

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003875	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/29/2025
NAME OF PROVIDER OR SUPPLIER SERENITY ESTATES AT MORRIS		STREET ADDRESS, CITY, STATE, ZIP CODE 1223 EDGEWATER MORRIS, IL 60450		
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S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of 3 300.610 a) 300.696 e) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.696 e) Infection Prevention and Control e) The facility shall establish an infection prevention and control program (IPCP) that includes, at a minimum, an antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use. These requirements were not met as evidenced by: Based on interview and record review, the facility failed to follow their Antibiotic Stewardship	S9999		

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

Electronically Signed

TITLE

(X6) DATE

06/10/25

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S9999	<p>Continued From page 1</p> <p>Program policy and procedure.</p> <p>This applies all 111 residents residing in the facility.</p> <p>The findings include:</p> <p>On May 29, 2025, at 12:24 PM, V6 (ADON/Assistant Director of Nursing) said she only uses the McGeer criteria (surveillance tool) for residents with UTIs (Urinary Tract Infections). She uses the McGeer criteria while the resident is on an antibiotic or after finishing the antibiotic and not before the antibiotic is started, because they want to treat the symptoms and not the infection. V6 said the McGeer Criteria basically helps to identify and confirm if the resident has a "true" UTI based on symptoms. Once the culture comes back, if the current antibiotic is not the correct one based on sensitivity from the culture results, V6 said will call the physician and then get a new order for the correct antibiotic. V6 said there are four different McGeer Surveillance checklist that she has. V6 provided McGeer Surveillance Checklist for the following: UTIs, Skin and Soft tissue infections, Gastrointestinal, and Respiratory Tract Infections. V6 said she monitors infections in the facility by checking the EMR (Electronic Medical Record) dashboard to see if there have been any new orders for antibiotics.</p> <p>On May 29, 2025, at 1:02 PM, V2 (DON/Director of Nursing) said, "The purpose of the Antibiotic Stewardship program is to allow us to take charge of antibiotic usage in the facility. We don't want there to be an over usage of antibiotics because that can lead to antibiotic resistance and bacteria becoming less susceptible to antibiotic treatment. (V6) is good to call a provider and ask</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>them why a resident is on an antibiotic and will make sure that antibiotic matches the infection. The McGeer criteria is used to determine if an antibiotic is needed for a resident with a UTI. The McGeer criteria is to be used prior to the start of an antibiotic, and can be used for other infections and not just UTIs. Currently infections are monitor by (V6) talking to the nurses to see if any improvement in resident(s) on antibiotics."</p> <p>Facility provided their undated policy titled, "Antibiotic Stewardship Program." The policy showed, "It is the policy of this facility to implement an Antibiotic Stewardship Program as part of the facility's overall infection prevention and control program. The purpose of the program is to optimize the treatment of infections while reducing the adverse events associated with antibiotic use4. The program includes antibiotic use protocols and a system to monitor antibiotic use. a. Antibiotic use protocols:iii. The facility uses the (CDC's NHSN Surveillance Definitions, updated McGeer criteria, or other surveillance tool) to define infections. iv. The Loeb minimum Criteria may be used to determine whether to treat an infection with antibioticsb. Monitoring antibiotic use: i. Monitor response to antibiotics, and laboratory results when available, to determine if the antibiotic is still indicated or adjustments should be made (e.g.,antibiotic time-out)5. Nursing will monitor the initiation of antibiotics on residents and conduct an "antibiotic time-out" within 48-72 hours of antibiotic therapy to monitor response to the antibiotic and laboratory results and will consult the practitioner to determine if the antibiotic is to continue or if adjustments need to be made based on the findings11. Documentation related to the program is maintained by the Infection Preventionist,</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>including, but not limited to: ...b. Assessment forms. c. antibiotic use protocols/algorithms. d. Data collection forms for antibiotic use, process, and outcome measures"</p> <p>(C) 2 of 3</p> <p>300.610 a) 300.615 f)</p> <p>Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.615 f) Determination of Need Screening and Request for Resident Criminal History Record Information. 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.idoc.state.il.us to determine if the individual is listed as a registered sex offender.