

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001366	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/04/2023
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NAME OF PROVIDER OR SUPPLIER ALDEN POPLAR CREEK REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 1545 BARRINGTON ROAD HOFFMAN ESTATES, IL 60169
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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
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S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>1 of 2</p> <p>300.340c)3)C)iii)</p> <p>Section 300.340 Incorporated and Referenced Materials</p> <p>c) The following statutes and State regulations are referenced in this Part:</p> <p>3) State of Illinois rules</p> <p>C) Department of Public Health:</p> <p>iii) Food Code (77 Ill. Adm. Code 750)</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure two food service employees had active Food Handler's Certifications. This has the potential to affect all residents residing in the facility.</p> <p>The findings include:</p> <p>The CMS 672, dated 10/2/23, shows the facility has 132 residents residing in the facility.</p> <p>Facility Dietary Schedule for 9/17/23 through 10/15/23 shows V12 (Dietary Aide) and V13 (Dietary Aide) as active employees.</p> <p>On 10/3/23 at 9:18 AM, V11 (Food Service</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

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

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001368	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/04/2023
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NAME OF PROVIDER OR SUPPLIER ALDEN POPLAR CREEK REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 1545 BARRINGTON ROAD HOFFMAN ESTATES, IL 60189
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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
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S9999	<p>Continued From page 1</p> <p>Director) said V12 was hired on 8/18/06, and V13 was hired on 1/11/23.</p> <p>V12's Food Handler's Certification shows issue date of 10/2/23.</p> <p>V13's Food Handler's Certification shows issue date of 10/2/23.</p> <p>On 10/3/23 at 1:54 PM, V11 said the rule is for Dietary staff to have their Food Handler's Certification within 30 days of hire, and that each staff member must have a current Food Handler's Certification.</p> <p>(C)</p> <p>2 of 2</p> <p>300.661</p> <p>Section 300.661 Health Care Worker Background Check A facility shall comply with the Health Care Worker Background Check Act [225 ILCS 46] and the Health Care Worker Background Check Code (77 Ill. Adm. Code 955).</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to conduct a background check for four Certified Nursing Assistants (CNAs) within 10 days of being hired. This has the potential to affect all residents residing in the facility.</p> <p>The findings include:</p>	S9999		
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NAME OF PROVIDER OR SUPPLIER ALDEN POPLAR CREEK REHAB & HCC		STREET ADDRESS, CITY, STATE, ZIP CODE 1545 BARRINGTON ROAD HOFFMAN ESTATES, IL 60169		
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S9999	<p>Continued From page 2</p> <p>The CMS 672, dated 10/2/23, shows the facility has 132 residents residing in the facility.</p> <p>Facility provided employee file for V23 (Certified Nursing Assistant [CNA]), shows a hire date of 5/8/23. Illinois Department of Corrections Inmate Search conducted on V23 shows a search date of 10/3/23, 148 days later.</p> <p>Facility provided employee file for V17 (CNA), shows a hire date of 5/9/23. Illinois Department of Corrections Inmate Search conducted on V17 shows a search date of 9/22/17. On 10/3/23 at 1:31 PM, V14 (Business Office Manager) stated, "(V17) left and was re-hired. A background check should have been completed when (V17) was re-hired." V14 completed V17's background check on 10/3/23; 147 days later.</p> <p>Facility provided employee file for V16 (CNA), shows a hire date of 6/21/23. Illinois Department of Corrections Inmate Search conducted on V16 shows a search date of 10/3/23; 104 days later.</p> <p>Facility provided employee file for V15 (CNA), shows a hire date of 12/22/22. Illinois Department of Corrections Inmate Search conducted on V15 shows a search date of 1/9/23; 18 days later.</p> <p>On 10/3/23 at 1:31 PM, V14 said background checks are ideally completed before an employee's start date.</p> <p>Facility Background Check- Employees In-Service, dated 10/3/23, shows, "Business Office Manager must complete a background check before employees start their first shift."</p> <p>(C)</p>	S9999		