(X6) DATE

Illinois Department of Public Health

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | (X2) MULTIPLE CONSTRUCTION  A. BUILDING: |  | (X3) DATE SURVEY<br>COMPLETED |                          |
|---|--|--|--|--|-------------------------------|--------------------------|
|   |  | IL6010037  | B. WING                                  |  | 08/2                          | 2/2024                   |
| NAME OF F   | PROVIDER OR SUPPLIER   | STREET ADI   | DRESS, CITY, S                           | STATE, ZIP CODE  |                               |                          |
| WILLOW  | WILLOWS HEALTH CENTER  4054 ALBRIGHT LANE  ROCKFORD, IL 61103  |  |  |  |                               |                          |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES<br>'MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG                      | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | D BE                          | (X5)<br>COMPLETE<br>DATE |
| S 000   | Initial Comments   |  | S 000                                    |  |                               |                          |
|   | Annual Licensure S   | urvey  |  |  |                               |                          |
| S9999   | Final Observations   |  | S9999                                    |  |                               |                          |
|   | Statement of Licens<br>300.615e)<br>300.615f)  | sure Violations:   |  |  |                               |                          |
|   | Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act) |  |  |  |                               |                          |
|   | on the Illinois Sex C<br>at www.isp.state.il.u<br>of Corrections sex r   | check for the individual's name offender Registration website us and the Illinois Department registrant search page at to determine if the individual ered sex offender. |  |  |                               |                          |
|   | A. Based on record facility failed to subr   | NT is not met as evidenced by: If review and interview, the mit background checks within ion. This applies to 6 of 10  |  |  |                               |                          |

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

09/04/24 **Electronically Signed** 

TITLE

Illinois Department of Public Health

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:                            | (X2) MULTIPLE CONSTRUCTION  A. BUILDING: |  | (X3) DATE SURVEY<br>COMPLETED |                          |
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|   |   | IL6010037   | B. WING                                  |  | 08/2                          | 2/2024                   |
| NAME OF   | PROVIDER OR SUPPLIER  |   | DRESS, CITY, S                           | STATE, ZIP CODE  |                               |                          |
| WILLOW  | S HEALTH CENTER   |   | RD, IL 61103                             |  |                               |                          |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENCY  | TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION) | ID<br>PREFIX<br>TAG                      | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | .D BE                         | (X5)<br>COMPLETE<br>DATE |
| S9999   | Continued From page 1   |   | S9999                                    |  |                               |                          |
|   | residents (R34, R36, R40, R41, R43, R131) that were reviewed for criminal background checks in the sample of 10.  |   |  |  |                               |                          |
|   | The findings include:   |   |  |  |                               |                          |
|   | From the Admission summary dated 8/8/24-8/29/24, the admission date for R34 was 8/16/24. The background check form was submitted 8/20/24, four days later.  |   |  |  |                               |                          |
|   |   | admission date for R36 was round check form was                               |  |  |                               |                          |
|   | From the Admission summary dated 8/8/24-8/29/24, the admission date for R40 was 8/16/24. The background check form was submitted 8/19/24, three days later. |   |  |  |                               |                          |
|   |   | admission date for R41 was<br>ound check form was                             |  |  |                               |                          |
|   |   | admission date for R43 was<br>ound check form was                             |  |  |                               |                          |
|   |   | admission date for R131 was bund check form was                               |  |  |                               |                          |
|   | B Based on record   | d review and interview, the   |  |  |                               |                          |

Illinois Department of Public Health

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Illinois Department of Public Health

