STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6004899	B. WING		11	/21/2024
AME OF PR	OVIDER OR SUPPLIER		DDRESS, CITY, STATE,	ZIP CODE		
ENNINGS	TERRACE		TH LASALLE A, IL 60505			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
S 000	Initial Comments		S 000			
	Annual Licensure Su	rvey for Sheltered Care				
S9999	Final Observations		S9999			
	Statement of Licensure Violations (1 of 2)					
	330.792b)1)					
	Section 330.792 Tes	ting for Legionella Bacteria				
	Guideline "Managing Associated with Build Centers for Disease "Toolkit for Controllin	be based on the ASHRAE the Risk of Legionellosis ding Water Systems" and the Control and Prevention's g Legionella in Common ". The policy shall include,				
	assessment to identi	conduct a facility risk fy potential Legionella and hogens in the facility water				
	The REQUIREMENT	was not met as evidenced				
	failed to ensure the fa performed that identi other opportunistic w	and record review, the facility acility had an assessment fies where Legionella and aterborne pathogens could all 27 residents that reside				
	The findings include:					
	On November 20, 20 (Maintenance Directo	24 at 11:12 AM, V6 or) stated, the facility does				
	ent of Public Health IRECTOR'S OR PROVIDER/ ally Signed	SUPPLIER REPRESENTATIVE'S SIGNATUR	, , , , , , , , , , , , , , , , , , ,	TITLE		(X6) DATE

OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
	IL6004899	B. WING		11	/21/2024
ROVIDER OR SUPPLIER			, ZIP CODE		
S TERRACE					
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
Continued From page	e 1	S9999			
opportunistic water b he is not aware of an being done in the las working at the facility using a specific comp assessment for Legic pathogens. V6 stated the company yet. V6 have an assessment specifically Legionella pathogens can poten there has not been a since he has been we Review of the facility control - Legionnaires November 1, 2018, la	orne pathogens. V6 stated, y Legionella assessment t 3 years that he has been v. V6 stated, they will be boary to do the facility's onella and other waterborne d, that they have not utilized stated, the facility does not that shows where a or other waterborne stially grow. V6 stated, that ny testing for Legionella orking at the facility. Ts Infection Prevention and s' disease policy dated acked any specific testing				
Legionnaires Disease 2018 showed the foll water management p Maintenance and Em Facility plan: Identifie which Legionella con Utilizing the facility la water systems using risk the hazardous co systems pose-develo per the CDC toolkit. applied as needed to conditions, whenever	e policy dated November 1, owing: Procedure: the program is maintained by the vironmental Services staff. es building water systems for trol measures are needed- yout to describe the building text. b. Assesses how much onditions in those water oping a building flow diagram c. Control measures will be reduce the hazardous r possible to prevent				
	ROVIDER OR SUPPLIER STERRACE SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From pag not have an assessm opportunistic water b he is not aware of an being done in the las working at the facility using a specific comp assessment for Legio pathogens. V6 stated the company yet. V6 have an assessment specifically Legionell pathogens can potent there has not been a since he has been wo Review of the facility' control - Legionnaire November 1, 2018, la protocols or acceptation measures. The facility's Infectiont Legionnaires Disease 2018 showed the foll water management p Maintenance and En Facility plan: Identifier which Legionella cond Utilizing the facility la water systems using risk the hazardous co systems pose-develor per the CDC toolkit. applied as needed to conditions, whenever Legionella growth an	IDENTIFICATION NUMBER: IL6004899 ROVIDER OR SUPPLIER STERRACE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 not have an assessment for Legionella or other opportunistic water borne pathogens. V6 stated, he is not aware of any Legionella assessment being done in the last 3 years that he has been working at the facility. V6 stated, they will be using a specific company to do the facility's assessment for Legionella and other waterborne pathogens. V6 stated, that they have not utilized the company yet. V6 stated, the facility does not have an assessment that shows where specifically Legionella or other waterborne pathogens can potentially grow. V6 stated, that there has not been any testing for Legionella since he has been working at the facility. Review of the facility's Infection Prevention and control - Legionnaires' disease policy dated November 1, 2018, lacked any specific testing protocols or acceptable ranges for any control measures. The facility's Infection Prevention & Control - Legionnaires Disease policy dated November 1, 