</p> <p>These REQUIREMENTS were not met as evidenced by:</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>Based on interview and record review, the facility failed to ensure that Illinois Department of Corrections (IDOC) Sex Registrant searches were completed for newly admitted residents.</p> <p>This applies to 10 of 10 residents (R2, R10, R11, R12, R13, R14, R15, R16, R17, and R18) reviewed for criminal background checks in the sample of 18.</p> <p>The findings include:</p> <p>On May 28, 2025, at 2:09 AM and 4:45 PM, V4 (Admissions Director) stated she is responsible for the background checks for newly admitted residents. V4 stated she does not check the IDOC sex registrant search for new admissions.</p> <p>Review of the background checks received from the facility for the following residents showed that none of them had IDOC sex registrant searches:</p> <ol style="list-style-type: none"> 1. The EMR (Electronic Medical Record) showed R2 was admitted to the facility on April 22, 2025. 2. The EMR (Electronic Medical Record) showed R10 was admitted to the facility on May 15, 2025. 3. The EMR (Electronic Medical Record) showed R11 was admitted to the facility on May 23, 2025. <p>The facility did not have any documentation to show R2 was checked on the IDOC Sex Registrant search page.</p> <p>The facility did not have any documentation to show R10 was checked on the IDOC Sex Registrant search page.</p> <p>The facility did not have any documentation to</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>show R11 was checked on the IDOC Sex Registrant search page.</p> <p>4. The EMR (Electronic Medical Record) showed R12 was admitted to the facility on March 24, 2025.</p> <p>The facility did not have any documentation to show that R12 was checked on the IDOC Sex Registrant search page.</p> <p>5. The EMR (Electronic Medical Record) showed R13 was admitted to the facility on March 25, 2025.</p> <p>The facility did not have any documentation to show R13 was checked on the IDOC Sex Registrant search page.</p> <p>6. The EMR (Electronic Medical Record) showed R14 was admitted to the facility on May 27, 2025.</p> <p>The facility did not have any documentation to show R14 was checked on the IDOC Sex Registrant search page.</p> <p>7. The EMR (Electronic Medical Record) showed R15 was admitted to the facility on May 27, 2025.</p> <p>The facility did not have any documentation to show R15 was checked on the IDOC Sex Registrant search page.</p> <p>8. The EMR (Electronic Medical Record) showed R16 was admitted to the facility on May 12, 2025.</p> <p>The facility did not have any documentation to show R16 was checked on the IDOC Sex Registrant search page.</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>9. The EMR (Electronic Medical Record) showed R17 was admitted to the facility on May 21, 2025.</p> <p>The facility did not have any documentation to show R17 was checked on the IDOC Sex Registrant search page.</p> <p>10. The EMR (Electronic Medical Record) showed R18 was admitted to the facility on May 20, 2025.</p> <p>The facility did not have any documentation to show R18 was checked on the IDOC Sex Registrant search page.</p> <p>The facility's Admission of a Resident Policy, dated 2025, showed the sex offender registry should be checked prior to a resident admitting to the facility.</p> <p>(C)</p> <p>3 of 3</p> <p>300.610 a) 300.700 b)1) 300.700 b)2)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.700 b)1)2) Testing for Legionella Bacteria</p> <p>b) The policy shall be based on the ASHRAE Guideline "Managing the Risk of Legionellosis Associated with Building Water Systems" and the Centers for Disease Control and Prevention's" Toolkit for Controlling Legionella in Common Sources of Exposure". The policy shall include, at a minimum:</p> <p>1) A procedure to conduct a facility risk assessment to identify potential Legionella and other waterborne pathogens in the facility water system;</p> <p>2) A water management program that identifies specific testing protocols and acceptable ranges for control measures; and</p> <p>These REQUIREMENTS were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to follow their policy and ensure a risk assessment was conducted that identifies where in the facility Legionella could grow and spread.</p> <p>This applies to all 111 residents that reside in the facility.</p> <p>The findings include:</p> <p>On May 29, 2025, at 5:30 PM, V1 (Administrator) stated she will look for and try to locate legionella information from the maintenance person.</p> <p>On May 29, 2025 at 9:06 AM, V5 (Maintenance) stated they had an assessment done last year,</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>but they cannot find it. By the end of the survey, the facility failed to submit a risk assessment that identifies where Legionella and other water-bourne pathogens could grow and spread.</p> <p>The facility's Water Management Program, dated 2024, showed the following: A risk assessment will be conducted by the water management team annually to identify where Legionella and other opportunistic waterborne pathogens could grow and spread in the facility's water systems.</p> <p>(C)</p>	S9999		