PRINTED: 05/23/2024 FORM APPROVED

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6005292	B. WING		04/12/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
LENA LIV	NG CENTER	1010 SO LENA, IL	UTH LOGAN STI . 61048	REET	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
S 000	Initial Comments		S 000		
	Annual Licensure and	l Certification			
S9999	Final Observations		S9999		
	Statement of Licensul	re Violations (1 of 3)			
	300.615f)				
	Section 300.615 Dete Screening and Reque History Record Inform	est for Resident Criminal			
	on the Illinois Sex Off at www.isp.state.il.us of Corrections sex reg	eck for the individual's name ender Registration website and the Illinois Department gistrant search page at o determine if the individual ed sex offender.			
	This REQUIREMENT by:	was not met as evidenced			
	failed to check the Illin Registration Website of Corrections sex off This applies to 1 of 1 background checks in	nd record review the facility nois Sex Offender and the Illinois Department ender registrant website. residents (R54) reviewed for the sample size of 23 and 50, R161, and R162) outside			
	The findings include:				
		AM resident background ed for the last five resident			

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

(X6) DATE TITLE 04/30/24 **Electronically Signed**

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		IL6005292	B. WING		04	1/12/2024
	ROVIDER OR SUPPLIER		NDRESS, CITY, STATE OUTH LOGAN STRE	•		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
S9999	R15 was admitted on The facility was not a documentation of R1s checks for the Illinois Website and the Illinois Corrections sex offensearch. 2. On 4/9/23 at 9:15 checks were requeste admissions. The facility's admission R54 was admitted on The facility was not a documentation of R5c checks for the Illinois Website and the Illinois	on discharge report showed 3/27/24. ble to produce 5's admission background Sex Offender Registration bis Department of der registrant website AM resident background ed for the last five resident on discharge report showed 3/28/24. ble to produce 4's admission background Sex Offender Registration	S9999			
		AM resident background ed for the last five resident				
	The facility was not a documentation of R10 checks for the Illinois Website and the Illinois	ble to produce 60's admission background Sex Offender Registration				

Illinois Department of Public Health

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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			551251110.				
		IL6005292	B. WING		04	/12/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE			
LENA LIV	ING CENTER		JTH LOGAN STE	REET			
	OLIMANDY OT	LENA, IL		DDOVIDEDIO DI ANI OF COS			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
S9999	Continued From page	2	S9999				
		AM resident background ed for the last five resident					
	The facility's admission R161 was admitted o	on discharge report showed n 4/4/24.					
	checks for the Illinois Website and the Illino	61's admission background Sex Offender Registration					
	5.On 4/9/23 at 9:15 AM resident background checks were requested for the last five resident admissions.						
	The facility's admission R162 was admitted o	on discharge report showed n 4/4/24.					
	checks for the Illinois Website and the Illino	62's admission background Sex Offender Registration					
	Director stated she is background checks. admissions, she only offender data base ar V13 stated she does Illinois State Policy se Department of Correct base. V13 stated she	PM, V13 Social Service responsible for resident V13 stated, for new checks the national sex and the criminal history report. not verify resident status the ex offender data base or the ctions sex offender data e was never told to verify.					

Illinois Department of Public Health

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<u>Illinois De</u>	<u>epartment of Public Hea</u>	alth			
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
	l				
		IL6005292	B. WING		04/12/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	ſE, ZIP CODE	
LENATIV	ING CENTER	1010 SOU	TH LOGAN STR	REET	
LENA LIVI	NG CENTER	LENA, IL	61048		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
S9999	Continued From page	⇒ 3	S9999		
	criminally significant b	s to ensure residents with a backgrounds are identified, put in place to protect other			
		M, the facility's resident olicy was requested, and			
	С				
	Statement of Licensul	re Violations (2 of 3)			
	300.650d)				
	Section 300.650 Pers	sonnel Policies			
	d) The facility shall ch applicants with the He prior to hiring.	neck the status of all ealth Care Worker Registry			
	This REQUIREMENT by:	Γ was not met as evidenced			
	failed to ensure Healt checks were complete	nd record review the facility th Care Worker Registry ted prior to hire. This failure ffect all residents residing in			
	The findings include:				
	The CMS-671 dated 4 resided in the facility.	4/11/24 showed 56 residents			
		1, staff background checks ne previous 5 hired Certified			

