

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011787	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/06/2025
NAME OF PROVIDER OR SUPPLIER EMERALD ESTATES		STREET ADDRESS, CITY, STATE, ZIP CODE 1577 EAST MYRTLE CANTON, IL 61520		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	COMMENTS Licensure Survey	Z 000		
Z9999	FINDINGS Statement of Licensure Violations 1 of 9: 350.1420a) Section 350.1420 Compliance with Licensed Prescriber's Orders a) All medications shall be given only upon the written, facsimile or electronic order of a licensed prescriber. The facsimile or electronic order of a licensed prescriber shall be authenticated by the licensed prescriber within 10 calendar days, in accordance with Section 350.1610. All such orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered by the licensed prescriber and at the designated time. These regulations were not met as evidenced by: Based on observation, record review and interview, the facility failed to administer medications as prescribed for seven of seven individuals (R7, R8, R9, R10, R13, R15, R16) outside the sample of three observed during medication administration. Findings include: Resident roster provided on 12/30/2024 identifies R7, R8, R9, R10, R13, R15, R16 as individuals who reside at the facility. Facility Rule 116 Policy and Procedure undated	Z9999		

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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Z9999	<p>Continued From page 1</p> <p>includes," Section 116.70 Medication Administration Record and Required Documentation a) All orders shall be given as prescribed by the physician and at the designated time."</p> <p>1) POS (physicians order sheet) dated 11/01/2024 identifies R7 as an individual who functions at the Moderate level of Intellectual Disability and has diagnoses of Generalized Pain, Osteopenia and muscle spasms.</p> <p>R7's POS includes Alendondrate sodium 70mg (milligrams) tablet weekly on Monday at 6am before breakfast and 1 hour before other medications, Aspirin 81mg tablet daily at 7am, Baclofen 20mg tablet daily at 7am, 4pm, 8pm, Calcium 600mg tablet at 7am, 4pm, 8pm, Gabapentin 300mg capsules daily at 7am, 4pm, 8pm, Goodsense Clearlax powder 17 grams in 8oz (ounces) of liquid at 7am and 8pm, Meloxicam 15mg tablet daily at 7am, Omeprazole 20mg capsule daily at 7am, Tizanidine HCL (Hydrochloric Acid) 4mg tablet daily at 7am and 8pm.</p> <p>On 12/30/2024 at 8:42am E4 RSD/ADSP (Residential Service Director/Authorized Direct Support Person) administered R7's Aspirin, Baclofen, Calcium, Gabapentin, Meloxicam, Omeprazole, Tizanidine, and Miralax.</p> <p>2) POS dated 11/01/2024 identifies R8 as an individual who functions at Mild level of Intellectual Disability and has diagnoses of Hypertension, GERD (Gastroesophageal reflux disease), and Constipation.</p> <p>R8's POS includes Amlodipine Besylate 10 mg tablet daily at 7am, Colace 100 mg, two capsules</p>	Z9999		

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Z9999	<p>Continued From page 3</p> <p>Depression with Psychosis, History of Seizures, Generalized Anxiety Disorder.</p> <p>R10's POS includes Depakote ER (Extended release) 500 mg tablet daily at 7am and 8pm, Colace 100 mg capsule daily at 7am, Fluoxetine 20 mg capsule daily at 7am with Fluoxetine 40 mg capsule daily at 7am, Levothyroxine 75 mcg tablet daily at 7am, Lorazepam 0.5 mg tablet daily at 7am and 4pm, Oxybutynin Chloride ER 10 mg tablet daily at 7am, Polyethylene Glycol Powder 17 grams daily in 8 ounces of water or juice at 8am.</p> <p>On 12/30/2024 at 8:25am E4 RSD/ADSP administered R10's Polyethylene Glycol Powder, Fluoxetine, Lorazepam, Depakote ER, Colace, Levothyroxine, and Oxybutynin Chloride ER.</p> <p>5) POS dated 11/01/2024 identifies R13 as an individual who functions at Mild level of Intellectual Disability and has diagnoses of Psoriasis, Anxiety, and Autism.</p> <p>R13's POS includes Calcitrol 0.5 mcg capsule daily at 7am, Cerave Moisturizing Cream topically daily at 7am and 4pm, Levothyroxine 125 mcg tablet daily at 7am, Nystatin 10,000 units per gram powder topically daily at 7am, 4pm, 8pm, Oxcarbazepine 300 mg tablet daily at 7am and 4pm, Venlafaxine HCL 75 mg tablet daily at 7am and 4pm.</p> <p>On 12/30/2024 at 8:25am E4 RSD/ADSP administered R13's Cerave Moisturizing Cream.</p> <p>6) POS dated 11/01/2024 identifies R15 as an individual who functions at Mild level of Intellectual Disability and has diagnoses of Cardiac Murmurs, Type 2 Diabetes Mellitus, and</p>	Z9999		

