STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145892	A. Building B. Wing	08/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunny Hill Nursing Home of Will County	421 Doris Avenue Joliet, IL 60433

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Based on observation, interview and record review, the facility failed to follow guidance from the State and local health authority to control the spread of a respiratory infection. This has the potential to affect all 142 residents living in the facility. The findings include:On 8/21/2025 at 12:37 PM, V5 (CNA-Certified Nurse Assistant) was observed going into R9's room, wearing only a surgical mask and gloves. R9 was on contact and droplet precaution. V5 said she is only serving lunch and is not providing direct care, so she does not need to wear a gown. She said if she provides care, she will wear a gown.On 8/22/2025, V10 (Rehab Nurse) was observed walking down the hallway of the wing where the majority of the cases of respiratory infection were, without a mask. At 10:06 AM, V10 was seen, still without a mask, on a wing where there were no cases of respiratory infection.On 8/22/25 at 9:50 AM, V14 (LPN-Licensed Practical Nurse) was seen passing medication and was not wearing a mask. She slowly applied her mask while this writer was talking to her. On 8/22/25 at 9:56 AM, residents were observed being brought out to the main dining room for activities. No residents were wearing masks.On 8/21/25 at 11:00 AM, Facility's 2025-2026 Acute Respiratory Illness Line List was reviewed with V2 (DON-Director of Nursing) and V3 (ADON-Assistant Director of Nursing). They are currently in charge of the facility's Infection Control procedures. V3 stated the first case of respiratory infection was on 7/14/25. She said there is a total case count of 42 with 19 hospitalizations. V3 said R2 manifested respiratory symptoms on 8/20/25 (the day before) and is currently on contact and droplet isolation. She said R3 manifested signs and symptoms of respiratory infection on 8/21/25, the day of the interview.On 8/22/2025 at 11:00 AM, V2 said use of appropriate PPE (Personal Protective Equipment) is important in stopping the spread of infections. She said appropriate PPE to be worn in a contact and droplet isolation room is gown, face mask, face shield, and gloves. She said all staff should wear face masks in all care areas.On 8/22/25 at 11:58 AM, V16 (Will County Communicable Disease Investigator III) said she recommended universal source control to limit spread of infection starting 7/25/25. On 8/22/25 at 11:39 AM, V17 (IDPH Regional Infection Control Coordinator) said since the etiology of the outbreak is unknown, the facility should have started universal source control, meaning masking of all residents, visitors and staff, as V16 recommended on 7/25/25. On 8/22/25 at 1:00 PM, V1 (Administrator) said infection has been an ongoing issue. She said all staff are required to wear mask in all care areas. She said visitors are encouraged to wear a mask when they enter the facility, but facility cannot force them to wear face mask. She said resident masking has not been enforced and is hard to enforce because of resident illness and cognitive function. Facility Policy on Influenza Outbreak /Pandemic Policy effective 11/4/2009 and revised on 4/24/20 has no information on following guidance from the State and local health department to stop the spread of infection.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. 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