

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6002489</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/24/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>APERION CARE CAPITOL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>555 WEST CARPENTER SPRINGFIELD, IL 62702</b>
---	--

(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 Survey	S 000		
S9999	Final Observations  Statement of Licensure Violations (1 of 2):  300.650c) 300.650d)  Section 300.650 Personnel Policies  c) Prior to employing any individual in a position that requires a State license, the facility shall contact the Illinois Department of Financial and Professional Regulation to verify that the individual's license is active. A copy of the license shall be placed in the individual's personnel file.  d) The facility shall check the status of all applicants with the Health Care Worker Registry prior to hiring.  Based on interview and record review, the facility failed to conduct resident screenings for Identified Offenders to determine if a level of risk exists. This had the potential to affect all of the 109 residents living in the facility.  Findings include:  The Facility's Abuse Prevention and Reporting Policy dated 11/28/2016 documents, "This facility shall check the criminal history background on any resident seeking admission to the facility in order to identify previous criminal convictions. The facility will: Request a Criminal History Background Check within 24 hours after admission of a new resident.	S9999		

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

TITLE

(X6) DATE  
08/09/24

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6002489</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/24/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>APERION CARE CAPITOL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>555 WEST CARPENTER SPRINGFIELD, IL 62702</b>
---	--

(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
S9999	<p>Continued From page 1</p> <p>On 7/17/2024 at approximately 10:30 AM, V24, Business Office Manager (BOM) stated R316 was admitted to the Facility on 7/8/2024. V24 also stated she "runs a CHIRP) Criminal History Information Response Process once the resident admits to the Facility and usually receives the results the same day.</p> <p>On 7/17/2024 R316's Electronic Medical Record was reviewed and documents R316's CHIRP was dated 7/11/2024.</p> <p>On 7/17/2024 at 2:50 PM, V24 stated, "That was probably my error. It (the CHIRP request) was sent off (to the Illinois State Police) on Thursday July 11th (2024). She was admitted on Monday July 8th (2024). I am not sure why it wasn't sent until Thursday (July 11th, 2024).</p> <p>On 7/18/2024 at 1:05 PM, V1 Administrator, stated, "They probably just forgot to hit 'send'. I have reached out to corporate, but I could not find a policy regarding resident background checks."</p> <p>The Facility's CMS (Center for Medicare and Medicaid Services) form dated 7/15/2024 documents there are 109 residents residing in the Facility. (C)</p> <p>Statement of Licensure Violations (2 of 2):</p> <p>Section 300.661 Health Care Worker Background Check</p> <p>300.661</p> <p>A facility shall comply with the Health Care</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6002489</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/24/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>APERION CARE CAPITOL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>555 WEST CARPENTER SPRINGFIELD, IL 62702</b>
---	--

(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
S9999	<p>Continued From page 2</p> <p>Worker Background Check Act and the Health Care Worker Background Check Code.</p> <p>This Requirement is NOT MET as evidence by:</p> <p>Based on interview and record review, the facility failed to obtain conduct pre-employment screening by obtaining results of fingerprint checks, to determine if employees had a prior criminal history which would disqualify them for employment. This had the potential to affect all of the 109 residents living in the facility.</p> <p>Findings include:</p> <p>The Facility's Abuse Prevention and Reporting Policy dated 11/28/2016 documents, "Prior to a new employee starting a work schedule, this facility will: Initiate an Illinois State Police live scan fingerprint check for any unlicensed individual being hired without a previous fingerprint check".</p> <p>On 7/17/2024 at 9:20 AM, V21, Human Resources (HR) stated she was hired the Facility in February 2024. V21 stated she runs a background check on all potential hires before she offers them a position of employment. V21 states no staff member is allowed to work prior to getting the results of the background check.</p> <p>1. On 7/17/2024 at 11:40 AM, V21 stated V21 did a facility wide audit of employee background checks and that prior to being hired, there was no one at the Facility in the HR position. V21 stated V22, Maintenance, was hired on 11/16/2023. V21 stated she immediately sent an application for V22 to get fingerprints. V21 stated V22's fingerprints were completed on 4/1/2024.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6002489</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/24/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>APERION CARE CAPITOL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>555 WEST CARPENTER SPRINGFIELD, IL 62702</b>
---	--

(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
S9999	<p>Continued From page 3</p> <p>V22's Health Care Worker Background Check Application was dated 3/19/2024.</p> <p>2. V23's (Housekeeping) Health Care Worker Background Check Application documents V23 was hired on 11/15/2023 and did not get completed until 5/3/2024. V23's Finger print receipt provided by V21 documents V23's fingerprints were completed on 5/29/2024.</p> <p>On 7/18/2024 at 9:52 AM, V1, Administrator, stated corporate staff were completing the employee background checks while the Facility's HR position was vacant.</p> <p>On 7/18/2024 at 12:30 PM, V1 stated she did not have access to the employee background checks.</p> <p>On 7/18/2024 at 1:15 PM, V1 Administrator stated again she did not have access to the employee background checks until recently and the 2 staff members who did at the time of V22 and V23's hire were no longer with the company. V1 confirmed she could not provide confirmation or documentation of the background checks for V22 or V23 prior to their hire.</p> <p>The Facility's CMS (Center for Medicare and Medicaid Services) form dated 7/15/2024 documents there are 109 residents residing in the Facility. (C)</p>	S9999		