

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007181	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/11/2024
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NAME OF PROVIDER OR SUPPLIER ARCADIA CARE AUBURN	STREET ADDRESS, CITY, STATE, ZIP CODE 304 MAPLE AVENUE AUBURN, IL 62615
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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 Certification Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.625c)1)2) Section 300.625 Identified Offenders c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following: 1) Immediately notify the Department of State Police, in the form and manner required by the Department of State Police, that the resident is an identified offender. 2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files. These Regulations are not met as evidenced by: Based on record review and interviews the facility	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 01/31/24
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S9999	<p>Continued From page 1</p> <p>failed to comply with the identified offender program guidelines. This failure has the potential to affect all 59 residents in the facility.</p> <p>Findings include:</p> <p>1. R52's face sheet dated 1/11/2023 documents admission date of 2/6/2023. On 1/10/2023 facility provided R52's Criminal History Information Response Process dated 2/7/2023, documentation of finger printing completed on 3/21/2023 and documentation of facility notified the State Agency Identified Offender Program on 3/29/2023.</p> <p>R14's face sheet date 1/11/2023 documents admission date of 2/5/2016. On 1/10/2023 facility provided R14's Criminal History information Response Process dated 2/23/2017, documentation of finger printing completed on 3/21/2023 and documentation of facility notified the State Agency Identified Offender Program on 3/29/2023.</p> <p>R11's face sheet date 1/11/2023 documents admission date of 7/5/2023. On 1/10/2023 facility provided R11's Criminal History information Response Process dated 7/6/2023, documentation of finger printing completed on 9/20/2023 and documentation of facility notified the State Agency Identified Offender Program on 9/27/2023. The facility provided documentation date 10/3/2023 that Illinois State Police came to facility and interviewed R11.</p> <p>R34's face sheet date 1/11/2023 documents admission date of 12/7/2023. On 1/10/2023 facility provided R34's Criminal History Information Response Process dated</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>12/8/2023, documentation of finger printing completed on 12/19/2023 and documentation of facility notified the State Agency Identified Offender Program on 12/19/2023. Facility provided documentation dated 1/3/2024 that Illinois State Police came to interview R34.</p> <p>R46's face sheet date 1/11/2023 documents admission date of 8/25/2023. On 1/10/2023 facility provided R46's Criminal History Information Response Process dated 8/28/2023, documentation of finger printing completed on 9/20/2023 and documentation of facility notified the State Agency Identified Offender Program on 9/27/2023.</p> <p>R26's face sheet date 1/11/2023 documents admission date of 12/31/2020. On 1/10/2023 facility provided R14's Criminal History Information Response Process dated 11/24/2023, documentation of finger printing completed on 12/19/2023 and documentation of facility notified the State Agency Identified Offender Program on 12/21/2023.</p> <p>On 1/10/2023 at 10:30am V7 (Business of Manager) stated she has not seen the facility policy on the identified offenders. V7 states she did an audit in 3/2023 of resident background checks and found that some had not been done. V7 states she has 6 identified offenders in the facility and that the background checks have not been done timely. V7 states that the facility has not received the risk assessment from the Illinois State Police for R52, R14, R11, R34, R46 and R26. V7 states she has attempted to contact Illinois State Police on 1/10/2024 but prior to that she has not attempted to locate the risk assessment for R52, R14, R11, R34, R46 and R26.</p>	S9999		

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