without any clear reasoning. R53 to be very upset and ais inability to leave his room.	S9999			

Illinois Department of Public Health

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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	
		IL6004402	B. WING		05/	31/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE			
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\$9999	(This Facility) that of instituted whenever infections above whexpected, consideri Infections Prevention investigation." The Facility's "Your Nursing Home Residocuments, "You had dignity and respect, schedule and partic choose You have the to bed, rise in the multiple outbreaks or illness at that time. At this dining room eating male residents. R53 talkative with these	butbreak measures will be there is an incidence of hat would normally be and seasonal variations. The point will conduct the outbreak Rights and Protections as a deent" pamphlet dated 8/2021 ave the right to be treated with as well as make your own eight to decide when you go norning, and eat your meals." acility on 5/28/24 at 8:45AM no experience were no known es happening in the building time, R53 was in the main breakfast with three other as appeared to be friendly and	\$9999	DEFICIENCY			
	were observed pass	AM multiple staff members sing out surgical masks to s instructing them that "we are we need to mask."					
	Nurse/Assistant Dir Preventionist) state some upper respira	AM V3 (Registered ector of Nurses/Infection d, "I decided we have had tory infections lately, so I am sk to be careful." V3 did not					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		. ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
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		IL6004402			05/3	1/2024
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S9999	Continued From pa	ge 3	S9999			
	asked to remain in On 5/28/24 at 3:15 Nurse) stated, "This	PM V6 (Licensed Practical s is ridiculous. We have had				
	of weeks because i	is building for the past couple t is that time of year. Nothing than (Survey Agency) coming ." V6 stated, "(R53) is very o stay in his room."				
	is this all about? I h coughing for at leas starting to feel bette am almost 100 yea rather eat in the din in my room looking I am so contagious still alive and able to	PM R53 stated, "What the hell ave been hacking and st a week and now that I am er. I have to stay in my room? I rs old, if I die, I die. I would ing room than be made to sit at the wall while I am eating. If, why is he (R62/roommate) to leave the room? This is ne here knows what the hell e chaos."				
	Nurse) stated, "(R5 in his room." V5 cornacking for the pas "Everyone has had (R53) actually soun one of them that we her room, and she	AM V5 (Licensed Practical 3) is very irritated with staying infirmed, "(R53) had been to week or so". V5 stated, that allergy cough going on. It were instructed to keep in sounds no different than she it understand the reasoning on				
	his room speaking Director) saying, "W I need to shower. I If the risk is mine, I	AM R53 was sitting inside of with V7 (Social Services When am I getting out of here? want to go to the dining room. will take it, if it is because I lik we may have killed				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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HILLCRI	EST HOME		INOIS HIGH\), IL 61254	NAY 82		
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S9999	Director) confirmed wanting information leave his room. V7 his roommate R62 independently and masks inside of the free to come and grand that she "didn't able to leave his roo RN/ADON/IP)." On 5/30/24 at 10:30 Nurse/Assistant Dir Preventionist) state because there had issues at the facility confirmed she instr R1, R21, R36, R43 related to upper resconfirmed she did tinvestigation into distatus or speaking of the residents whetheir rooms. V3 statupset, I just didn't his then." V3 confirmed into R53's respirate out of his room with not need to be kept R53 was "encourage 5/28/24 for lunch ar 5/29/24 for the breat	AM V7 (Social Services R53 had been upset and a regarding when he could confirmed that both R53 and are up and about their room neither of them was wearing room. V7 confirmed R62 was of from the room as he wished know when" R53 would be om. "That is up to (V3 O AM V3 (Registered ector of Nurses/Infection d she implemented masking been an "uptick" of respiratory v over the weekend. V3 ucted staff members to keep R53 and R59 in their rooms spiratory symptoms. V3 his prior to completing any uration of symptoms, fever with floor staff regarding status of were being asked to stay in ted, "I found out (R53) was ave time to investigate it right of that after her investigation ary status he could have come of a mask on himself and did in his room. V3 confirmed ged to stay in his room" on and supper meals and on akfast meal unnecessarily. V3. ted and I owe (R53) an	\$9999			

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