(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6009161	B. WING		01/18/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
STEPHEN	SON NURSING CENTER		JTH WALNUT R	OAD	
			RT, IL 61032		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
S 000	Initial Comments		S 000		
	Annual Licensure Sur	vey			
S9999	Final Observations		S9999		
	Statement of Licensui	re Violations (1 of 3):			
	300.625 f)				
	Section 300.615 Dete Screening and Reque History Record Inform	st for Resident Criminal			
	on the Illinois Sex Offortheat www.isp.state.il.us of Corrections sex reg	eck for the individual's name ender Registration website and the Illinois Department gistrant search page at o determine if the individual ed sex offender.			
	This REQUIREMENT by:	was not met as evidenced			
	failed to ensure all res	ning was completed for 5 of , R29, R192, R38) reviewed			
	The findings include:				
	12/29/23. R21's Illinoi Check was dated 1/1' Offender Registry Che 1/16/24. R21 did not h Corrections check cor				

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed 02/10/24

TITLE

STATE FORM 6899 FDGT11 If continuation sheet 1 of 9

Illinois Department of Public Health

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		· ,	E SURVEY PLETED
		IL6009161	B. WING		01	/18/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
CTEDUEN	ICON NUBCING CENTER	2946 SO	UTH WALNUT ROA	AD.		
STEPHEN	ISON NURSING CENTER	FREEPO	ORT, IL 61032			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
S9999	Continued From page	: 1	S9999			
	Check was dated 1/1	•				
	11/17/23. R29's Illinoi Check was dated 1/1 Offender Registry Ch	wed she was admitted on s Sex Offender Registry 1/24. R29's National Sex eck was completed on nave a Department of mpleted.				
	1/3/24. R192's Illinois Check was dated 1/1 Offender Registry Ch	owed she was admitted on Sex Offender Registry 1/24. R192's National Sex eck was completed on have a Department of mpleted.				
	11/22/23. R21's Illinoi Check was dated 1/1 Offender Registry Ch	wed she was admitted on s Sex Offender Registry 1/24. R21's National Sex eck was completed on nave a Department of mpleted.				
	was new to the long-t been employed at the V5 said the facility ha in how to perform the screening for criminal she was supposed to History Information R accepting a resident to other checks that need was responsible for R R38's pre-admission	M, V5 (Admissions) said she erm care world but had a facility for a few months. It deprovided minimal training resident pre-admission history. V5 said she knew run the CHIRP (Criminal esponse Process) before but was not aware of the ded to be done. V5 said she iz1, R39, R29, R192, and screening processes. V5 Iministrator) informed her				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		11 0000404	B. WING		04/40/0004
		IL6009161	B. Wiito		01/18/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE	E, ZIP CODE	
STEDHEN	SON NURSING CENTER	2946 SOL	ITH WALNUT RO	AD	
STEPHEN	SON NORSING CENTER	FREEPOR	RT, IL 61032		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
S9999	Continued From page	2	S9999		
	that other checks nee is why all the Illinois S done on 1/11/24 and 3 Offender Checks were she didn't know that a be done. V5 stated, "I because I didn't know they try to help me who minimal training in this On 1/17/24 at 3:54 Ph the policy for pre-adm facility's abuse policy, facility, she started in realized V5 was not a pre-admission screen purpose of resident prensure they are approximated to V5 (Admis limited information. Vi important part of the roriminal background of safety issue, then the resident's insurance as isn't deemed safe to lithen the resident does The facility's Abuse P "The following is an A that meets CMS requi Appendix PP, effective the October 4, 2016 CERG 68688-68872. P	ded to be done. V5 said that Sex Offender Checks were all the National Sex e done on 1/16/24. V5 said all these checks needed to I'm working on catching up to Everyone's so busy and then they can, but I've had as process." M, V1 (Administrator) said hission screening is in the IV1 said V5 is newer to the October 2023. V1 said she ware of all the resident ings last week. V1 said the re-admission screening is to opriate to live in a le facility abuse policy is all the residents safe. V1 he reviewed the education assions) and there was 1 stated, "This is the most resident screening. If the check comes back as a re is no need to review the land care needs. If a resident ive in a community setting, son't matter." olicy dated 3/2021 showed, buse Prevention Program irements in the updated le November 28, 2016, and CMS Final Rule, 81 Fed. Holicy: This facility affirms the to be free from verbal, ttal abuse, neglect,			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		IL6009161	B. WING		01/1	8/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
STEPHEN	SON NURSING CENTER		TH WALNUT RO T, IL 61032	DAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
S9999	mistreatment of reside facility has attempted sensitive and resident purpose of this policy is doing all that is with occurrences This capre-employment screen pre-admission screen Pre-Admission Screen This Facility shall che background on any rethe facility in order to convictions. The facilith History Background Chours after admission the resident's name of Registration Web site for the resident's name of Corrections sex regwww.idoc.state.il.us. Ingerprint checks, an Report and Recommendations of the sensitive services and the sensitive services and the sensitive se	bits abuse, neglect, opriation of property, and ents. IN order to do so, the to establish a resident a secure environment. The is to assure that the facility in it's control to prevent an be done by: Conducting ening of employees and ing of residents II. ning of Potential Residents. ck the criminal history esident seeking admission to identify previous criminal the will: Request a Criminal check (CHIRP) within 24 of a new resident. Check in the Illinois Sex Offender www.isp.state.il.us. Check e on the Illinois Department gistrant search page. While the background or d/or Identified Offender endations are pending, the teps necessary to ensure	S9999			
	Statement of Licensus	re Violations (2 of 3):				
	300.650c)					
	Section 300.650 Pers	onnel Policies				
	that requires a State I contact the Illinois De Professional Regulati	any individual in a position icense, the facility shall partment of Financial and on to verify that the active. A copy of the license				

