

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005227	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/22/2019
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NAME OF PROVIDER OR SUPPLIER LAKEVIEW REHAB & NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 735 WEST DIVERSEY CHICAGO, IL 60614
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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
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S 000	<p>Initial Comments</p> <p>1981032/IL109474- 300.1230f1)2)</p> <p>Statement of Licensure Violations:</p>	S 000		
S1230	<p>Section 300.1230 Direct Care Staffing</p> <p>This Regulation is not met as evidenced by: 300.1230f1)2)</p> <p>Section 300.1230 Direct Care Staffing</p> <p>f) For the purpose of computing staff to resident ratios, direct care staff shall include the following, as long as the person is assigned to duties consistent with the identified job title and documented in employee time schedules as required by Section 300.650(i):</p> <ol style="list-style-type: none"> 1) registered nurses; 2) licensed practical nurses; <p>This STANDARD was NOT MET as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure that all staff practicing as license practical nurses, maintain a current and active license.</p> <p>The findings include:</p> <p>On 03/21/2019 at 10:36 AM, V4 (Business Office Manager) stated, "I completed a soft background check. In February 2019, I did a check on all of the nurses. V5 (Former Licensed Practical Nurse)</p>	S1230		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

04/09/19

Illinois Department of Public Health

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S1230	<p>Continued From page 1</p> <p>license came back as not valid. I gave this information to V1 (Administrator) and V2 (Director of Nursing) to remove V5 from the schedule. They set up a meeting on 2/04/2019 and V5 never came back to the facility.</p> <p>Illinois Department of Financial and Professional Regulation form dated 03/21/2019 documents that V5 license discipline start date was 10/05/2018. The discipline end date is 02/14/2019. V5 was started employment with the facility on 06/07/2018. V5 license was not valid for months. V5 was allowed to give out medications to residents.</p> <p>On 03/21/2019 at 10:36 AM, V1 stated, "We need to make sure employees are licensed. We check on a yearly basis. We need to check on a monthly basis to make sure employees are licensed appropriately."</p> <p>Job Description for Licensed Practical Nurse, undated, documents that staff must possess a current, unencumbered, active licensed to practice as an RN or LPN/LVN in this state.</p> <p>(B)</p>	S1230		
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