	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:		(3) DATE SURVEY COMPLETED	
		IL6006027	B. WING		04/11/2024		
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, S ⁻	TATE, ZIP CODE		11/2024	
PRAIRIE	VILLAGE HEALTHC		T WALNUT IVILLE, IL 62	0650			
(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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE	
S 000	Initial Comments		S 000				
	Annual Heatlh Sur	vey					
S9999	Final Observations		S9999				
	Statement of Licensure Violations:						
	One of Two: 300.615e)f)						
	Request for Reside Information e) In addition Section 2-201.5(a) facility shall, within resident, request a check pursuant to Information Act for seeking admission background check pursuant to the Ho Background check resident's name, d identifiers as requi Police. (Section 2- f) The facility name on the Illinois website at www.isp Department of Cor page at www.idoc.	ation of Need Screening and ent Criminal History Record to the screening required by of the Act and this Section, a 24 hours after admission of a criminal history background the Uniform Conviction r all persons 18 or older to the facility, unless a was initiated by a hospital spital Licensing Act. s shall be based on the ate of birth, and other red by the Department of State -201.5(b) of the Act) shall check for the individual's s Sex Offender Registration o.state.il.us and the Illinois rections sex registrant search state.il.us to determine if the as a registered sex offender.					
	These requiremen by:	ts were not met as evidenced					
		wew and milerviews the facility					
BORATORY	ment of Public Health DIRECTOR'S OR PROVI cally Signed	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE		(X6) DATE 04/22/2 4	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6006027	B. WING		04/11/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
PRAIRIE	VILLAGE HEALTHCA	ARE CTR	EST WALNUT ONVILLE, IL 62	2650		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
S9999	Continued From pa	age 1	S9999			
	Record, departmer	ninal History information It of Corrections and Illinois tes timely for 3 out of 5 7 and R39).				
	Findings include:					
	1.)					
	R44's face sheet us admission date of \$	ndated documents an 5/1/2023.				
	On 4/8/2024, facilit information Record	y provided Criminal History dated 6/1/2023.				
		0pm, V1, (Administrator) kground checks for (R44) were 23.	e			
	2.)					
	R47's face sheet un admission date of f	ndated documents an 10/28/2023.				
	On 4/8/2024, facilit website check date	y provided Illinois sex offender ed 4/8/2024.				
	background checks	0pm, V1 stated that the s for (R47 's) Illinois sex ere not run until 4/8/2024.				
	3.)					
	R39's face sheet us admission date of 3	ndated documents an 3/19/2024.				
	On 4/8/2024, facilit information Record	y provided Criminal History dated 4/8/2024.				
	On 4/8/2024, facilit	y provided Illinois sex offender	-			

KSJP11

AND PLAN OF CORRECTION IDENTIFIC		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		IL6006027	B. WING		04/	04/11/2024		
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	DDRESS, CITY, STATE, ZIP CODE				
PRAIRIE	VILLAGE HEALTHCA	ARF CTR	ST WALNUT	650				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE		
S9999	Continued From pa	age 2	S9999					
	website check date	ed 4/8/2024.						
	Criminal History inf	Opm, V1 stated that the ormation record and Illinois round checks for (R39) were 24.						
	stated criminal bac	identified offender undated kground checks will be 4 hours of admission.						
	(C)							
	Two of Two: 300.650c)							
	300.650 Personne	l Policies						
	position that require shall contact the Illi and Professional R individual's license	ploying 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 license he individual's personnel file.	e					
	These requirement by:	s were not met as evidenced						
	failed to check nurs prior to start date for	eview and interviews the facility sing license for active status or 3 out 3 nurses reviewed for uses. This failure has the Il residents.						
	Findings include:							

KSJP11

Illinois Department of Public Health								
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6006	027	B. WING		04/1	1/2024	
NAME OF PROVIDER OF	SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
PRAIRIE VILLAGE	HEALTHC	ARE CTR		ST WALNUT NVILLE, IL 6	2650			
PREFIX (EACH	DEFICIENC	ATEMENT OF DE Y MUST BE PREC SC IDENTIFYING		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
S9999 Continued	d From pa	age 3		S9999				
V10's (Lic document license with V17's (Re document license with V18's (Re document license with On 4/9/20 license with Nursing) s copy of the prior to the Facility pr 10/24/202	censed Pr ted start of ith print da egistered I ted start of ith print da egistered I ted start of ith print da 024 at 3:00 ere printe started. V ie license e hire dat ovided At 22 docum	actical Nurse date of 7/24/2 ate of 3/8/202 Nurse) emplo date of 10/10/ ate of 10/26/2 Nurse) emplo date of 3/8/202 0pm V1 state d when V2 (I 1 stated she in the emplo e. ouse Prevent ents that faci	byee file /2023 and nursing 2023. byee file 2024 and nursing 24. ed that the nursing					
Illinois Department of Put	olic Health							

KSJP11

If continuation sheet 4 of 4