Illinois Department of Public Health

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUILDING:				
		IL6009161	B. WING		01/18/2024		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE			
STEPHEN	SON NURSING CENTER		TH WALNUT RO T, IL 61032	OAD			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE		
S9999	Continued From page	÷ 4	S9999				
	shall be placed in the	individual's personnel file.					
	This REQUIREMENT by:	was not met as evidenced					
	failed to check the Illi Professional Regulati	on prior to hiring nursing the potential to affect all					
	The findings include:						
	The CMS 671 dated resided in the facility.	1/16/24 showed 39 residents					
	files, were requested nurses. The Hire date these staff members. requested for these n Department of Finance	urses was the Illinois					
	licenses for V10, V11	/ provided copies of the , and V12 Registered and wrote the hire date on					
	-	d a hire date of 9/7/23. The bes not show a date when it					
		e showed a hire date of f the license does not show otained/verified.					
		e showed a hire date of f the license does not show otained/verified.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:) DATE SURVEY COMPLETED	
		IL6009161	B. WING		01	/18/2024
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA			
STEPHEN	SON NURSING CENTER		UTH WALNUT RO RT, IL 61032	DAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
S9999	Continued From page	5	S9999			
	stated she checks the not print a copy to ver good standing. V9 sta nursing license copies she is not able to prov the licenses were che of health care worker	PM, V9 Human Resources IDFPR website but does rify the nurse's license is in sted she was aware the s are not time stamped and vide documentation when recked. V9 said the purpose background checks is to stionable backgrounds, are				
	"Pre-Employment Scr EmployeesThis fact any staff with a discip their license by a state from a finding of abus mistreatment or misal propertyObtain a co check the website of the	ility will not knowingly hire linary action in effect against e licensing body that results e, neglect, exploitation, epropriation of resident epy of the state license and the licensing agency of any for a position requiring a				
	Statement Of Licensu	re Violations (3 of 3):				
	300.660a) 300.660c)1)					
	Section 300.660 Nurs	sing Assistants				
	nursing assistant, hor	employ an individual as a ne health aide, psychiatric aide, or newly hired as an				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		IL6009161	B. WING		0.4	//18/2024	
					1 0	1710/2024	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE,				
STEPHEN	SON NURSING CENTER		JTH WALNUT ROA RT, IL 61032	ט			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES			ID	PROVIDER'S PLAN OF COR	RECTION	(X5)	
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	COMPLETE DATE	
S9999	Continued From page	: 6	S9999				
	resident's living quarte financial, or medical rethe facility has inquire Health Care Worker Flisted on the Health Celigible to work for a health conditions: 1) Is approved on the Worker Registry. "Approved that met the requirements of Section does not have a disquare background check with the financial section of the	Registry and the individual is are Worker Registry as health care employer. Sure that each nursing th one of the following Department's Health Care proved" means that the retraining or equivalency on 300.663 of this Part and palifying criminal					