Nursing Assistants (CNA's), the last hired

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	IL6005292	B. WING		04/12	2/2024	
R OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE			
ENTER			EET			
(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SH	HOULD BE	(X5) COMPLETE DATE	
tinued From page	4	S9999				
sekeeper, and the	last hired dietary aide.					
3/8/24. The facilities are Registry check in it was completed at the complete of the complete	ty provided Health Care k for V7 was not dated d. (No documentation the mpleted prior to hire.) vas 3/8/24. The facility Worker Registry check for nen it was completed. (No gistry check was completed vas 2/27/24. The facility Worker Registry check for nen it was completed. (No gistry check was completed.) vas 3/5/24. The facility Worker Registry check for nen it was completed.					
s Housekeeper hity provided Health ck for V18 was no pleted. (No docure completed prior to 1/10/24 at 12:40 Potor stated she was ground checks. Ver background ch	h Care Worker Registry t dated when it was mentation the registry check to hire.) PM, V14 Human Resources as responsible for staff's V14 stated the health care necks do not have a time					
	SUMMARY STA SUMMARY STA (EACH DEFICIENCY REGULATORY OR L inued From page ekeeper, and the Certified Nursing 3/8/24. The facilities for Registry chech it was complete try check was co so CNA hire date who ded Health Care was not dated who mentation the registry chech to hire.) So CNA hire date who ded Health Care was not dated who mentation the registry to hire.) So CNA hire date who ded Health Care was not dated who mentation the registry to hire.) So CNA hire date who ded Health Care was not dated who mentation the registry to hire.) So CNA hire date who ded Health Care was not dated who mentation the registry to hire.) So CNA hire date who ded Health Care was not dated who mentation the registry to hire.) So CNA hire date who ded Health Care was not dated who mentation the registry to hire.) So CNA hire date who ded Health Care was not dated who mentation the registry to hire.) So CNA hire date who ded Health Care was not dated who mentation the registry to hire.) So CNA hire date who ded Health Care was not dated who mentation the registry to hire.) So CNA hire date who ded Health Care was not dated who mentation the registry to hire.) So CNA hire date who ded Health Care was not dated who mentation the registry to hire.)	RECTION ILENA, IL SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) inued From page 4 ekeeper, and the last hired dietary aide. Certified Nursing Assistant (CNA) hire date 3/8/24. The facility provided Health Care for Registry check for V7 was not dated in it was completed. (No documentation the stry check was completed prior to hire.) S CNA hire date was 3/8/24. The facility ded Health Care Worker Registry check for was not dated when it was completed to hire.) S CNA hire date was 2/27/24. The facility ded Health Care Worker Registry check for was not dated when it was completed to hire.) S CNA hire date was 2/27/24. The facility ded Health Care Worker Registry check for was not dated when it was completed. (No mentation the registry check was completed to hire.) S CNA hire date was 3/5/24. The facility ded Health Care Worker Registry check for was not dated when it was completed. (No mentation the registry check was completed to hire.)	RECTION IL6005292 R OR SUPPLIER STREET ADDRESS, CITY, STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) INUME From page 4 ekeeper, and the last hired dietary aide. Certified Nursing Assistant (CNA) hire date 3/8/24. The facility provided Health Care the registry check for V7 was not dated in it was completed. (No documentation the try check was completed to hire.) S CNA hire date was 3/8/24. The facility ded Health Care Worker Registry check for was not dated when it was completed to hire.) S CNA hire date was 2/27/24. The facility ded Health Care Worker Registry check for was not dated when it was completed to hire.) S CNA hire date was 3/5/24. The facility ded Health Care Worker Registry check for was not dated when it was completed to hire.) S CNA hire date was 3/5/24. The facility ded Health Care Worker Registry check for was not dated when it was completed to hire.) S CNA hire date was 3/5/24. The facility ded Health Care Worker Registry check for was not dated when it was completed to hire.) S CNA hire date was 3/5/24. The facility ded Health Care Worker Registry check for was not dated when it was completed to hire.) S CNA hire date was 3/5/24. The facility ded Health Care Worker Registry check for was not dated when it was completed. (No mentation the registry check was completed to hire.) S CNA hire date was 3/5/24. The facility ded Health Care Worker Registry check for was not dated when it was completed. (No mentation the registry check was completed to hire.) S HOUSENED.	RECTION ILEON5292 R OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1010 SOUTH LOGAN STREET LENA, IL 61048 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Inued From page 4 ekeeper, and the last hired dietary aide. Certified Nursing Assistant (CNA) hire date 3/8/24. The facility provided Health Care ere Registry check for V7 was not dated when it was completed. (No mentation the registry check was completed to hire.) s CNA hire date was 3/8/24. The facility ded Health Care Worker Registry check for was not dated when it was completed to hire.) s CNA hire date was 3/5/24. The facility ded Health Care Worker Registry check for was not dated when it was completed to hire.) s CNA hire date was 3/5/24. The facility ded Health Care Worker Registry check for was not dated when it was completed to hire.) s CNA hire date was 3/5/24. The facility ded Health Care Worker Registry check for was not dated when it was completed to hire.) s CNA hire date was 3/5/24. The facility ded Health Care Worker Registry check for was not dated when it was completed to hire.) s CNA hire date was 3/5/24. The facility ded Health Care Worker Registry check for was not dated when it was completed to hire.) s CNA hire date was 3/5/24. The py provided Health Care Worker Registry k for V18 was not dated when it was completed to hire.) s Housekeeper hire date was 3/5/24. The py provided Health Care Worker Registry check completed prior to hire.) 1/10/24 at 12:40 PM, V14 Human Resources stor stated she was responsible for staff's ground checks. V14 stated the health care er background heaks. V14 stated the health care er background heaks. V14 stated the health care er background heaks. V14 stated the heak a time p to verify completion of the background	RECTION IDENTIFICATION NUMBER: IL6005292 R OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1010 SOUTH LOGAN STREET LENA, IL 61048 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PILL, REGULATORY OR LSC DENTIFYING INFORMATION) INUED FROM SECULATORY OR LSC DENTIFYING INFORMATION) INUED FROM SECULATORY OR LSC DENTIFYING INFORMATION) S9999 Recept, and the last hired dietary aide. Certified Nursing Assistant (CNA) hire date 318/24. The facility provided Health Care (Registry check for V7 was not dated was completed. (No documentation the try check was completed to hire.) S CNA hire date was 3/8/24. The facility dedd Health Care Worker Registry check for was not dated when it was completed to hire.) S CNA hire date was 3/5/24. The facility dedd Health Care Worker Registry check for was not dated when it was completed to hire.) S CNA hire date was 3/5/24. The facility dedd Health Care Worker Registry check for was not dated when it was completed to hire.) S CNA hire date was 3/5/24. The facility dedd Health Care Worker Registry check for was not dated when it was completed to hire.) S CNA hire date was 3/5/24. The facility dedd Health Care Worker Registry check for was not dated when it was completed to hire.) S CNA hire date was 3/5/24. The facility dedd Health Care Worker Registry check for was not dated when it was completed to hire.) S CNA hire date was 3/5/24. The facility dedd Health Care Worker Registry check for was not dated when it was completed to hire.) S Housekeeper hire date was 3/5/24. The provided Health Care Worker Registry check or was not dated when it was completed to hire.) 10/10/24 at 12-40 PM, V14 Human Resources to valed she was responsible for staff's ground checks. V14 stated the health care er background checks do not have a time p to verify completion of the background	

