

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510508	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER SAN GABRIEL MEMORY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 813 LARS HOFFMAN CROSSING GODFREY, IL 62035		
(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 Facility Reported Incident Investigation to Incident Reported 12/27/24 / IL183318 Violation Cited: 295.4040 Communicable Diseases	A 000			
A4040	Section 295.4040 Communicable Disease Policies This RULE: is not met as evidenced by: Type 2 Violation Section 295.4040 Communicable Disease Policies a) The establishment shall meet the Control of Communicable Diseases Code (77 Ill. Adm. Code 690). c) All illnesses required to be reported under the Control of Communicable Diseases Code and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693) shall be reported immediately to the local health department and to the Department. The establishment shall furnish all pertinent information relating to such occurrences. In addition, the establishment shall also inform the Department of all incidents of scabies and other skin infestations. IDPH LTCF A.G.E. OUTBREAK PREVENTION AND CONTROL GUIDELINE, 2012 SECTION 2. RECOMMENDATIONS FOR LONG-TERM CARE FACILITIES 2.A. AWARENESS OF A.G.E. OUTBREAK	A4040			

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

TITLE

(X6) DATE

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A4040	Continued From Page 1 OCCURRENCE AND NOTIFICATION 2.A.1. Use the following definitions to determine if an A.G.E. outbreak is occurring: Diarrhea: three or more loose stools in a 24-hour period when the occurrence is not readily explained by other known pre-disposing medical factors. Vomiting: two or more episodes of vomiting in a 24-hour period when the occurrence is not readily explained by other known pre-disposing medical factors. Acute gastroenteritis (A.G.E.) case: a person (resident or staff) with diarrhea and/or vomiting. Unit: a functional care unit of the LTCF (e.g., floor, hall, neighborhood, wing). A.G.E. outbreak: two or more A.G.E. cases occurring in a unit with initial dates of onset within 48 hours of each other. NOTE: When an A.G.E. outbreak occurs in one unit of a LTCF it is common for A.G.E. cases to develop in other units. A.G.E. cases that occur in other units are included in the initial outbreak unless sufficient time has passed to indicate the occurrence of a new outbreak (refer to §Duration of A.G.E. outbreak;”). Duration of A.G.E. outbreak: The time period beginning with the day the index (first) case associated with the outbreak developed A.G.E. symptoms until 96 hours after the last A.G.E. case;’s onset of symptoms. (Note: Two incubation periods equal 96 hours.) 2.A.5. Report the A.G.E. outbreak as soon as possible during normal business hours, but within 24 hours (i.e., within eight regularly scheduled business hours after identifying the A.G.E. outbreak), to the local health department AND the IDPH LTC Division or	A4040			

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A4040	Continued From Page 2 applicable State agency (e.g., Illinois Department of Healthcare and Family Services). The local health department will then report to the IDPH CD Control Section and obtain an outbreak number as soon as possible, but within 24 hours. 2.A.6. During an A.G.E. outbreak, provide regular updates to the local health department for the duration of the outbreak. 2.A.6.a. Notify the local health department whenever any of the following criteria is met: *Percentage of A.G.E. cases exceeds 25% of the LTCF average daily census *Ongoing occurrence of new A.G.E. cases during the outbreak for more than 14 days after the index (first) case onset *Two or more A.G.E. cases are hospitalized *Death of an A.G.E. case. " Based on interview and record review the facility failed to timely report to the Local health Department and to the Illinois Department of Public Health (IDPH) a viral acute gastroenteritis (A.G.E.) outbreak. This failure creates a substantial probability of harm to the residents in the facility. Findings include: The Facility A.G.E. Line List for Residents documents 2 residents (R1 and R2) and the Line	A4040			

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A4040	Continued From Page 3 List for staff documents E3 showing diarrhea and vomiting on 12/25/24. The Facility Report on stomach virus outbreak was reported to IDPH on 12/27/24. The Preliminary Report of A.G.E.Outbreak Worksheet was sent to the LHD on 1/3/25. The Facility Line List for Residents and staff document that on 12/27/24 there was a total of 7 residents and 8 staff with unresolved AGE diarrhea and vomiting. On 1/8/25 at 10:30 AM, E1 (Regional Director) and E2 (Facility Manager) confirmed that IDPH was notified of the outbreak on 12/27/24 and E1 reached out to Z1 (IDPH Infection Preventionist) notifying her of the outbreak on 12/30/24. E1 stated that Z1 carbon copied Z2 (LHD Infection Nurse) in her email reply to E1. Both E1 and E2 confirmed they sent a Worksheet/Preliminary Report of AGE Outbreak Worksheet to LHD on 1/3/25. The Facility Viral A.G.E Policy, undated, documents,"Awareness of A.G.E. Outbreak and Notification. Use the following definition to determine if an A.G.E. outbreak is occurring: Diarrhea: three or more loose stools in a 24-hour period when the occurrence is not readily explained by other known pre-disposing medical factors. Vomiting: two or more episodes of vomiting in a 24-hour period when the occurrence is not readily explained by other known pre-disposing medical factors.	A4040			

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A4040	Continued From Page 4 Acute gastroenteritis (A.G.E.) case: a person (resident or staff) with diarrhea and/or vomiting. A.G.E. outbreak: two or more A.G.E. cases occurring in a unit with initial dates of onset within 48 hours of each other. How to Track/Report: Report the A.G.E. outbreak as soon as possible during normal business hours, but within 24 hours (i.e., within eight regularly scheduled business hours after identifying the A.G.E. outbreak), to the local health department AND the IDPH. Obtain an outbreak number as soon as possible, but within 24 hours."	A4040			

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