

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003339	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/08/2022
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NAME OF PROVIDER OR SUPPLIER PEARL PAVILION	STREET ADDRESS, CITY, STATE, ZIP CODE 900 SOUTH KIWANIS DRIVE FREEPORT, IL 61032
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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 and Certification Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 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 by: Based on record review and interview, the facility failed to check the Illinois Department of Corrections (IDOC) website as part of the resident background check.	S9999	Attachment A Statement of Licensure Violations	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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S9999	<p>Continued From page 1</p> <p>This applies to 9 of 10 residents (R107, R108, R109, R257, R258, R259, R260, R261, and R262) reviewed for background checks in the sample of 18.</p> <p>The findings include:</p> <p>R107's Face Sheet dated 6/8/22 shows she was admitted on 6/2/22, R108's Face Sheet dated 6/8/22 shows he was admitted on 5/9/22, R109's Face Sheet dated 6/8/22 shows he was admitted on 5/31/22, R257's Face Sheet dated 6/8/22 shows he was admitted on 6/7/22, R258's Face Sheet dated 6/8/22 shows he was admitted on 6/7/22, R259's Face Sheet dated 6/8/22 shows she was admitted on 6/5/22, R260's Face Sheet dated 6/8/22 shows she was admitted on 6/1/22, R261's Face Sheet dated 6/8/22 shows she was admitted on 5/17/22, and R262's Face sheet dated 6/8/22 shows he was admitted on 5/11/22.</p> <p>No documentation was provided by the facility for the criminal background check from the IDOC website for R107, R108, R109, R257, R258, R259, R260, R261, or R262.</p> <p>On 6/8/22 at 10:08 AM, V2, Assistant Administrator/Human Resources (HR), said she is not checking the IDOC website as part of the resident background checks. V2 said she was not aware she needed to check the IDOC for residents.</p> <p>The facility's Resident Criminal History Background Checks Identified Offender Notification Procedures (undated) provided by the facility shows ...In accordance with provisions of the Nursing Home Care Act, this facility shall</p>	S9999		
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S9999	Continued From page 2 check the criminal history background on any resident seeking admission to the facility ... (C)	S9999		