Illinois De	partment of Public	Health		<u> </u>		
STATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
		IL6009377			C 09/02	/2022
NAME OF P	ROVIDER OR SUPPLIER			TATE, ZIP CODE		. 50
THE TER	RACE		SET AVENUE AN, IL 60087			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	-D BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Investigation of Fa Unknown Date/IL1	cility Reported Incident of 50731				
S9999	Final Observations	i	S9999	¥	<i>N</i> .	
N	Statement of Licer 300.650a) 300.650c) 300.650d) 300.661	nsure Violation:				
3	Section 300.650 F	Personnel Policies		. 28		
	written personnel operation of the fa	ty shall develop and maintain policies that are followed in the cility. These policies shall num, each of the following				
	position that requi shall contact the II and Professional I individual's license	nploying any individual in a res a State license, the facility linois Department of Financial Regulation to verify that the is active. A copy of the license the individual's personnel file.)			i i
	d) The facility applicants with the prior to hiring.	y shall check the status of all e Health Care Worker Registry			· 63.	
	Section 300.661 Background Chec	Health Care Worker k				
	Worker Backgrou Care Worker Bac	nply with the Health Care nd Check Act and the Health kground Check Code. as are not met as evidenced by:		Attachment A Statement of Licensure Viol	ations	i.

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

TITLE

(X6) DATE

EX0111

Illinois D	epartment of Public	Health	19	*# 180 E 20	FURM	APPROVED
STATEMEN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	t · ·	CONSTRUCTION		SURVEY PLETED
		IL6009377	B. WING		•	C 02/2022
NAME OF	PROVIDER OR SUPPLIER	TV	DRESS, CITY, ST			
THE TER	RACE		ISET AVENUE AN, IL 60087			4277
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULID BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 1	S9999	#\		
	Based on Observal Review the facility of Certified Nursing A to employment and licenses (V11, V12 failures applied to a pre-employment so the potential to affet the facility. The findings include The Facility Data Sthere were 65 residence was facility was unable a registry Check was facility was unable a registry check was (over 2 years after Final Investigation Investigations subsequence (CNA) was hired 8. V13's (CNA) employer 1/20/22. V13's 1/20/22	tion, Interview and Record failed to check the status of 2 ssistants (CNA) (V3, V13) prior I failed to verify 2 nursing prior to employment. These is of 10 employee creenings reviewed. This has extra all the resident residing in the facility. Sheet signed 8/31/22 showed dents residing in the facility. showed Health Care Worker is completed on 6/30/22. The to provide documentation that as completed prior to 6/30/22 V3's hire date). The facility's of Allegation of Verbal Abuse mitted on 8/22/22 showed V3/29/19. Expected on 8/8/22. V13's timecard				
	file showed a hire	sed Practical Nurse) employee date of 6/29/22. V11's licensure 7/12/22. V11's Timecard ed 6/29/22.				
	7/14/22. V12's lice	oyee file showed she was hired nsure look-up was dated necard showed she worked				

EXO111

Illinois D	epartment of Public	Health	2 2 2		FORM	APPROVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	СОМ	E SURVEY PLETED
rie:		IL6009377	B. WING			C 02/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
THE TER			NSET AVENUE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPLICATION OF THE APPLICATIO	ULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	age 2	S9999			
	On 8/31/22 at 10:4 DON) requested cl pre-employment so 9 nursing staff (CN don't have HR (Hu will have to check to On 9/1/22 at 1:44 Program Specialisi interim HR person, the facility. V7 state Background Check	9 AM, V2 (Director of Nursing arification on the creening for the V3 and the last As or nurses). V2 stated, "We man Resources) right now, so with corporate. PM, V7 (corporate Behavioral that they no longer worked at the Health Care Worker as (HCWBC) (for CNAs),				
÷	Registry Checks (f (for nurses) are co don't have any disc license check for the discipline on their I timeframe because believe they are do to look at the policy	or CNAs), and License Review mpleted to ensure employees qualifying conditions. The he nurses covers this as any icense. I'm not sure on exact e I don't do these checks. I one pre-hire, but I would need y. V10 (corporate Regional be able to give you actual				
*	Crew Chief) stated Registry Checks, a interim basis for the have anyone on state interim HR left had been some turned the last few month be checked with the last few month the checked with the last few month the checked with the last few month the last few month the checked with the last few month the last few months.	PM, V10 (corporate Regional I she only completes HCWBC, and license look-ups on an e facility. I fill in when they don' aff. It's been 30 days since the the facility. V10 stated there rnover in the HR position over s. The public Registry site can be employee's first and last og into the IDPH Portal to check		9, *X - 33 - 33		
£8	the Eligibility Statu registry check can check would show CNAs work history allegations. This s	s of the CNA. The public be done before hire. This any disqualifying events, the and if there are any abuse hould be completed before ovided. These checks are done		<i>2</i> *		#r

to ensure resident and staff safety. I do see that

EXO111

Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED C 09/02/2022		
2 1			DRESS, CITY, S	TATE, ZIP CODE		
	PROVIDER OR SUPPLIER	1615 SUN	SET AVENUE	E		
THE TER			AN, IL 60087	PROVIDER'S PLAN OF CO	PRECTION	(75)
(X4) ID PREFIX TAG	/EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
\$9999	V3 was hired in 20 can find in her red Registry check was been changes in a happened to the cand see if we have timing of the presente IDPH guidelin nurses is done to	age 3 019. The only Registry check I ord was done 6/30/22. V3's as obviously missed. There has staff and we are not sure what documents. I will have to look e a policy that includes the employment checks. We follow es. The license check for verify they have an active no discipline actions. The	S9999			
	The facility's Abus showed, "Policy: our residents to be abuse, neglect done by: Conduct of employees Foreening of Potnew employee stracility will: Obtand check the weany individual be a professional lice Care Worker Rehired for prior remisappropriation	se Policy effective 4/2020 The facility affirms the right of the free from verbal mental or mistreatment This will be ting pre-employment screening Procedures: 1. Pre-Employment ential Employees: Prior to a arting a work schedule, the ain a copy of the state license ebsite of the licensing agency of ing hired for a position requiring tense; Check the Illinois Health gistry on any individual being ports of abuse, neglect, or of resident property, previous a results, and sex offender				
W C		(C)			N N E	

Illinois Department of Public Health STATE FORM

EX0111