Illinois 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: IL6006829 B. WING 02/02/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 323 OAKRIDGE AVENUE APERION CARE HILLSIDE HILLSIDE, IL 60162 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 000 **Initial Comments** S 000 Annual Licensure Survey S9999 Final Observations S9999 Statement of Licensure Findings: 300,661 Section 300.661 Health Care Worker Background Check A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code. This Requirement is not met as evidenced by: A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code. This Requirement is not met as evidenced by: Based on interview and record review the facility failed to provide proof of conducting a background check within 10 days of hire and follow their abuse policy (Pre Employment Screening of Potential Employees) for one employee V20 (Certified Nursing Assistant-CNA) who was hired on 5/04/2022 and provides direct care to all residents residing in the facility. This failure has the potential to affect all the residents residing in the facility. Findings include: On 01/31/2023 at 1:20pm V15 (HR Director) said, "I do not see the background report from IDPH Attachment A (Illinois Department of Public Health) and she Statement of Licensure Violations

Illinois Department of Public Health

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

TITLE

(X6) DATE

STATEMEN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
NAME OF	PROVIDER OR SUPPLIER	IL6006829			02/0	02/2023
		***************************************	DDRESS, CITY, RIDGE AVEN	, STATE, ZIP CODE NUF		
APERIO	N CARE HILLSIDE		RIDGE AVER E, IL 60162	NUE		
(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
S9999	Continued From pa	age 1	S9999	3		
it sha	(V15) just started in this position about two months ago and have not been fully trained."		že.	₹ <u>£</u>		**
	On 01/31/2023 at about 2:00pm V15 stated that once a person completes an interview and		ži 🕦	8 8 8 A	. 10	
8	than I do a backgro stated that everyone background check t	on to do the background check bund check on everyone. V15 he is required to have a before they began working necks are completed for ey are hired.			*	
	On 2/01/2023 at 1:1 documentation on V could not provide pr the background che	V20's background check but roof to the surveyor of when	2:		\$	708 708
2) 20 35R	a revision date of 10 to a new employee of facility will check the Registry on any indiverports of abuse, ne resident property, pr	Prevention and Reporting with 0/24/2022 states, in part, prior starting a work schedule, this e Illinois Health Care Worker ividual being hire for prior eglect, or misappropriation of revious fingerprint check offender Website links on the		2	8. 9.	3 3. 40
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