Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6007876 03/01/2023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3450 SARATOGA AVENUE **DOWNERS GROVE REHAB & NURSING DOWNERS GROVE, IL 60515** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) **TAG** TAG DEFICIENCY) S 000 S 000 **Initial Comments** Annual Licensure and Certification Survey S9999 S9999 Final Observations Statement of Licensure Violations: 1 of 2 300.615e) 300.615f) Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, 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) f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender. This REQUIREMENT was not met as evidenced Attachment A Statement of Licensure Violations by:

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

TITLE

(X6) DATE

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	
		IL6007876			03/0	03/01/2023	
NAME OF F	PROVIDED OD SUDDUED	STDEET AF	DPESS CITY S	STATE, ZIP CODE	95 II =		
NAME OF F	ROVIDER OR SUPPLIER	(4)	RATOGA AVE				
DOWNER	RS GROVE REHAB 8	. NI IDSING	RS GROVE, IL				
(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	8 8 4			
	Based on record re	eview and interview, the facility	-	(ap) (31		950	
3,	failed to perform a	n Illinois Uniform Conviction		20		-	
		CIA) Name-Based Criminal		N D D			
		heck the Illinois Department of b) website, and the Illinois State	170	0 . 0 .	come to		
		te as part of the resident		***	140.00		
	background check	within 24 hours of admission.	- 5				
	This applies to 5 o	f 10 residents (R129, R329,	8 1			0	
		R130) reviewed for background				200	
8 5	checks in the sam			. 1		400	
	The findings include	do:					
	The mongs mond	<b></b>		1.00			
<b>i</b> (i)		D400				5.4	
		02 dated 2/28/23 shows R129 3/23, R329 was admitted		900			
200	2/23/23, R330 was	s admitted 2/25/23, R179 was	III.	139			
14		and R130 was admitted	]	(e)			
	2/22/23.					97.7	
	R129, R329, and	R330 each had an UCIA, ISP	101	, a		VA.	
		ound check initiated 2/28/23		9			
	6.7	30 each had an UCIA, ISP, and I check initiated 2/25/23.	1	W		100	
	IDOC background	CHECK IIIIIaled 2/20/20.	00	*		X	
	On 2/28/23 at 10:	53 AM, V20, Admissions, said		*5			
	she does the back	ground checks for all the new said they are supposed to be	V	<u> </u>			
		24 hours of admission.	+			2.5	
	× *						
	The facility's Residued	dent Background Checks Polic	У	* V 2		-	
		the following: In accordance the Nursing Home Care Act,					
	this facility shall cl	heck the criminal history	872	<sup>76</sup> 3			
	background on ar	ny resident seeking admission t	0			DX	
100	the facility			0		-	

Illinois Department of Public Health STATE FORM

(C)

NYPD11

FORM APPROVED 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: B. WING IL6007876 03/01/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3450 SARATOGA AVENUE **DOWNERS GROVE REHAB & NURSING DOWNERS GROVE, IL 60515** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG **TAG** DEFICIENCY) S9999 Continued From page 2 S9999 2 of 2 300.661 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 was not met as evidenced by: Based on record review and interview, the facility failed to initiate health care worker background checks for 2 of 10 employees within 10 days of their hire. This has the potential to affect all 85 residents that reside at the facility. The findings include: The facility CMS 672 dated 2/28/23 shows there are 85 residents in the facility. Review of the facility's personnel files show V21, nurse, was hired 1/16/23 and her Health Care Worker Background (HCWBG) Checks were not initiated until 2/18/23, V23, Certified Nursing Assistant (CNA), was hired 12/16/22 and her HCWBG checks were not initiated until 2/18/23. On 2/28/23 at 12:21 PM, V18, Human Resources (HR)/Staffing Coordinator, said back ground checks are supposed to be completed before the employee starts working. V18 said there has been no HR since 1/19/23. V18 said since there

Illinois Department of Public Health

not getting done.

was no HR, employee background checks were

STATE FORM

**FORM APPROVED** Illinois Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6007876 03/01/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3450 SARATOGA AVENUE DOWNERS GROVE REHAB & NURSING DOWNERS GROVE. IL 60515** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 3 The facility's Employee Background Checks Policy (undated) shows the following: The Director of Personnel, or designee, conducts background checks, reference checks and criminal conviction checks (including fingerprinting as may be required by state law) on all potential direct access employees and contractors. Background and criminal checks are initiated within two days of an offer of employment or contract agreement and completed prior to employment. (C)

Illinois Department of Public Health

STATE FORM

NYPD11

FORM APPROVED 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: **B. WING** IL6007876 03/01/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3450 SARATOGA AVENUE **DOWNERS GROVE REHAB & NURSING DOWNERS GROVE, IL 60515** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE 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 Violations: 330.715a) 330.715b) Section 330.715 Request for Resident Criminal History Record Information 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) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender.

Illinois Department of Public Health

by:

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

This REQUIREMENT was not met as evidenced

Based on record review and interview, the facility failed to perform an Illinois Uniform Conviction Information Act (UCIA) Name-Based Criminal Records Check, check the Illinois Department of

TITLE

(X6) DATE

FORM APPROVED 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: B. WING IL6007876 03/01/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3450 SARATOGA AVENUE **DOWNERS GROVE REHAB & NURSING DOWNERS GROVE, IL 60515** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **TAG** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 S9999 Continued From page 1 Corrections (IDOC) website, and the Illinois State Police (ISP) website as part of the resident background check within 24 hours of admission. This applies to 9 of 9 residents (R303, R304, R305, R306, R307, R308, R309, R310, and R311) reviewed for background checks in the sample of 12. The findings include: A printout of recent admissions provided by the facility (undated) shows R303 was admitted 7/25/22, R304 was admitted 8/10/22, R305 was admitted 8/30/22, R306 was admitted 9/16/22. R307 was admitted 11/12/22, R308 was admitted 11/19/22, R309 was admitted 12/26/22, R310 was admitted 2/14/23, and R311 was admitted 2/24/23. R303-R310 each had an UCIA check initiated 2/25/23 and R311 had an UCIA background check initiated 2/28/23. No ISP or IDOC website background check documentation was provided by the facility for R303-R311. On 2/28/23 at 10:53 AM, V20, Admissions, said the resident background checks are supposed to be completed within 24 hours of admission. On 3/1/23 at 10:40 AM, V20 said she did all the sheltered care resident background checks on Saturday (2/25/23). On 3/1/23 at 10:54 AM, V20 said, "I have not done the website ISP/IDOC checks on the sheltered care residents yet. There used to be someone else that did them." The facility's Resident Background Checks Policy (undated) shows the following: In accordance with provisions of the Nursing Home Care Act,

Illinois Department of Public Health

the facility ...

this facility shall check the criminal history

background on any resident seeking admission to

PRINTED: 04/12/2023 FORM APPROVED 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: \_ IL6007876 B. WING 03/01/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3450 SARATOGA AVENUE DOWNERS GROVE REHAB & NURSING DOWNERS GROVE, IL 60515** PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 2 S9999 (C)

Illinois Department of Public Health

STATE FORM