

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6015192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/13/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CHARTER SR LVG POPLAR CREEK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2150 WEST GOLF ROAD HOFFMAN ESTATES, IL 60194</b>
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S 000	Initial Comments  Annual Licensure Survey	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>330.715)a) 330.715)b) Section 330.715 Request for Resident Criminal History Record Information</p> <p>a) A facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)</p> <p>b) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at <a href="http://www.isp.state.il.us">www.isp.state.il.us</a> and the Illinois Department of Corrections sex registrant search page at <a href="http://www.idoc.state.il.us">www.idoc.state.il.us</a> to determine if the individual is listed as a registered sex offender.</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on record review, and interview, the facility failed to submit background checks, check the Illinois Department of Corrections (IDOC) website, and check the Illinois State Police (ISP) website within 24 hours of admission. This applies to 10 of 10 residents (R2 and R8-R16) in</p>	S9999	<p><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>the sample of 18 reviewed for background checks.</p> <p>The findings include:</p> <p>On 10/12/21 at 12:29 PM, V1, Executive Director, said, "I honestly didn't know we were supposed to be doing background checks for the residents, so for the last three months, we haven't been doing them. Now I know." On 10/13/21 at 12:42 PM, V1 said there is currently no policy on resident background checks, we will be adding it.</p> <p>The facility's log of resident admissions between 7/1/21 and 9/30/21 (created 10/12/21) shows R2 was admitted on 8/30/21, R8 was admitted on 8/23/21, R9 was admitted on 9/30/21, R10 was admitted on 8/12/21, R11 was admitted on 9/1/21, R12 was admitted on 9/29/21, R13 was admitted on 8/19/21, R14 was admitted on 8/19/21, R15 was admitted on 9/3/21, and R16 was admitted on 9/7/21.</p> <p>No background checks were provided by the facility for R2 and R8-R16, as requested.</p> <p>( C )</p> <p>330.740a) 330.740i) Section 330.740 Residents' Advisory Council</p> <p>a)Each facility shall establish a residents' advisory council consisting of at least five resident members. If there are not five residents capable of functioning on the residents' advisory council, as determined by the Interdisciplinary Team, residents' representatives shall take the place of</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>the required number of residents. The Administrator shall designate another member of the facility staff (other than the administrator) to coordinate the establishment of, and render assistance to, the council. (Section 2-203 of the Act)</p> <p>i)The council shall meet at least once each month with the staff coordinator who shall provide assistance to the council in preparing and disseminating a report of each meeting to all residents, the Administrator, and the staff. (Section 2-203(b) of the Act)</p> <p>This REQUIREMENT was not met as evident by:</p> <p>Based on interview and record review the facility failed to establish a resident advisory council that met monthly. This applies to all 73 residents in the facility.</p> <p>The findings include:</p> <p>The facility data sheet dated October 12, 2021 shows there are 73 residents residing in the facility.</p> <p>On October 12, 2021 at 12:25 PM, R18 stated, they used to have meetings (resident advisory council) but they haven't had one in a long time.</p> <p>On October 13, 2021 at 10:22 AM, there isn't any resident advisory council meetings.</p> <p>On October 13, 2021 at 10:28 AM, V1 Executive Director stated, the last resident advisory council meeting was held in April 2021. They no longer have a resident advisory council president, so they just haven't had a meeting since April 2021.</p> <p>The resident advisory council minutes binder</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>provided by the facility on October 13, 2021 shows, the last meeting was held in April of 2021.</p> <p>The facility's resident council minutes provided by the facility on October 13, 2021 shows, "Resident council meeting is open for all residents and managers to attend. If residents have an individual concern/issue, they are always encouraged to first seek out any department head or staff member and actively seek to resolve this concern or issue when it happens! Resident Council is not a gripe session, it is a forum for open discussion and proposed solutions and make recommendations at the resident council meeting. Any ideas are welcome to make this community the very best place to live and work! Host a monthly resident meeting and activity planning meeting..."</p> <p>(AW)</p> <p>330.911</p> <p>Section 330.911 Health Care Worker Background Check</p> <p>A facility shall comply with the Health Care Worker Background Check Act [225 ILCS 46] and the Health Care Worker Background Check Code (77 Ill. Adm. Code 955).</p> <p>(Source: Amended at 29 Ill. Reg. 12891, effective August 2, 2005)</p> <p>This REQUIREMENT was not met as evidenced by:</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>Based on interview, and record review, the facility failed to initiate a Health Care Worker Background Check within 10 days of hire. This affects all 73 residents living in the facility.</p> <p>The Facility Data Sheet dated 10/12/21 shows the facility's In-House Census is 73.</p> <p>The facility's Employee Roster generated 10/12/21 shows V6, Server, was hired on 9/7/21.</p> <p>V6's Illinois Department of Public Health (IDPH) Health Care Worker Registry (HCWR) shows the date of 9/24/21 as the date the facility obtained her Health Care Worker Background Check; 17 days after she was hired.</p> <p>The facility's New Employee Checklist (revised 05/2021) shows Criminal History Check -complete and reviewed, Background Check-request forms, and Fingerprint Check-results under the heading Documents for Employee Confidential Personnel File- Prior to Employment.</p> <p>On 10/13/21 at 10:23 AM, V5, Business Office Manager, said it is our policy to always run a background check prior to an individual being hired. V5 said V6 started working before her background check was completed.</p> <p>( AW )</p> <p>330.1940a) 330.1940b) Section 330.1940 Diet Orders</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>a)Two or more copies of a current diet manual shall be available and in use. One copy shall be located in the kitchen for use by dietary personnel. Other copies shall be located at each nurses' station for use by physicians when prescribing diets.</p> <p>b)Physicians shall write a diet order, in the medical record, for each resident indicating whether the resident is to have a general or a therapeutic diet. The diet shall be served as ordered.</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure a resident received their physician ordered thicken liquid for 1 of 3 residents (R2) reviewed for therapeutic diets in the sample of 18.</p> <p>The findings include:</p> <p>R2's face sheet showed R2 had a diagnosis of dysphagia (difficulty swallowing).</p> <p>R2's Diet Orders Form (undated) showed R2 was to receive nectar thickened liquids.</p> <p>On 10/12/21 at 12:14 PM, R2 was in the dining room drinking regular unthicken water.</p> <p>On 10/12/21 at 12:22 PM, V3 (Dietary Service) confirmed R2 was drinking unthicken water.</p> <p>On 10/12/21 at 1:09 PM, V4 (Registered Nurse) said R2 was to have thickened liquids.</p> <p>The facility's Diet policy (undated) showed, "The community will provide nutritional diets in</p>	S9999		
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S9999	Continued From page 6 compliance with state specific regulations."  ( C )	S9999		