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Z9999	<p>Continued From page 4</p> <p>Bipolar Disorder.</p> <p>R15's POS includes Eliquis 5 mg tablet daily at 7am and 4pm, Jardiance 10 mg tablet daily at 7am, Sertraline HCL 100 mg tablet daily at 7am.</p> <p>On 12/30/2024 at 8:05am E4 RSD/ADSP administered R15's Eliquis, Jardiance, and Sertraline HCL.</p> <p>7) POS dated 11/01/2024 identifies R16 as an individual who functions at Severe level of Intellectual Disability and has diagnoses of Hypothyroidism, Seizure Disorder, and Osteoporosis.</p> <p>R16's POS includes Alendronate Sodium 70 mg tablet on Mondays at 7am, Calcium + D3 600-200 mg tablet daily at 7am and 8pm, Divalproex Sodium DR 250 mg tablets, 2 tablets daily at 7am and 8pm, Fluticasone 50 mcg nasal spray, two sprays into both nostrils daily at 7am, Levothyroxine 125 mcg tablet daily at 7am, Metronidazole 0.75% cream topically to face daily at 7am, Minerin Crème topically daily at 7am, 4pm, 8pm, Multivitamin tablet daily at 7am.</p> <p>On 12/30/2024 at 8:34am E4 RSD/ADSP administered R16's Minerin Crème, Metronidazole, Alendronate Sodium, Calcium + D3, Divalproex Sodium DR, Levothyroxine, Multivitamin and Fluticasone nasal spray.</p> <p>On 12/30/2024 at 9:12am E4 RSD/ADSP confirms 'med pass window is one hour before or after meds are scheduled per doctor's orders.'</p> <p>On 12/31/2024 at 2:06pm E3 RNT confirms 'med administration times are one hour before or one hour after the time the med is ordered.'</p>	Z9999		

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Z9999	<p>Continued From page 5</p> <p>"B"</p> <p>Statement of Licensure Violations 2 of 9: 350.1440a)</p> <p>Section 350.1440 Labeling and Storage of Medications a) All medications for all residents shall be properly labeled and stored at or near the nurses' station in a locked cabinet, in a locked medication room, or in one or more locked mobile medication carts of satisfactory design for such storage. (See subsections (f) and (g) of this Section.)</p> <p>These regulations were not met as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to ensure medications were stored securely, potentially impacting all 16 individuals who reside in the facility (R1-R16).</p> <p>Findings include:</p> <p>Resident roster provided on 12/30/2024 identifies (R1-R16) as individuals who reside at the facility.</p> <p>Facility Rule 116 Policies and Procedure undated includes, "Section 116.80 Storage and Disposal of Medications a) All medications shall be stored in locked compartments or within the locked medicine container, cabinet or closet."</p> <p>On 12/30/2024 at 9:11am E4 RSD/ADSP (Residential Service Director/Authorized Direct Support Person) pulled a cardboard box down from the top of an unsecured bookshelf in RSD's office. Box contained medication cards of</p>	Z9999		