	failed to perform healt checks prior to hiring policy regarding offen failure has the potenti residing in the facility. The findings include: On 1/16/24 the facility. Worker Registry (HCV Resources, V13 Hous Nursing Assistants (C by the facility showed V9's HCWR showed adocument showed the	th d record review the facility th care worker background and failed to implement its der website checks. This al to affect all residents of provided Health Care WR) checks for V9 Human bekeeper, V14-V17 Certified NAs). The copies provided handwritten "hired" dates. In hire date of 9/25/23. The exergistry checks were to (completed 7 days after)					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO		, , ,	E SURVEY PLETED	
		IL6009161	B. WING		0.	/18/2024
	ROVIDER OR SUPPLIER	2946 SO	DDRESS, CITY, STATE UTH WALNUT ROA ORT, IL 61032			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE AI CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
S9999	hire date). V9's Healt Check showed six we Health and Human Source Inspector General; Illi Registration; Illinois Esex Registrant; Illinois Inmate Search; Illinoi Inmate Search; Illinoi Wanted Fugitives; an Public Registry. These showed, "No Disquality V14's HCWR showed registry check showed (two days after V14 we check did not show the registry check above not verified prior to enverified by the facility show the six websites above for the six webs	ch Care Worker Registry debsites that were checked: dervices Office of the dinois Sex Offenders Department of Corrections des	S9999			

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Illinois Department of Public Health

	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SU COMPLE	
	IL6009161	B. WING		01/18	8/2024
NAME OF PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
STEPHENSON NURSING CENTER		TH WALNUT RO T, IL 61032	OAD		
PREFIX (EACH DEFICIENCY MUS	ENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
S9999 Continued From page 8 The registry check does now was verified by the facility. did not show the six websicheck above for the six we verified prior to employme. On 1/17/24 at 12:28 PM, Verified prior to employme. On 1/17/24 at 12:28 PM, Verified prior to employment was been in background checks. V9 standarding the background company was responsible of employment was 9/25/2 time stamp on her background completed prior to her hire should health care worker should have been completed hire date. V9 stated, there V13, V15, V16, and V17's indicate they were completed to be by verifying staff do not hap to background checks is to each of the purpose background checks is to each of the purpose background checks is to each of the purpose background checks in the prevent them from working. The facility's Abuse policy "Pre-Employment Screening Employees Check the Ill Worker Registry on any imprior reports of abuse, negmisappropriation of reside fingerprint check results, a website lings on the regist.	. V17's registry check ites (See V9's registry ebsites) were not ent. V9 stated for the past responsible for ated prior to her I checks a management end and according to the bound check, it was not end ate. V9 stated her first day 23 and according to the bound check, it was not end ate. V9 stated, V14's end background check ted on or prior to her enare no time stamps on background checks to end prior to their hire end for end are resident safety ave history that would go with the residents. (dated 3/2021) showed, and of Potential linois Health Care dividual being hired for glect, or ent property, previous and the six offender	\$9999			

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