

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/10/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PA PETERSON AT THE CITADEL	STREET ADDRESS, CITY, STATE, ZIP CODE 1311 PARKVIEW AVENUE ROCKFORD, IL 61107
---	---

(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 Complaint Investigation #2414484/IL174073	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.625a) 300.625b) 300.625c)2) Section 300.625 Identified Offenders a) The facility shall review the results of the criminal history background checks immediately upon receipt of these checks. b) The facility shall be responsible for taking all steps necessary to ensure the safety of residents while the results of a name-based background check or a fingerprint-based check are pending; while the results of a request for a waiver of a fingerprint-based check are pending; and/or while the Identified Offender Report and Recommendation is pending. 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: 2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State	S9999		

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

TITLE

(X6) DATE
06/21/24

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/10/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PA PETERSON AT THE CITADEL	STREET ADDRESS, CITY, STATE, ZIP CODE 1311 PARKVIEW AVENUE ROCKFORD, IL 61107
---	---

(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>Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files.</p> <p>These REQUIREMENTS were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to review the results of a criminal history background check, failed to arrange for a fingerprint-based background check within 72 hours.</p> <p>This applies to 2 of 5 residents (R1, R2) that were reviewed for criminal backgrounds in the sample of 5.</p> <p>R1's electronic face sheet printed on 6/10/24 showed R1 was admitted to the facility on 4/17/24. R1's Criminal History Record dated 4/19/24 showed, "Result: Hit" R1's fingerprint record receipt showed R1's fingerprints were completed on 4/30/24. (11 days after a positive criminal history report was received).</p> <p>R2's electronic face sheet printed on 6/10/24 showed R2 was admitted to this facility on 5/17/23. R2's Criminal History Record dated 5/15/23 showed, "Result: In Process." No further follow-up had been performed for R2's Criminal History Record.</p> <p>On 6/10/24 at 1:24PM, V2 (Director of Nursing) stated, "There is someone at one of our sister facilities who runs the background checks for all of our residents. The last person that was doing</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/10/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PA PETERSON AT THE CITADEL	STREET ADDRESS, CITY, STATE, ZIP CODE 1311 PARKVIEW AVENUE ROCKFORD, IL 61107
---	---

(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 2</p> <p>them is no longer with the company because she wasn't doing them correctly. There is no reason why (R2's) background check should still be in process and that should have been followed up on because we have no way of knowing otherwise if he is an identified offender or not or if he needs to be fingerprinted. I am aware that (R1) was not fingerprinted within 72 hours and I have no explanation for that. It's not correct and we shouldn't operate that way."</p> <p>The facility's undated policy titled, "Resident Criminal History Background Checks Identified Offender notification procedures" showed, "It is the policy of this facility to establish a resident sensitive and resident secure environment. In accordance with provisions of the Nursing Home Care Act, this facility shall check the criminal history background on any resident seeking admission to the facility in order to identify previous criminal convictions."</p> <p>(C)</p>	S9999		