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Z9999	<p>Continued From page 6</p> <p>Baclofen 20 mg(milligrams) x 6 tablets, Calcium 600 mg x 62 tablets, Simvastatin 20 mg x 31 tablets and Tizanidine 4 mg x 31 tablets for R7.</p> <p>On 12/30/2024 at 9:13am E4 RSD/ADSP confirmed 'Medications in box were (R7's) discontinued medications, only med trained staff should have access to meds, RSD's office door stays unlocked, and all staff have access to this office.'</p> <p>On 12/31/2024 at 2:10pm E3 RNT confirmed 'all medications have to be in locked container or cabinet. Only authorized staff and the nurse are to have access to medications.' When E3 asked if a box of medications sitting on the top of a bookshelf in the RSD's office would be considered secured, E3 stated "no."</p> <p>"C"</p> <p>Statement of Licensure Violations 3 of 9: 350.2020a)1)</p> <p>Section 350.2020 Housekeeping a) Every facility shall have an effective plan for housekeeping including sufficient staff, appropriate equipment, and adequate supplies. Each facility shall: 1) Keep the building in a clean, safe, and orderly condition. This includes all rooms, corridors, attics, basements, and storage areas.</p> <p>These regulations were not met as evidenced by:</p> <p>Based on observation, record review and interview the facility failed to ensure a sanitary living environment in one male bathroom and one female bedroom, potentially impacting all 16 individuals residing in the facility. (R1-R16).</p>	Z9999		

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Z9999	<p>Continued From page 7</p> <p>Findings include:</p> <p>Resident roster provided on 12/30/24 identifies R1-R16 reside in facility.</p> <p>On 12/30/24 at 6:27 am, men's bathroom with walk in shower, black/brown substance that appears to be mold speckled throughout entire ceiling and black substance that appears to be mold speckled on approximately one-fourth of top are of walls.</p> <p>On 12/31/24 at 7:34 am, R12 and R13's room. Areas of black substance that appears to be mold in corner above double window to left, along middle and bottom section of window frame, four areas on ceiling above double window from corner to approximately middle of double window with one area covering approximately one foot by one and a half feet from wall towards center of room on ceiling and an area approximately 3 x 5 inches around sprinkler on ceiling above R13's bed.</p> <p>On 12/31/24 at 7:51 am, E8 (Food Service Supervisor/Authorized Direct Support Person) confirmed dehumidifiers in hallway of women and men's side of facility are to be maintained by staff.</p> <p>On 12/31/24 at 11:32 am, E1 (Administrator) confirms black/brown substance in men's bathroom and R12 & R13's room looks like mold, is not acceptable and would not be considered a sanitary living environment. E1 states 'facility has had issues with the moisture, staff is to maintain dehumidifiers' and confirms both dehumidifiers are full at this time.</p> <p>"B"</p>	Z9999		

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Z9999	<p>Continued From page 8</p> <p>Statement of Licensure Violations 4 of 9: 350.2020d)</p> <p>Section 350.2020 Housekeeping d) All cleaning compounds, insecticides, and all other potentially hazardous compounds or agents shall be stored in locked cabinets or rooms.</p> <p>These regulations were not met as evidenced by:</p> <p>Based on observation and interview the facility failed to ensure the chemicals were locked in storage room, potentially impacting all 16 individuals residing at the facility, (R1 - R16).</p> <p>Findings include:</p> <p>Resident roster provided on 12/30/24 identifies R1 - R16 reside in the facility.</p> <p>Facility Housekeeping plan, undated, includes, 'All cleaning compounds, insecticides, and all potentially hazardous materials or agents shall be stored in locked cabinets or rooms.'</p> <p>On 12/30/24 at 5:54 am the mechanical room containing the following: one housekeeping cart with glass cleaner, toilet bowl cleaner, carpet cleaner, bathroom cleaner, disinfectant spray, and disinfecting wipes sitting on top of it. Wire shelving containing: hand sanitizer: 11 ten ounce bottles and two 32 ounce bottles, one 105 fluid ounce bottle of laundry soap, 12 - 23.6 fluid ounces bottles of (fabric spray), One 32 fluid ounce bottle of glass cleaner, two one gallon bottles of bleach, one bottle of red liquid with no label, 3 two liter bottles of disinfectant germicidal detergent (one with no lid), three 50 fluid ounce bottles of liquid hand soap, 4 1200 ml (milliliter)</p>	Z9999		

