PRINTED: 06/21/2024 FORM APPROVED

Illinois D	epartment of Public	Health			FORM	APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED 05/30/2024	
		IL6010003				
	PROVIDER OR SUPPLIER			STATE, ZIP CODE	05/	50/2024
			IKEGAN ROA			
WHITEH	ALL OF DEERFIELD	DEERFIE	LD, IL 60015	5		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	TION SHOULD BE COMPLETE THE APPROPRIATE DATE	
S 000	Initial Comments		S 000			
	Annual Licensure S	urvey				
S9999	Final Observations		S9999			
	Statement of Licensure Violations: 300.661					
	Check A facility shall comp Worker Background	ealth Care Worker Background by with the Health Care d Check Act and the Health ground Check Code.	ł			
		NT is not met as evidenced by:				
	failed to ensure doo background checks reviewed for backgr	and record review the facility cumentation of staff were obtained for 3 of 7 staff round checks in the sample of tential to affect all residents in				
	The findings include	9:				
		orm 671 dated 5/28/24 nts residing in the facility.				
	staff personnel files members were revi aide files did not co Sex Offender, DOC	survey on 5/28/24 to 5/30/24, for 10 randomly chosen staff ewed. Three certified nurse ntain any record of the Illinois Sex Offender, DOC Inmate ed Fugitive, or the HHS OIG en checked.				
		ing Assistant/CNA) was hired file had documentation of the				
nois Depar	tment_of Public Health / DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIG	SNATURF	TITLE		(X6) DATE
	ically Signed					06/13/24
			⁶⁸⁹⁹ H	1 51C11	lf continu	ation sheet 1

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Illinois Department of Public F STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED	
		IL6010003			05/3	30/2024	
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE	1 00,0		
	ALL OF DEERFIELD	300 WAU	KEGAN ROAL)			
		DEERFIE	LD, IL 60015				
(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 T DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE	
S9999	Continued From pa	age 1	S9999				
	registry check and fingerprint check. There was no documentation of the Illinois Sex Offender, DOC Sex Offender, DOC Inmate Search, DOC Wanted Fugitive, or the HHS OIG websites checks.						
	V17 (CNA) was hired on 1/31/24. V17's file had documentation of the registry check and fingerprint check. There was no documentation of the Illinois Sex Offender, DOC Sex Offender, DOC Inmate Search, DOC Wanted Fugitive, or the HHS OIG websites checks.		F				
	documentation of the fingerprint check. T the Illinois Sex Offe	ed on 11/3/22. V18's file had he registry check and here was no documentation of ender, DOC Sex Offender, h, DOC Wanted Fugitive, or ites checks.	F				
	Manager) stated ar screened prior to e looks at the IDPH (Health) registry to e in the facility. V11 s fingerprint check w disqualifying offens get a fingerprint che done. V11 said the February of 2024 a instructed to do six V11 said those web DOC sex offender, searches, national	AM, V11 (Human Resource by newly hired staff member is mployment. V11 said she Illinois Department of Public ensure staff are eligible to work said she verifies that a as done and if there are any ses. The employee is sent to eck done if it has not been re was a mock survey in nd that was when she was additional web site checks. osites included the Illinois and DOC inmate and fugitive sex offender, and OIG checks. ot know those sites should be					
	checked until the tr since then, she is r	aining in February. V11 said unning those background nires and on the anniversary					

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		IL6010003	B. WING		05/30/2024	
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
HITEH/	ALL OF DEERFIELD		JKEGAN ROAE ELD, IL 60015)		
(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 DEFICIENC	TION SHOULD BE COMPLET THE APPROPRIATE DATE	
S9999	Continued From page 2 hire date of all current employees. V11 said the		S9999			
	employee background checks are important to ensure the safety of all residents.					
	revision dated 7/27 facility will also inqu determine the indiv Sex Offender Regis Corrections' Sex O Department of Corr Engine, d. The Dep Wanted Fugitives S Sex Offender Publi	byee Background Check policy /23 states: "7. Upon hire, the uire in the following sites to idual's status: a. The Illinois stry, b. The Department of ffender Search Engine, c. The rections' Inmate Search partment of Corrections' Search Engine, e. The Nationa c Registry, f. The website of nan Services Office of				

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