Illimois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: **B. WING** IL6002976 06/08/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **471 TERRA COTTA AVENUE** FAIR OAKS HEALTH CARE CENTER CRYSTAL LAKE, IL 60014 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE **DEFICIENCY**) S 000 Initial Comments S 000 Annual Licensure and Certification Survey S9999 Final Observations S9999 Statement of Licensure Violation 1 of 2: 300.610a) 300.615b) Section 300.610 Resident Care Policies The facility shall have written policies and a) procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information All persons seeking admission to a nursing facility must be screened to determine the need for nursing facility services prior to being admitted, regardless of income, assets, or funding source. (Section 2-201.5(a) of the Act) A screening assessment is not required provided one of the conditions in Section 140.642(c) of the rules of the Department of Healthcare and Family Attachment A Services titled Medical Payment (89 III. Adm. Statement of Licensure Violations Code 140.642(c)) is met.

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ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

PRINTED: 07/15/2022

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On 6/7/22 at 12:28 PM, V1 Administrator stated residents are screened to see if they are

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Based on record review and interview the facility

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still resides in the facility.

R120's criminal history background check is undated and R120's IDOC check does not contain a resident's name or the date indicating when the screen was done.

The facility's Roster/Sample Matrix dated 6/6/22 shows R219 was admitted on 6/1/22 and R220 was admitted on 5/30/22. This same roster shows R219 and R220 still reside in the facility.

On 6/7/22 at 11:46 AM, V1 administrator stated she did not have the IDOC or ISP screens for R219 and R220.

The facility's Roster/Sample Matrix dated 6/6/22 shows R121 was admitted on 5/30/22 and R121 still resides in the facility.

R121's IDOC check does not contain a date indicating when the screen was done.

The facility's Roster/Sample Matrix dated 6/6/22 shows R122 was admitted on 6/1/22 and R122 still resides in the facility.

R122's IDOC check does not contain a residents

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