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Z9999	<p>Continued From page 9</p> <p>bottles of foaming handwash, three 32 ounce bottles of isopropyl alcohol, six containers of disinfecting wipes, five 19 ounce cans of disinfecting spray, ten 12.5 ounces of furniture polish, six 19 ounce bottles of glass cleaner, three one gallon bottles of bleach, 24 19 ounce cans of germicidal cleaner, three 28 ounce bottles of disinfecting cleaner, six 20 ounce bottles of bathroom grime fighter, six 21 ounce cans of bleach powder, one 12 ounce can of (lubricating spray), two cans of bed bug killer, one spray bottle of bed bug killer, one 11 ounce can of (penetrating lubricant) and one - one gallon bottle of floor cleaner was unlocked.</p> <p>On 12/31/24 at 11:25 am, E1 (Administrator) confirmed all chemicals are to be locked up.</p> <p>"C"</p> <p>Statement of Licensure Violations 5 of 9: 350.3320b)</p> <p>Section 350.3320 Confidentiality b) Confidential medical, social, personal, or financial information identifying a resident shall not be available for public inspection in a manner which identifies a resident. (Section 2-206(b) of the Act)</p> <p>These regulations were not met as evidenced by:</p> <p>Based on observation, record review and interview the facility failed to ensure individuals information was kept confidential, impacting all 16 individuals residing in the facility (R1-R16).</p> <p>Findings include:</p>	Z9999		

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Z9999	<p>Continued From page 10</p> <p>Facility roster provided on 12/30/24 identifies R1-R16 reside in facility.</p> <p>On 12/30/24 at 7:27 am, two laminated papers containing (R1 - R16's) names, social security numbers, date of birth, Medicare number, Medicaid number, doctor, guardian information and admit date is taped to the wall above a desk, in common area near the dining room and rear exit.</p> <p>On 12/31/24 at 11:27 am, E1 (Administrator) confirmed visitors have access to all doors and common areas and confidential information including individual's social security numbers, Medicare numbers and Medicaid numbers should not be hung in a public area in the facility.</p> <p>"C"</p> <p>Statement of Licensure Violations 6 of 9: 350.3920f)</p> <p>Section 350.3920 Stairways, Vertical Openings and Doorways f) All required exit doors shall be free from any obstruction, chain locking, or holding device.</p> <p>These regulations were not met as evidenced by:</p> <p>Based on observation, record review and interview the facility failed to ensure a fire exit door was free from obstruction when two shower chairs, a vacuum and two totes were sitting in front of fire exit, potentially impacting all 16 residents (R1 - R16).</p> <p>Findings include:</p> <p>Resident roster provided on 12/30/24 identifies</p>	Z9999		

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Z9999	<p>Continued From page 11</p> <p>R1-R16 reside in facility.</p> <p>Facility Fire Policies and Procedures dated 12/2019 includes, 'Ensure all exits are clear and free of debris.'</p> <p>On 12/30/24 at 5:53 am two large blue totes and one vacuum sitting in front of fire exit door on women's side of facility.</p> <p>On 12/31/24 at 7:16 am two large blue totes, one dark gray shower chair without arms, one light gray shower with arms, and one vacuum sweeper sitting in front of fire exit door on women's side of facility.</p> <p>On 12/31/24 at 11:30 am E1 (Administrator) confirmed all emergency exits should be free from obstruction stating, 'Exits should not be blocked.'</p> <p>"C"</p> <p>Statement of Licensure Violations 7 of 9: 350.625e) 350.625f)</p> <p>Section 350.625 Determination of Need Screening and Request for Resident Criminal History Record Information e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons seeking admission to the facility. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State</p>	Z9999		

