

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>IL6008973</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>02/21/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>ASCENSION SAINT JOSEPH VILLAGE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>659 EAST JEFFERSON STREET<br/>FREEPORT, IL 61032</b> |
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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  | S 000         |   |                    |
| S9999              | <p>Complaint Investigation #2411332/IL169909</p> <p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.661</p> <p>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>The REQUIREMENT was not met as evidence by:</p> <p>Based on interview and record review the facility failed to conduct annual health care worker registry checks, while verifying employment, for staff in direct contact with residents. This failure has the potential to affect all residents in the facility.</p> <p>The findings include:</p> <p>The Facility Data Sheet, dated 2/20/24, showed 98 residents reside in the facility.</p> <p>On 2/20/24 at 10:00 AM, HCWR (Health Care Worker Registry)/HCWBGC (Health Care Worker Background Checks) were requested for V4, V5 both CNA's (Certified Nursing Assistants), and V11 (CNA/Complainant). At 1:17 PM, V7 CNA, V8 CNA, V9 (Social Service), and V10 (Housekeeping) were added to the list.</p> | S9999         |   |                    |

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

TITLE

(X6) DATE  
03/06/24

Illinois Department of Public Health

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| S9999              | <p>Continued From page 1</p> <p>On 2/20/24 at 9:00 AM, V1 (Administrator) said, the HCWR and HCWBGC are done by the corporate HR (Human Resource) office which is not located near the facility. V1 said, no one in the facility has access to the HCWR and HCWBGC. V1 said, the purpose of registry checks is to ensure staff with criminal histories are not employed and to keep residents safe.</p> <p>On 2/20/24 at 9:30 AM, V2 DON (Director of Nursing), said, she did talk with V11 but didn't know how to help her, so she transferred her to V3 (Associate Experience Advocate).</p> <p>On 2/20/24 at 9:41 AM, V3 said, she never talked with V11. V3 said, HR handles HCWR and HCWBGC and all of the hiring and lets her (V3) know if the applicants passed all of their checks and when they can start working. V3 said she does not have access to the HCWR or HCWBGC.</p> <p>On 2/20/24 at 12:10 PM, V6 (HR Receptionist) said, the HR office uses a third party vendor to do their HCWR and HCWBGC. V6 said she is unable to transfer my call or give me a direct number to that service, but she could start a case number for me, and they would call you back.</p> <p>V11's HCWR shows it was completed on 6/30/2020 but shows her start date as 9/20/2022, which is inaccurate.</p> <p>V7 CNA and V10's (Housekeeping) HCWBGC shows their Illinois Sex Offender, DOC (Department of Corrections) wanted fugitive, and National sex offender all done the day of the complaint investigation (2/20/24).</p> <p>A Policy and Procedure for checking HCWR and</p> | S9999         |   |                    |

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| S9999              | <p>Continued From page 2</p> <p>HCWBGC was requested and V1 said she looked but could not find one.</p> <p>On 2/20/24 at 3:30 PM the facility's HR department had not responded to the request for the HCWR and HCWBGC for this survey.</p> <p>(C)</p> | S9999         |   |                    |