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPLE CONSTRUCTION  A. BUILDING: |  |         | (X3) DATE SURVEY<br>COMPLETED |  |
|---|--|---|--|--|---------|-------------------------------|--|
|   |  | IL6010037   | B. WING                                  |  | 08/2    | 22/2024                       |  |
| NAME OF I   | PROVIDER OR SUPPLIER   | STREET ADI  | DRESS, CITY, S                           | STATE, ZIP CODE  |         |                               |  |
| WILLOW  | S HEALTH CENTER  |   | RIGHT LANE<br>RD, IL 61103               |  |         |                               |  |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES<br>'MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG                      | PROVIDER'S PLAN OF CORREC<br>(EACH CORRECTIVE ACTION SHO<br>CROSS-REFERENCED TO THE APP<br>DEFICIENCY) | OULD BE | (X5)<br>COMPLETE<br>DATE      |  |
| S9999   | facility failed to chec<br>Corrections (IDOC)<br>State Police (ISP) v<br>10 residents (R31,<br>R41, R42, R43, R13<br>criminal background<br>The findings include<br>From the Admission<br>8/8/24-8/29/24, the<br>8/19/24. As of 8/22/<br>website were never<br>From the Admission<br>8/8/24-8/29/24, the<br>8/19/24. As of 8/22/<br>website were never<br>From the Admission<br>8/8/24-8/29/24, the<br>8/16/24. As of 8/22/<br>website were never<br>From the Admission<br>8/8/24-8/29/24, the<br>8/16/24. As of 8/22/<br>website were never<br>From the Admission<br>8/8/24-8/29/24, the<br>8/16/24. As of 8/22/<br>website were never<br>From the Admission<br>8/8/24-8/29/24, the<br>8/15/24. As of 8/22/<br>website were never | ck the Illinois Department of website and check the Illinois website. This applies to 10 of R33, R34, R36, R38, R40, 31) that were reviewed for ds in the sample of 10.  E:  In summary dated admission date for R31 was /24, the IDOC and the ISP rehecked.  In summary dated admission date for R33 was /24, the IDOC and the ISP rehecked.  In summary dated admission date for R34 was /24, the IDOC and the ISP rehecked.  In summary dated admission date for R36 was /24, the IDOC and the ISP rehecked.  In summary dated admission date for R36 was /24, the IDOC and the ISP rehecked.  In summary dated admission date for R38 was /24, the IDOC and the ISP rehecked.  In summary dated admission date for R38 was /24, the IDOC and the ISP rehecked.  In summary dated admission date for R40 was /24, the IDOC and the ISP rehecked. | S9999                                    |  |         |                               |  |
|   | From the Admission   | i summary dated   |  |  |         |                               |  |

Illinois Department of Public Health

STATE FORM 6899 6THL11 If continuation sheet 3 of 4

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   | (X2) MULTIPLE CONSTRUCTION A. BUILDING: |  | (X3) DATE SURVEY<br>COMPLETED |                          |
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|   |  |  |   |  |                               |                          |
|   |  | IL6010037  | B. WING                                 |  | 08/2                          | 2/2024                   |
| NAME OF I   | PROVIDER OR SUPPLIER   |  |   | STATE, ZIP CODE  |                               |                          |
| WILLOW  | S HEALTH CENTER  |  | RIGHT LANI<br>RD, IL 61103              |  |                               |                          |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG                     | PROVIDER'S PLAN OF CORRECTI<br>(EACH CORRECTIVE ACTION SHOUI<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | _D BE                         | (X5)<br>COMPLETE<br>DATE |
| S9999   | 8/8/24-8/29/24, the 8/9/24. As of 8/22/2 website were never From the Admission 8/8/24-8/29/24, the 8/18/24. As of 8/22/2 website were never From the Admission 8/8/24-8/29/24, the 8/9/24. As of 8/22/2 website were never From the Admission 8/8/24-8/29/24, the 8/9/24. As of 8/22/2 website were never On 8/22/24 at 9:10 V15 (Director of Nu comes in on a weel would wait until son the background check been done until the not know anything a offender website. We check the national willinois does not rep | admission date for R41 was 24, the IDOC and the ISP of checked.  In summary dated admission date for R42 was 24, the IDOC and the ISP of checked.  In summary dated admission date for R43 was 24, the IDOC and the ISP of checked.  In summary dated admission date for R131 was 24, the IDOC and the ISP of checked.  In summary dated admission date for R131 was 24, the IDOC and the ISP of checked.  AM, V11 (Admissions) and or sing) stated, "If a resident extend after hours, then we heene is in the office to initiate eack. We don't have anyone had with access to the system so that's why it hasn't next business day. We did about checking the Illinois sex all we we we will be about the characteristic of the national website."  Tacility was unable to provide a aground check process upon | S9999                                   |  |                               |                          |
|   |  |  |   |  |                               |                          |

Illinois Department of Public Health STATE FORM

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