PRINTED: 06/06/2024 FORM APPROVED

Illinois Department of Public Heat STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			B. WING			_
IL6005847			STREET ADDRESS, CITY, STATE, ZIP CODE		05/03/2024	
NAME OF PF	ROVIDER OR SUPPLIER		H MCLEAN BOUL			
APERION	CARE ELGIN	ELGIN, IL				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE		ULD BE CON	X5) IPLETE ATE
S 000	Initial Comments		S 000			
	Annual Licensure Su	rvey				
\$9999	Final Observations		S9999			
	Statement of Licensu	ire Violations				
	300.661					
	Section 300.661 Hea Check	lth Care Worker Background				
		/ with the Health Care Check Act and the Health bund Check Code.				
	This requirement was	s NOT met as evidenced by:				
	failed to check three Assistants) and one of	nd record review, the facility CNA's (Certified Nursing dietary aide on the six sites prior to hiring the staff.				
	This applies to all 87	residents in the facility.				
	The findings include:					
	Resources) went over	veyor and V8 (HR/Human er the files of V14 (Dietary I6 (CNA), and V17 (CNA).				
	hired on September 2 registry was checked	8:24 AM, V8 said V14 was 28, 2022. V8 said the on September 29, 2022, s done on October 6, 2022,				
	which resulted on Oc began working at the cleared. V8 said V15	tober 7, 2022. V8 said V14				
	nent of Public Health DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DAT	ГЕ
	ally Signed					5/24

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linois Department of Public He TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 05/03/2024		
	IL6005847					
		T ADDRESS, CITY, STATE, ZIP CODE		03	03/03/2024	
PERION CARE ELGIN	134 NOF ELGIN, I	RTH MCLEAN BOUI	LEVARD			
PREFIX (EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	TION SHOULD BE COMPLET THE APPROPRIATE DATE		
to the facility, so no r V8 said V17 (CNA) v and the registries we 2023. On May 2, 20 (CNA) was initially hi and quit on March 4, re-hired on June 19, not checked again. V have been checked g The facility's Abuse F policy revised on Oct to a new employee s facility will: Check the Registry on any indiv reports of abuse, new resident property, pro-	said V16 (CNA) was a re-hire registries were re-checked. vas hired on August 1, 2023 ere checked on August 3, 24 at 01:12 PM, V8 said V16 ired on November 10, 2021 2022. V8 said V16 was 2023 but the registries were V8 said the registries should prior to re-hiring V16. Prevention and Reporting tober 24, 2022 showed Prior tarting a work schedule, this e Illinois Health Care Worker vidual being hired for prior glect, or misappropriation of evious fingerprint check offender website links on the an Illinois State Police live ck for any unlicensed	S9999				

G1Y711