

## **McLean County Health Department**

200 W. Front St. Rm. 304, Bloomington, Illinois 61701 (309) 888-5482 Fax (308) 888-5506

## **REQUEST FOR SERVICE**

DATE:March 26, 2020 REC	CEIVED BY: HOLLY MCGINN	TC .		NUMBER
DATE. WIGHEN 20, 2020 REC	CEIVED BY: HOLLY MCGINN	110		20-0051
X PHONE CALL LET	TTER IN PERSON			
NATURE OF REQUEST: FBI	NON-FBI	☐ WATER	SEWAGE	
NU	ISANCE LEAD CASE	MORT SURVEY	PLAN RE	VIEW-REMODEL
X OTI	HER WELL/SEPTIC	PLAN REVIEW	-NEW	
REQUEST:				
HAD MEETING AND THEY ARE SAYING THAT EMPLOYEES ARE NOT ALLOWED TO WEAR MASKS AND THEN THERE IS				
ABOUT 15 TO 20 RESIDENTS THAT HAVE SYMPTOMS OF COVID-19. MANAGEMENT TOLD THEM THAT IF THEY ARE CAUGHT WEARING MASKS THEY WILL BE TERMINATED BECAUSE THEY HAVE A SHORTAGE OF MASKS.				
LOCATION: BLOOMINGTON REHAB. AND HEALTH CARE CTR., 1925 S. MAIN ST., BLOOMINGTON IL, 61701				
	SHAB. AND HEALTH CARE CIK		LOOMINGTON IL,	61701
Facility Number: 27797	X-100-100-100-100-100-100-100-100-100-10	Parcel ID:		
Facility Phone Number(s): (309) 829-4	348			
Service Requested By:			Home Phone: not listed	
Address:			Cell/Wrk:	
Email:			Fax:	
Name of Owner or Occupant Involved: PETERSEN HEALTH OPERATIONS, LLC			Home Phone: not listed	
Address: 830 W. TRAILCREEK, PEORIA IL, 61614			Cell/Wrk: not listed / not listed	
INITIAL ACTION TAKEN ON: March 26, 2020			BY: Linda Foutch	
ADDITIONAL INFORMATION:				
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FINDINGS:				
Spoke with accility administrator, and she stated:				
there are no residents with symptoms				
there are no employees with symptoms				
employees want to wear masks and booties protocol is no ppe without symptoms				
<u>facility is concerned that staff will cross contaminate from room to room if ppe is misused, other pathogens of concern</u>				
MCHD CD was made of aware of complaint.				
Complaint was sent to IDPH long term care hot line.				
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REFERRED TO:			DAT	E:
DATE CLOSED: March 26, 2020		INVESTIGATIO	ON REQUIRED BY:	April 01, 2020
NOTIFIED REQUESTER: Linda Foutch				
			SANITARIAN	