(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUILDING:	<del></del>		
		IL6007876	B. WING		02/0	2/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY,	STATE, ZIP CODE		
DOWNE	RS GROVE REHAB &	NURSING	RATOGA AVE RS GROVE, II			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Annual Licensure S	Survey				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations:				
	1 of 3 300.650c)					
	Section 300.650 Pe	ersonnel Policies				
	position that require shall contact the Illi and Professional R individual's license	oloying any individual in a es a State license, the facility nois Department of Financial egulation to verify that the is active. A copy of the licens ne individual's personnel file.	е			
	This requirement w	as NOT met as evidenced by	:			
	failed to have a phy	and record review, the facility sical copy of a nursing license. This applies to all 74 ility.				
	The findings include	e:				
	Medicaid Services)	S (Centers for Medicare and titled Long Term Care Facility licare and Medicaid shows the s of 74 residents.				
	(HR/Human Resou (Regional HR Direct	09 AM, surveyor, V5 rces Manager), and V6 stor) went over the files of V2 ursing), V18 (LPN/Licensed and V19 (LPN).				

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

02/16/24 **Electronically Signed** 

TITLE

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDERA IDENTIFICA	SUPPLIER/CLIA TION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMF	SURVEY
		IL60078	76	B. WING		02/0	2/2024
DOWNERS GROVE REHAB & NURSING 3450 SAR			DRESS, CITY, S ATOGA AVE S GROVE, II				
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
S9999	As per the personne V18's date of hire w V5 and V6 were un V18's nursing licens On 02/01/24 at 09:0 license was not in the facility's Backg Investigations policing any licensed profest that may involve directly his/her respective licentacted to determ been assessed against the value of the person of the perso	el action form vas on 01/23/2 able to show a se in her file. 09 AM, V5 said he file. round Screen y dated 2019 s sional applyin rect contact will censing board nine if any san	a hard copy of d the nursing ing shows: 7. For g for a position th residents, d will be actions have	\$9999			
	2 of 3 300.661  Section 300.661 He Check  A facility shall comp Worker Background Care Worker Background This requirement w  Based on interview failed to check three Assistants), two nur on the six required the staff.  This applies to all 7	ealth Care Wo oly with the He d Check Act a ground Check as NOT met a and record re e CNA's (Cert rses, and two registry websi	alth Care nd the Health Code. as evidenced by: view, the facility ified Nursing unlicensed staff tes prior to hiring				

6899 OFF011 If continuation sheet 2 of 7

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIE AND PLAN OF CORRECTION IDENTIFICATION NUI			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
,	o. oo		<b></b>	A. BUILDING:			
		IL6007876		B. WING		02/	02/2024
NAME OF	PROVIDER OR SUPPLIER	;	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DOWNE	RS GROVE REHAB &	NURSING		ATOGA AVE S GROVE, IL			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FI SC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From pa	nge 2		S9999			
	The findings includ	e:					
	(HR/Human Resou (Regional HR Direc (DON/Director of N Practical Nurse), V	09 AM, surveyor, V5 irces Manager), and Victor) went over the files lursing), V18 (LPN/Lice 24 (CNA/Certified Nurs NA), V26 (CNA), and V	of V2 ensed se				
	on 01/16/24. V6 sa on 01/31/24. V18 v registry was checked on 01/30/24 and the 01/31/24. V25 was registry was checked on 01/30/24 and the 01/31/24. V27 was registry was checked	09 AM, V6 said V2 was aid the registry was chewas hired on 01/23/24, ed on 01/31/24. V24 we registry was checked hired on 01/30/24 and ed on 01/31/24. V26 we registry was checked hired on 01/16/24 and ed on 01/17/24. V5 said checked before hire of	ecked and the vas hired d on d the vas hired d on d the d on d the id the				
	Human Resources conducts a) backgr checks and/or emp criminal conviction fingerprinting as mathis includes attemfrom previous emp employers and chelicensing boards are direct access employr individual to serve a seek information frothe facility believes	y dated 2019 shows: " Manager, or designee ound checks, b) refere loyment verification ar	ence and c) e law). eation iate ential within ag an ity must y that				

Illinois Department of Public Health

STATE FORM 6899 0FF011 If continuation sheet 3 of 7

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED			
		IL6007876		B. WING		02/0	02/2024	
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
DOWNE	DOWNERS GROVE REHAB & NURSING  3450 SARATOGA AVENUE  DOWNERS GROVE, IL 60515							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIE  MUST BE PRECEDE  SC IDENTIFYING INFO	NCIES D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
S9999	misappropriation of prohibit abuse, negresident property, a applicable by the Stany licensed profes that may involve dirhis/her respective lidetermine if any saragainst the applicar (C)  3 of 3 300.615e) 300.615f) 300.615g)  Section 300.615 Descreening and Req History Record Info  e) In addition to Section 2-201.5(a) facility shall, within a check pursuant to the Information Act for admission to the fact check was initiated Hospital Licensing A be based on the resund other identifiers Department of State of the Act).	resident propertiect, and exploitand consistent with atte or Federal lasional applying fect contact with censing board is nctions have been't's license."  etermination of Nuest for Resident rmation  of the Act and the 24 hours after accriminal history been uniform Convall persons 18 or cility, unless a baby a hospital purant. Background is as required by the Police. (Section thall check for the Sex Offender Resident resident required by the Police. (Section thall check for the Sex Offender Resident required to the sex Of	eed t Criminal required by is Section, a dimission of a packground viction older seeking ackground resuant to the I checks shall ate of birth, the on 2-201.5(b)	S9999				
	Department of Corr							