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On 4/10/24 at 4:00 PM, the facility's background

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6005292	B. WING		04/12/2024	
	ROVIDER OR SUPPLIER		DRESS, CITY, STA TH LOGAN STF 61048			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
S9999	Continued From page check policy for staff was provided.	was requested and none	S9999			
	300.661	re violations (0 of 0)				
	Section 300.661 Hea Check	lth Care Worker Background				
	A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code.					
	This REQUIREMENT by:	was not met as evidenced				
	failed to verify, prior to the Illinois Sex offend Corrections registry, I Inmate search, Depai wanted fugitive, Natio and the Health and H	onal Sex Offender registry, uman Services Office of the his failure has the potential				
	The findings include:					
	The CMS-671 dated resided in the facility.	4/11/24 showed 56 residents				
	were requested for th Nursing Assistants (C	staff background checks e previous 5 hired Certified :NA's), the last hired e last hired dietary aide.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6005292	B. WING		04/1	2/2024
	ROVIDER OR SUPPLIER	1010 SOUT	RESS, CITY, STA			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
\$9999	was 3/8/24. The facilial documentation the Illia Department of Corrections Inmate Corrections wanted for Offender registry, and Services Office of the were verified prior to V22's CNA hire date unable to provide docoffender registry, Department of the search, Department of the	Assistant (CNA) hire date lity was unable to provide nois Sex offender registry, ctions registry, Department research, Department of agitive, National Sex at the Health and Human Inspector General websites employment. Was 3/8/24. The facility was cumentation the Illinois Sex partment of Corrections Inmate of Corrections wanted Offender registry, and the dervices Office of the besites were verified prior to to the local prior t	S9999			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED		
		IL6005292	B. WING		04	1/12/2024
	ROVIDER OR SUPPLIER		DDRESS, CITY, STATI UTH LOGAN STRI - 61048			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
S9999	V19's Housekeeper If facility was unable to Illinois Sex offender in Corrections registry, Inmate search, Depa wanted fugitive, Natic and the Health and Inspector General weemployment. On 4/10/24 at 12:40 Director stated she we background checks. aware the above well prior to employment. notified (4/10/24) the registry needed to be On 4/11/24 at 9:44 A a website printout for Worker Registry for National The form listed the all check boxes next to checked. The forms a "The registry checks"	prire date was 3/5/24. The provide documentation the registry, Department of Department of Corrections artment of Corrections on the registry, Burnan Services Office of the rebsites were verified prior to the respective of the r	S9999			

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