2018 showed the following: Procedure: the water management program is maintained by the Maintenance and Environmental Services staff. Facility plan: Identifies building water systems for which Legionella control measures are needed- Utilizing the facility layout to describe the building water systems using text. b. Assesses how much risk the hazardous conditions in those water systems pose-developing a building flow diagram per the CDC toolkit. c. Control measures will be applied as needed to reduce the hazardous conditions, whenever possible to prevent Legionella growth and spread. </td <td>of CORRECTION IDENTIFICATION NUMBER: A. BUILDING: IL6004899 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 1 S9999 not have an assessment for Legionella or other opportunistic water borne pathogens. V6 stated, he is not aware of any Legionella assessment being done in the last 3 years that he has been working at the facility. V6 stated, they will be using a specific company to do the facility's assessment for Legionella and other waterborne pathogens. V6 stated, thet hey have not utilized the company yet. V6 stated, the facility's assessment for Legionella or other waterborne pathogens can potentially grow. V6 stated, that there has not been any testing for Legionella since he has been working at the facility. Review of the facility's Infection Prevention and control - Legionnaires' disease policy dated November 1, 2018, lacked any specific testing protocols or acceptable ranges for any control measures. The facility's Infection Prevention & Control - Legionnaires Disease policy dated November 1, 2018, showed the following: Procedure: the water management program is maintained by the Maintenance and Environmental Services staff. Facility plan: Identifies building water systems for which Legionella control measures are needed- Utilizing the facility layout to describe the building water systems using text. b. Assesses how much risk the hazardous conditions in those water systems pose-developing a building flow diagram per the CDC toolkit. c. Control measures will be applied as needed to reduce the haz</td> <td>OP CORRECTION IDENTIFICATION NUMBER: A BUILDING: IL6004899 STREET ADDRESS, CITY, STATE, ZIP CODE 275 SOUTH LASALLE AURORA, IL 60505 275 SOUTH LASALLE AURORA, IL 60505 SUMMARY STATEMENT OF DEFICIENCIES (RACH DEFICIENCY WITH EMPROPERATION) ID PROVIDER'S PLANC (RACH DEFICIENCY WITH EMPROPERATION) Of the South of the South State Preficiencies (RACH OPERCIENCY WITH EMPROPERATION) ID PROVIDER'S PLANC (CROSS-REFERENCED TO CONTINUED FROM DEFICIENCIES (RACH OPERCIENCY WITH EMPROPERATION) ID PROVIDER'S PLANC (CROSS-REFERENCED TO CONTINUED FROM DEFICIENCIES (RACH OPERCIENCY OR LSC IDENTIFYING INFORMATION) ID PROVIDER'S PLANC (CROSS-REFERENCED TO CONTINUED FROM DEFICIENCIES (RACH OPERCIENCY OR LSC IDENTIFYING INFORMATION) ID PROVIDER'S PLANC (CROSS-REFERENCED TO DEFICIE Continued From page 1 S9999 S1999 ID PROVIDER'S PLANC (CROSS-REFERENCED TO DEFICIE ID PROVIDER'S PLANC (CROSS-REFERENCED TO DEFICIE Continued From page 1 S9999 S1999 ID PROVIDER'S PLANC (CROSS-REFERENCED TO DEFICIE ID PROVIDER'S PLANC (CROSS-REFERENCED TO DEFICIE Continued From page 1 S1999 S1999 ID PROVIDER'S PLANC (CROSS-REFERENCED TO PROVIDER'S PLANC (CROSS-REFERENCED TO PROVIDER'S1000000000000000000000000000000000000</td> <td>OP CORRECTION IDENTIFICATION NUMBER: A BUILDING: </td>	of CORRECTION IDENTIFICATION NUMBER: A. BUILDING: IL6004899 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 1 S9999 not have an assessment for Legionella or other opportunistic water borne pathogens. V6 stated, he is not aware of any Legionella assessment being done in the last 3 years that he has been working at the facility. V6 stated, they will be using a specific company to do the facility's assessment for Legionella and other waterborne pathogens. V6 stated, thet hey have not utilized the company yet. V6 stated, the facility's assessment for Legionella or other waterborne pathogens can potentially grow. V6 stated, that there has not been any testing for Legionella since he has been working at the facility. Review of the facility's Infection Prevention and control - Legionnaires' disease policy dated November 1, 2018, lacked any specific testing protocols or acceptable ranges for any control measures. The facility's Infection Prevention & Control - Legionnaires Disease policy dated November 1, 2018, showed the following: Procedure: the water management program is maintained by the Maintenance and Environmental Services staff. Facility plan: Identifies building water systems for which Legionella control measures are needed- Utilizing the facility layout to describe the building water systems using text. b. Assesses how much risk the hazardous conditions in those water systems pose-developing a building flow diagram per