

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>6022178</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/11/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CLARK-LINDSEY VILLAGE, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>101 W WINDSOR RD URBANA, IL 61802</b>
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(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
A 000	Initial Comment  Annual Survey entered on 3/6/25 and exited on 3/11/25.  Violations: 295.2040: General violations 295.2050: General violations 295.3040: General violations 295.4010: General violations 295.4050: General violations 295.6000: General violations	A 000		
A2040	Section 295.2040 Disaster Preparedness  This Regulation is not met as evidenced by: Violation  Section 295.2040 Disaster Preparedness a) For the purpose of this Section, "disaster" means an occurrence, as a result of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of residents, personnel, and others present in the establishment. b) Each establishment shall:  c) At least six drills shall be conducted per year on a bimonthly basis. At least two of the drills shall be conducted during the night when residents are sleeping. All drills shall be held under varied conditions to: 1) Ensure that all personnel on all shifts are trained to perform assigned tasks; 2) Ensure that all personnel on all shifts are familiar with the use of the fire fighting equipment in the facility; 3) Evaluate the effectiveness of disaster plans,	A2040		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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A2040	<p>Continued From page 1</p> <p>procedures and training.</p> <p>d) The establishment shall conduct a tornado drill on each shift during February of each year for employees.</p> <p>e) Drills shall include residents, establishment personnel, and other persons in the establishment.</p> <p>f) Drills shall include making a general announcement throughout the establishment that a drill is being conducted or sounding an emergency alarm. Drills may be announced in advance to residents.</p> <p>d)The establishment shall conduct a tornado drill on each shift during February of each year for employees.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review the establishment failed to complete all fire drills and tornado drills as required per regulation requirements.</p> <p>Findings include:</p> <p>Interview: E1 confirmed that the facility had not complete all the annual requirements and the documentation presented was all that was available.</p> <p>Record Review: The establishment only completed one tornado drill on the 1st shift on 2/27/25. No other tornado drills were completed. The establishment only completed fire drills for the months of March, June, August, October, and November of 2024. No other drills had been completed.</p>	A2040		

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A2050	Continued From page 2	A2050		
A2050	<p>Section 295.2050 Incident and Accident Reporting</p> <p>This Regulation is not met as evidenced by: Violation</p> <p>Section 295.2050 Incident and Accident Reporting</p> <p>a) An establishment shall report to the Department an incident or accident that has a significant negative effect on a resident's health, safety or welfare. A significant negative effect shall be assumed whenever an unplanned or unscheduled visit to a hospital is necessary as a result of that incident or accident, treatment is provided, and follow-up care is required.</p> <p>b) The report shall be made by contacting the Department of Public Health Assisted Living Complaint Registry or by fax or by other electronic means within 24 hours after the occurrence of the incident or accident.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview and record review the establishment failed to report a resident injury as required per regulation requirements.</p> <p>Findings include:</p> <p>Observation: On 3/7/24 it was noted that R1 had a large bruise on the side of their face with a bandage covering it.</p>	A2050		

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A2050	Continued From page 3  Interview: E1 confirmed that the facility had not complete the reporting requirements and the documentation presented was valid.  Record Review: Progress notes from 2/16/25 stated that R1 was found on the floor of a hallway and did not have their walker with them. Injury was noted to R1's face.	A2050		
A3040	Section 295.3040 Health Care Worker Background Check  This Regulation is not met as evidenced by: Violation  Section 295.3040 Health Care Worker Background Check An establishment shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code. (Source: Amended at 36 Ill. Reg. 13632, effective August 16, 2012)  These requirements were not met as evidenced by:  Based on interview and record review the establishment failed to complete annual health care worker background checks as required on all employees sampled.  Findings include:  Interview: E1 confirmed that the facility had not had the completed annual health care worker	A3040		

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A3040	Continued From page 4  background checks as required on employees. E1 had no documentation to present.  Record Review: 7 out of 7 employees sampled did not have annual health care worker background checks complete. No documentation was available or presented by establishment staff.	A3040		
A4010	Section 295.4010 Service Plan  This Regulation is not met as evidenced by: Violation  Section 295.4010 Service Plan a) Based on the physician's assessment and establishment evaluation (see Section 295.4000), a written service plan shall be developed and mutually agreed upon by the establishment and the resident. (Section 15 of the Act) The establishment shall respect and accept the resident's choices regarding the service plan. b) The service plan shall be developed by: 1) The resident, resident's representative or any individual requested by the resident; 2) The manager or manager's designee; and 3) A registered nurse, if the resident is receiving nursing services or medication administration, or is unable to direct self-care. c) The service plan shall be signed and dated by all individuals involved in its development.  These requirements were not met as evidenced by:	A4010		

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A4010	<p>Continued From page 5</p> <p>Based on interview and record review the establishment failed to have service plans signed and dated by all individuals involved in its development as required per regulation requirements. 6 out of 6 service plans reviewed were not signed or dated but all individuals involved in the development of them.</p> <p>Findings include:</p> <p>Interview: E1 confirmed that the facility had not had the service plans signed or dated by the individuals involved in there service plan development. E1 confirmed the documentation presented was valid.</p> <p>Record Review: Service plans of 6 out of 6 residents were reviewed. All 6 service plans were not signed or dated by the individuals involved in there service plan development.</p>	A4010		
A4050	<p>Seciton 295.4050 Tuberculin Skin Test Procedures</p> <p>This Regulation is not met as evidenced by: Violation</p> <p>Section 295.4050 Tuberculin Skin Test Procedures Tuberculin skin tests for employees and residents shall be conducted in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696).</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review the</p>	A4050		

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A4050	Continued From page 6  establishment failed to complete annual signs and symptoms checks for Tuberculosis and annual TB skin tests if required on all residents and employees sampled.  Findings include:  Interview: E1 confirmed that the facility had not had the completed annual tuberculosis requirements. E1 had no documentation to present.  Record Review: 6 out of 6 residents and 7 out of 7 employees sampled did not have annual tuberculosis test and or checks completed. No documentation was available.	A4050		
A6000	Section 295.6000 Resident Rights  This Regulation is not met as evidenced by: Violation  Section 295.6000 Resident Rights a) No resident shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the Constitution of the United States solely on account of his or her status as a resident of an establishment, nor shall a resident forfeit any of the following rights: 5) The right to receive the services specified in the service plan, to review and renegotiate the service plan at any time; and to be informed of the cost of the changes;  These requirements were not met as evidenced	A6000		

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A6000	<p>Continued From page 7</p> <p>by:</p> <p>Based on observation, interview and record review the establishment failed to provide a resident R1 services stated in the service plan as required per regulation requirements. R1 was not reminded to use their walker.</p> <p>Findings include:</p> <p>Observation: On 3/7/24 it was noted that R1 had a large bruise on the side of their face with a bandage covering it.</p> <p>Interview: E1 confirmed that the facility had not complete the service as they were described in the service plan initiated on 8/8/24 and revised on 1/28/25. E1 stated the documentation presented was valid.</p> <p>Record Review: Progress notes from 2/16/25 stated that R1 was found on the floor of a hallway and did not have their walker with them. Injury was noted to R1's face. The service plan initiated on 8/8/24 and revised on 1/28/25 states that R1 is independent with mobility using a walker, but requires reminders to use the walker.</p>	A6000		