Illinois Department of Public Health

STATE FORM 6899 0FF011 If continuation sheet 4 of 7

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB			(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		IL600787	6	B. WING		02/	02/2024
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DOWNE	RS GROVE REHAB &	NURSING		ATOGA AVE S GROVE, IL			
(X4) ID	SUMMARY STA	TEMENT OF DEFIC		ID	PROVIDER'S PLAN OF CO	RRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC) REGULATORY OR L	MUST BE PRECED	ED BY FULL	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	COMPLETE DATE
S9999	Continued From pa	ge 4		S9999			
	page at www.idoc.s individual is listed at g)  If the results inconclusive, the far fingerprint-based clocked is waived by based on verification resident is completed resident meets other resident meets other resident's health on the existence of a semedical, or mental potential risk prese 2-201.5(b) of the Ada fingerprint-based a waiver from the Executive receiving inconclus background check background check days after receiving name-based check	s a registered so of the backgrocility shall initial neck, unless the the Director of on by the facility ely immobile or er criteria relate lack of potential condition that noted by the resist) The facility so background chopartment with live results of a The fingerpring the inconclusives.	sex offender.  bund check are the a the fingerprint Public Health that the that the d to the al risk, such as ing physical, ullifies any dent. (Section hall arrange for eck or request in 5 days after name-based t-based based				
	These requirement by:	s were NOT me	et as evidenced				
	Based on interview failed to do residen Illinois Sex Offender Offender registry, a Corrections registry to the facility. The proof of the dates of facility also failed to CHIRP (Criminal H Process) returned to	t background cler registry, Nation ind the Illinois Downton within 24 hours facility also faile of when they we of fingerprint a resistory Informatic	hecks on the onal Sex department of sof admission and to submit are done. The esident whose				
	This applies to 8 of R73, R74, R333, R sample of 31.						

Illinois Department of Public Health

STATE FORM 6899 0FF011 If continuation sheet 5 of 7

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION		E SURVEY PLETED
		IL6007876	B. WING		02/	02/2024
	PROVIDER OR SUPPLIER  RS GROVE REHAB &	TATE, ZIP CODE NUE . 60515				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
\$9999	The findings included On 01/31/24 at 11:2 (Admissions Directed admitted residents in her office. V28 staneeded to check the National Sex Offendours of admission was only trained to V28 said she was unchecked all those was found.  R5's face sheet doc 01/09/24. R5 only is conducted. R21's face sheet doc of 01/09/24. R21 oconducted. R52's face sheet doc onducted. R52's face sheet doc onducted. R52's face sheet doconducted.	e: 20 AM, surveyor and V28 or) went over the newly to the facility on her computer tated she was not aware she te Illinois Sex Offender registry der registry, and the Illinois rections registry within 24 to the facility. V28 said she check residents on CHIRP. under the impression CHIRP vebsites.  5 PM, V28 said she had not check for R336 after the hit cuments an admission date of had a CHIRP screen ocuments an admission date couments an admission date	y,	DETIGIENT		
	conducted on 01/30 R73's face sheet do of 01/11/24. R73 o conducted on 01/17 R74's face sheet do of 01/10/24. R74 o conducted on 01/30 R333's face sheet do	nly had a CHIRP screen 0/24, after the admission. 0cuments an admission date nly had a CHIRP screen 7/24, after the admission. 0cuments an admission date nly had a CHIRP screen 0/24, after the admission. documents an admission.	è			
	conducted on 01/30 R334's face sheet of 01/19/24. R334	only had a CHIRP screen 0/24, after the admission. documents an admission date only had a CHIRP screen 0/24, after the admission.	•			

Illinois Department of Public Health

STATE FORM 6899 0FF011 If continuation sheet 6 of 7

Illinois Department of Public Health								
AND DUAN OF CODDECTION INDENTIFICATION NUMBER.		1 ' '	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED			
		IL6007876	B. WING		02/0	2/2024		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
DOWNE	RS GROVE REHAB &	NURSING	RATOGA AVE RS GROVE, IL					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE		
\$9999	R335's face sheet of 01/19/24. R335 conducted on 01/30 R336's face sheet of 01/23/24. R336 conducted on 01/30 R336's CHIRP reporting appoint conducted. R336 von 01/30/24. R337's face sheet of 01/28/24. R337 conducted on 01/30 The facility's Resider reviewed on 02/01/with provisions of the this facility shall chebackground on any to the facility within identify previous cribackground inform CHIRP, Missing secoffender registry, naterior of the conducted on 01/30 the facility within identify previous cribackground inform CHIRP, Missing secoffender registry, naterior of 1/30 the conducted on 01/30 the facility within identify previous cribackground inform CHIRP, Missing secoffender registry, naterior of 1/30 the conducted on 01/30 the conducted on 01/3	documents an admission date only had a CHIRP screen 0/24, after the admission. documents an admission date only had a CHIRP screen 0/24, after the admission. Out came back with a hit and no nument was scheduled or was discharged from the facility documents an admission date only had a CHIRP screen 0/24, after the admission.  Lent Background Checks policy 24 showed: "In accordance ne Nursing Home Care Act, eck the criminal history Resident seeking admission 24 hours of admission, to						

Illinois Department of Public Health STATE FORM

6899 0FF011 If continuation sheet 7 of 7