the CDC toolkit. c. Control measures will be applied as needed to reduce the haz	OP CORRECTION IDENTIFICATION NUMBER: A BUILDING: IL6004899 STREET ADDRESS, CITY, STATE, ZIP CODE 275 SOUTH LASALLE AURORA, IL 60505 275 SOUTH LASALLE AURORA, IL 60505 SUMMARY STATEMENT OF DEFICIENCIES (RACH DEFICIENCY WITH EMPROPERATION) ID PROVIDER'S PLANC (RACH DEFICIENCY WITH EMPROPERATION) Of the South of the South State Preficiencies (RACH OPERCIENCY WITH EMPROPERATION) ID PROVIDER'S PLANC (CROSS-REFERENCED TO CONTINUED FROM DEFICIENCIES (RACH OPERCIENCY WITH EMPROPERATION) ID PROVIDER'S PLANC (CROSS-REFERENCED TO CONTINUED FROM DEFICIENCIES (RACH OPERCIENCY OR LSC IDENTIFYING INFORMATION) ID PROVIDER'S PLANC (CROSS-REFERENCED TO CONTINUED FROM DEFICIENCIES (RACH OPERCIENCY OR LSC IDENTIFYING INFORMATION) ID PROVIDER'S PLANC (CROSS-REFERENCED TO DEFICIE Continued From page 1 S9999 S1999 ID PROVIDER'S PLANC (CROSS-REFERENCED TO DEFICIE ID PROVIDER'S PLANC (CROSS-REFERENCED TO DEFICIE Continued From page 1 S9999 S1999 ID PROVIDER'S PLANC (CROSS-REFERENCED TO DEFICIE ID PROVIDER'S PLANC (CROSS-REFERENCED TO DEFICIE Continued From page 1 S1999 S1999 ID PROVIDER'S PLANC (CROSS-REFERENCED TO PROVIDER'S PLANC (CROSS-REFERENCED TO PROVIDER'S1000000000000000000000000000000000000	OP CORRECTION IDENTIFICATION NUMBER: A BUILDING:

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	IL6004899				11/21/2024	
NAME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		1/21/2024
JENNINGS	S TERRACE		JTH LASALLE			
			A, IL 60505			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pag	e 2	S9999			
	330.3160b)8)9)					
	Section 330.3160 Pl	lumbing				
	b) The following standards shall be used as a guide to determine satisfactory compliance of individual fixtures:					
	arranged to provide I	ution systems shall be not water of at least 100 at each hot water outlet at all				
		ble to residents at shower, shing facilities shall not Fahrenheit.				
	The REQUIREMENT	「was not met as evidenced				
	review, the facility fai adequate and safe h applies to 7 of 7 resid	n, interview, and record iled to ensure residents had ot water temperatures. This dents (L2, L4, L5, L6, L7, L8, quate and safe hot water sample of 9.				
	The findings include:					
	that he has been cor has not been hot for week they had some	24 at 11:55 AM, L2 stated nplaining that the hot water 2 weeks. L2 stated last one come out and they fixed en it stopped working again.				
	On November 18, 20 nent of Public Health	24 at 3:47 PM with V6				

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6004899	B. WING		11	/21/2024
IAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
JENNING	S TERRACE		ITH LASALLE A, IL 60505			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From page	e 3	S9999			
	(Maintenance Director) the hot water temperatures in the resident's bathroom vanities were checked with the facility's thermometer that V6 stated was calibrated. The following hot water temperatures were obtained: L2's room was warm to touch and left running; at 3:49 PM the hot water temperature in L2's room was 92 degrees Fahrenheit. V6 stated the water temperature in the sheltered care facility should be 101-120 range. On November 18, 2024 at 3:53 PM, L9 stated his hot water is not very hot and has been that way for more than a week. L9 stated the water used to be boiling hot. The hot water in L9's room was 91 degrees Fahrenheit. On November 18, 2024 at 3:55 PM, the hot water temperature in L7's room was 83.3 degrees Fahrenheit. On November 18, 2024 at 4:00 PM, the hot water temperature in L8's room was 136 degrees Fahrenheit.					
	another round of hot obtained the following from the residents ba water temperature w the hot water temper degrees Fahrenheit a	24 at 4:45 PM, during water temperature checks g hot water temperatures athroom vanities: L5's hot as 132 degrees: at 4:48 PM ature in L6's room was 133.3 and at 4:52 PM the hot water oom was 133.0 degrees				
	they do not have a po temperature on the s aware of a state regu on the sheltered care	heltered care side nor is he ulation for water temperature e side. V6 stated they called v to come out and check to				
		024 at 2:58 PM, the hot water hecked with the facility's				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			B. WING				
		I	ADDRESS, CITY, STATE		11	1/21/2024	
	OVIDER OR SUPPLIER		JTH LASALLE	, ZIP CODE			
INNINGS	TERRACE		A, IL 60505				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
S9999	Continued From page	e 4	S9999				
	following temperature resident's bathroom v temperature was 122 PM L5's hot water te degrees Fahrenheit; temperature was 122	stated was calibrated. The es were obtained from the vanities: L8's hot water 2 degrees Fahrenheit; at 3:02 mperature was 120.7 at 3:05 PM L6's hot water 2 degrees Fahrenheit, and at ter temperature was 120.9					