

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004204	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/24/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE ST ELMO	STREET ADDRESS, CITY, STATE, ZIP CODE 221 EAST CUMBERLAND ST ELMO, IL 62458
---	---

(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 Health Licensure Certification Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 300.625a) 300.625c)1)2) 300.625f)1 a) The facility shall review the results of the criminal history background checks immediately upon receipt of these checks. 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. f) If identified offenders are residents of a facility, the facility shall comply with all of the following requirements: 1) The facility shall inform the appropriate county and local law enforcement offices of the identity of identified offenders who are registered sex offenders who are residents of the facility. This requirement is not met as evidenced by: Based on interview and record review the facility failed to perform finger printing for a resident whose criminal back ground check revealed a criminal record for 1 of 10 residents (R37)	S9999		

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

TITLE

(X6) DATE
08/10/24

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004204	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/24/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE ST ELMO	STREET ADDRESS, CITY, STATE, ZIP CODE 221 EAST CUMBERLAND ST ELMO, IL 62458
---	---

(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>reviewed for back ground checks in a sample of 35.</p> <p>Findings included:</p> <p>R37's face sheet documented admission date to this facility on 6/14/2024. R37's CHIRP (Criminal History Information Response Process) report dated 7/12/2024 revealed R37 has a criminal history with convictions.</p> <p>On 7/23/2024 at 10:30am, V1 (Administrator) said she failed to request a fingerprint based criminal background check for R37 because she did not realize this needed done. V1 said the facility failed perform R37's fingerprint background check within the 72 hour time requirement.</p> <p>On 7/23/2024 at 8:30am, V4 (Social Service Director) said she did not request a fingerprint background check within the 72 hour required time frame for R37 after his CHIRP revealed R37 had a criminal background history with convictions.</p> <p>(C)</p>	S9999		