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 IL6008502 07/27/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **409 WEST COMANCHE ROAD** PRAIRIE CROSSING LVG & REHAB SHABBONA, IL. 60550 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 **Annual Licensure Survey** S9999 Final Observations S9999 Statement of Licensure Violations: 300.615f) Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information 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 by: Based on interview and record review the facility failed to perform background checks within 24 hours of admission for 2 of 10 residents (R25 and R31) reviewed for identified offender in the sample of 10. The findings include: 1. R31's Face Sheet shows that she was admitted to the facility on 6/10/22. R31's ISP (Illinois State Police) website check and IDOC (Illinois Department of Corrections) website check was performed on 11/19/20.

linois Department of Public Health ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

R25's Face Sheet shows that she was

TITLE

Attachment A Statement of Licensure Violations

(X6) DATE

PRINTED: 08/24/2022 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 IL6008502 07/27/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **409 WEST COMANCHE ROAD** PRAIRIE CROSSING LVG & REHAB SHABBONA, IL 60550 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 admitted to the facility on 5/20/22. R25's name was checked on the ISP and IDOC website on 6/29/22. On 7/25/22 at 1:48 PM, V10 (Regional Business Office) said that the website background checks should be done before admission and the name based check is done within 24 hours of admission. V10 said that she is not sure why R25's checks were done late. V10 said that they used R31's background checks from when she admitted to the assisted living facility but should have ran them again before she admitted to the current facility. The facility's Abuse Prevention Program Policy dated 2/2017 shows, "Pre-Admission Screening of Potential ResidentsThis facility will: Request a Criminal History Background Check within 24 hours after admission of a new resident. Check for the resident's name on the Illinois Sex Offender Registration Web siteCheck for the resident's name on the Illinois Department of Corrections sex registrant search page" (C)