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Z9999	<p>Continued From page 12</p> <p>Police. (Section 2-201.5(b) of the Act)</p> <p>f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.illinois.gov/idoc/Pages/default.aspx to determine if the individual is listed as a registered sex offender.</p> <p>These regulations were not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to provide evidence of the required criminal history background check, the Illinois Sex Offender Registration check and the Illinois Department of Corrections sex registrant search for R2, R3, R4, R8 and R12, potentially impacting all 16 individuals residing at the facility, (R1 - R16).</p> <p>Findings include:</p> <p>Resident roster provided on 12/30/24 identifies R1-R16 reside in facility.</p> <p>Facility unable to provide evidence of required criminal history background checks, the Illinois Sex Offender Registration and the Illinois Department of Corrections for R2, R3, R4, R8 and R12.</p> <p>On 12/31/24 at 9:56 am, E4 (RSD/Residential Service Director) confirmed no further background information is available for R2, R3, R4, R8 and R12.</p> <p>On 12/31/24 at 9:58 am, E1 (Administrator) confirmed no further background information is available for R2, R3, R4, R8 and R12.</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011787	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/06/2025
NAME OF PROVIDER OR SUPPLIER EMERALD ESTATES		STREET ADDRESS, CITY, STATE, ZIP CODE 1577 EAST MYRTLE CANTON, IL 61520		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z9999	<p>Continued From page 13</p> <p>"C"</p> <p>Statement of Licensure Violations 8 of 9: 350.680a)</p> <p>Section 350.680 Direct Support Persons (DSP) a) A facility shall not employ an individual as a nursing assistant, habilitation aide, home health aide, a developmental disabilities aide, or a direct support person, or newly hired as an individual who may have access to a resident, a resident's living quarters, or a resident's personal, financial, or medical records, unless the facility has checked the Department's Health Care Worker Registry and the individual is listed on the Health Care Worker Registry as eligible to work for a health care employer. The facility shall not employ an individual as a nursing assistant, habilitation aide, a developmental disabilities aide, or a direct support person, if that individual is not on the registry unless the individual is enrolled in a training program under Section 3-206 (a)(5) of the Act and Section 350.683. (Section 3-206.01 of the Act)</p> <p>These regulations were not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to screen two of five employees to ensure Health Care Worker Registry eligibility to work prior to employment, potentially impacting all 16 individuals residing at the facility (R1-R16).</p> <p>Findings include:</p> <p>Staff list, undated, identifies E6 (Unit Director) and E7 (Authorized Direct Support Person) as employees of (Facility).</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011787	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/06/2025
NAME OF PROVIDER OR SUPPLIER EMERALD ESTATES		STREET ADDRESS, CITY, STATE, ZIP CODE 1577 EAST MYRTLE CANTON, IL 61520		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z9999	<p>Continued From page 14</p> <p>Facility is unable to provide evidence of the required Health Care Worker Registry check completion for E6 and E7.</p> <p>On 12/31/24 at 9:56 am, E4 (RSD/Residential Service Director) confirmed no further background information is available for E6 and E7.</p> <p>On 12/31/24 at 9:58 am, E1 (Administrator) confirmed no further background information is available for E6 and E7.</p> <p>"C"</p> <p>Statement of Licensure Violations 9 of 9: 350.681</p> <p>Section 350.681 Health Care Worker Background Check A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code.</p> <p>These regulations were not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to provide evidence of the required IDOC (Illinois Department of Corrections) Sex Registrant, IDOC Wanted Fugitives and National Sex Offender background check search completion for one of five employees reviewed for Health Care Worker Background check, potentially impacting all 16 individuals residing at the facility, (R1 - R16).</p> <p>Findings include:</p> <p>Staff list, undated, identifies E6 (Unit Director) as</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011787	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/06/2025
NAME OF PROVIDER OR SUPPLIER EMERALD ESTATES		STREET ADDRESS, CITY, STATE, ZIP CODE 1577 EAST MYRTLE CANTON, IL 61520		
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Z9999	Continued From page 15 an employee of (Facility). Facility is unable to provide evidence of the required eligible to work Health Care Worker Registry check completion for E6. On 12/31/24 at 9:56 am, E4 (RSD/Residential Service Director) confirmed no further background information is available for E6. On 12/31/24 at 9:58 am, E1 (Administrator) confirmed no further background information is available for E6. "C"	Z9999		