| Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007520 | | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING | | (X3) DATE SURVEY COMPLETED 07/18/2024 | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------|
| | | IL6007520 | | | | |
| | | DRESS, CITY, S | STATE, ZIP CODE | | | |
| APERION | N CARE PLUM GROV | F | | OVE ROAD | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | E, IL 60067 ID PREFIX TAG | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY) | JLD BE | (X5) COMPLET DATE |
| S 000 | Initial Comments | | S 000 | | | |
| | Annual Licensure a | nd Certification | | | | |
| S9999 | Final Observations | | S9999 | | | |
| | Statement of Licens 300.661 | sure Violations: | | | | |
| | Section 300.661 Health Care Worker Background Check | | | | | |
| | Worker Backgroun | bly with the Health Care d Check Act and the Health ground Check Code. | | | | |
| | This requirement is | NOT MET as evidenced by: | | | | |
| | failed to follow its p background checks employees reviewe | s for one (V11) of 10 d for background checks. This ntial to affect 61 residents | | | | |
| | Findings include: | | | | | |
| | Per census report, currently residing ir | there are 61 residents h the facility. | | | | |
| | completed backgro employees. V3 stat background check Nursing Assistant). since 03/18/2024. V offender and Depar sex Offender, DOC | Opm V3 (Human Resources) und screening check for 10 red, I cannot find the reports for V11 (Certified V11 has been working here /11 is missing the Illinois Sex rtment of Correction (DOC) Inmate search, DOC wanted Office of Inspector General | | | | |
| | tment of Public Health | DER/SUPPLIER REPRESENTATIVE'S SIG | | TITLE | | (X6) DATE |
| | ically Signed | DEINGUFFLIER REPRESENTATIVES SIC | | | | 08/05/24 |
| | M | | 6899 | PPP11 | If continue | ation sheet 1 |

| AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | | | |
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| | | IL6007520 | B. WING | | 07/ | 18/2024 | | |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE APERION CARE PLUM GROVE 24 SOUTH PLUM GROVE ROAD PALATINE, IL 60067 | | | | | | | | |
| | | | | | | | | |
| S9999 | Continued From pa | age 1 | S9999 | | | | | |
| | surveyor was provie and Department of Offender, DOC Inm fugitive report, and (OIG) reports with s On 07/17/24 at 10: forgot to run V11's have any other exp let that slide by. I (V yesterday and prov On 07/17/24 at 10: stated, my expecta checks is that they date. On 07/17/24 at 3:4 Administrator/Admi Administrator state background check | 19 AM Administrator (V1) tion regarding background are all completed prior to start 1 PM V5 (Former inistrator trainer) and (V1) d, we do not have a policy. We go off the | 5 | | | | | |
| | regulations. When | asked what regulations they aid that they would have to | | | | | | |
| | following link: https://www.dhs.sta 5 as what they follo guidelines. This link | 3:23 AM (V1) provided the ate.il.us/page.aspx?item=4812 w for background check < contains PROFESSIONS, | | | | | | |
| | (225 ILCS 46/) Hea Check Act. | ND BUSINESS OPERATIONS alth Care Worker Background rt: (d) On October 1, 2007 or | | | | | | |
| | as soon thereafter the discretion of the thereafter, a health | as is reasonably practical, in e Director of Public Health, and care employer who makes a employment to an applicant | Ŀ | | | | | |

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| AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
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| | IL6007520 | | B. WING | | 07/ | 18/2024 |
| NAME OF | PROVIDER OR SUPPLIER | | DDRESS, CITY, ST | | | |
| APERIO | N CARE PLUM GROV | Έ | 'H PLUM GRO' E, IL 60067 | VE ROAD | | |
| (X4) ID | SUMMARY STATEMENT OF DEFICIENCIES | | ID | | | |
| PRÉFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY | HE APPROPRIATE | COMPLET DATE |
| S9999 | Continued From pa | ige 2 | S9999 | | | |
| | fingerprint-based co requested by the D the applicant, if suc been previously con obtaining from a stu- his or her social se a disclosure statem the Department of request a fingerprin records check; tran- electronically to the conducting Internet sites, including with Offender Registry, Sex Offender Searc Corrections' Inmate Department of Corr Search Engine, the Registry, and the L Entities database o and Human Service to determine if the a sex offender, has committed Medicar conducting similar and having the stud fingerprints collecte electronically to the Care Worker Regis clearance must be and annually therea hires or other empl background check It will also confirm v disqualifying crimin background check | employee shall initiate a riminal history record check, epartment of Public Health, on ch a background check has no nducted. "Initiate" means udent, applicant, or employee curity number, demographics, nent, and an authorization for Public Health or its designee to the based criminal history is mitting this information e Department of Public Health; is searches on certain web nout limitation the Illinois Sex the Department of Corrections ch Engine, the Department of e Search Engine, the rections Wanted Fugitives e National Sex Offender Public ist of Excluded Individuals and on the website of the Health es Office of Inspector General applicant has been adjudicated is been a prison inmate, or has re or Medicaid fraud, or searches as defined by rule; dent, applicant, or employee's ed and transmitted e Illinois State Police. Health stry (HCWR) Clearance This conducted at the time of hire after to confirm whether new oyees have a criminal result reported to the HCWR. whether the person has a al conviction, If criminal results are not reported on the eas, they must immediately criminal background check | | | | |

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| AND PLAN OF CORRECTION IDENTIFICA | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
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| | | IL6007520 | B. WING | | | 07/18/2024 |
| AME OF F | PROVIDER OR SUPPLIER | | DDRESS, CITY, ST | | | |
| PERION | N CARE PLUM GROV | F | TH PLUM GRO\ NE, IL 60067 | /E ROAD | | |
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| S9999 | Continued From pa | ige 3 | S9999 | | | |
| | state agency. | | | | | |
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