

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009591	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/05/2024
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NAME OF PROVIDER OR SUPPLIER ASCENSION CASA SCALABRINI	STREET ADDRESS, CITY, STATE, ZIP CODE 480 NORTH WOLF ROAD NORTHLAKE, IL 60164
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(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
S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: One of Three 300.650 Section 300.650 Personnel Policies c) Prior to employing any individual in a position that requires a State license, the facility shall contact the Illinois Department of Financial and Professional Regulation to verify that the individual's license is active. A copy of the license shall be placed in the individual's personnel file. This requirement was NOT met as evidenced by: Based on interview and record review, the facility failed to have a tangible copies of nursing licenses in personnel files. This applies to all 156 residents in the facility. The findings include: Facility's Form CMS (Centers for Medicare and Medicaid Services) titled Long Term Care Facility Application for Medicare and Medicaid shows the facility had a census of 156 residents. On 1/4/24 at 10:30 AM, V3 (DON-Director of Nursing) went over the personnel files of V12 (RN-Registered Nurse), V13 (RN) and V14 (RN). V12's date of hire was on 7/21/20. V13 was hired on 3/1/2000 and V14 was hired on 8/10/2001.	S9999		

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

TITLE

(X6) DATE
02/02/24

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S9999	<p>Continued From page 1</p> <p>V3 (DON) was unable to show hard copies of V12, V13, and V14's nursing licenses in their files.</p> <p>On 1/4/24 at 11:05 AM, V3 stated, "I didn't know that I need copies of V12, V13, and V14's nursing licenses in their files.</p> <p>(no violation)</p> <p>Two of Three</p> <p>300.661 Section 300.661 Health Care Worker Background Check</p> <p>A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code.</p> <p>This requirement was NOT met as evidenced by:</p> <p>Based on interview and record review, the facility failed to check four unlicensed staff members on the six required websites as part of the registry checks and print documentation for personnel files.</p> <p>This applies to all 156 residents in the facility.</p> <p>The findings include:</p> <p>Facility's Form CMS (Centers for Medicare and Medicaid Services) titled Long Term Care Facility Application for Medicare and Medicaid shows the facility had a census of 156 residents.</p> <p>On 1/4/24 at 10:30 AM, V3 (DON-Director of Nursing) went over the files of V18, (CNA), V19</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>(CNA), V20 (Activity Aide) and V21 (Linen Services Aide). V18 was hired on 3/23/2015. V19 was hired on 9/22/2010. V20 was hired on 7/14/2014. V21 was hired on 3/1/2000.</p> <p>The files did not have documentation to show the Healthcare Worker Background Checks were completed. V3 (DON) stated their Human Resources Department is responsible for doing these.</p> <p>Facility's policy titled New Hire Procedure dated 6/8/2021 showed: "...K. Onboarding 1. Background checks. HR Talent Acquisition is responsible for coordinating a background check on the selected applicant(s) in consideration".</p> <p>(no violation)</p> <p>Three of Three</p> <p>300.615 Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information</p> <p>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)</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>This requirement was NOT met as evidenced by:</p> <p>Based on interview and record review, the facility failed to complete resident background checks within 24 hours on the CHIRP (Criminal History Information Response Process) website and submit proof of the dates of when they were done.</p> <p>This applies to 5 of 5 residents (R501, R355, R502, R406, and R358) in sample of 32.</p> <p>The findings include:</p> <p>On 1/4/24 at 1:15 PM, V3 (DON-Director of Nursing) went over the newly admitted residents to the facility on her computer in her office.</p> <p>R501's face sheet documents an admission date of 12/29/23. R355's face sheet documents an admission date of 12/31/23. R502's face sheet documents an admission date of 12/29/23. R406's face sheet documents an admission date of 12/28/23. R358's face sheet documents an admission date of 12/30/23.</p> <p>On 1/4/23 at 10:35 AM, V3 (DON-Director of Nursing) was unable to provide documentation that R501, R355, R502, R406, and R358 were checked in CHIRP. She stated she is not sure within how many days it needs to be done and that their Human Resources Department is responsible for doing these.</p> <p>On 1/4/24, at 2:30 PM, V1 (Executive Administrator) provided CHIRPS for R501, R355, R502, R406, and R358. She stated, "This is what</p>	S9999		

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S9999	Continued From page 4 I got from our Human Resources". The CHIRPS documents showed, "Registry search on 1/4/24" (during the survey). (C)	S9999		