PRINTED: 07/17/2024 FORM APPROVED

| Illinois D | epartment of Public | Health | | | FORM | APPROVED |
|--------------------------|--|---|---|---|---|--------------------------|
| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING | | (X3) DATE SURVEY COMPLETED 06/27/2024 | |
| | | IL6004147 | | | | |
| | | | DDRESS, CITY, S | TATE, ZIP CODE | 1 000 | |
| | N CARE PEORIA HEI | 3HTS 1629 EA | ST GARDNE | RLANE | | |
| | | PEORIA | HEIGHTS, IL | 61616 | | |
| (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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY) | JLD BE | (X5) COMPLETE DATE |
| S 000 | Initial Comments | | S 000 | | | |
| | Annual Licensure S | Survey | | | | |
| S9999 | Final Observations | | S9999 | | | |
| | Statement of Licen 300.610a) 300.625c)2) | sure Violations: | | | | |
| | a) The facility shall procedures govern facility. The written be formulated by a Committee consisti administrator, the a medical advisory co of nursing and othe policies shall comp The written policies the facility and shal by this committee, and dated minutes | advisory physician or the committee, and representatives er services in the facility. The ly with the Act and this Part. a shall be followed in operating I be reviewed at least annually documented by written, signed of the meeting. | | | | |
| | background check identified offender a of the Act, the facili 2) Within 72 ho fingerprint-based c | resident's criminal history reveal that the resident is an as defined in Section 1-114.01 ty shall do the following: burs, arrange for a riminal history record inquiry to | | | | |
| | The inquiry shall be sex, race, date of b other identifiers rea State Police. The i through the files of Police and the Fed | e identified offender resident. based on the subject's name, wirth, fingerprint images, and uired by the Department of nquiry shall be processed the Department of State eral Bureau of Investigation to history record information that | | | | |
| nois Denar | tment of Public Health | - | | | | |
| | | DER/SUPPLIER REPRESENTATIVE'S SIG | SNATURE | TITLE | | (X6) DATE |
| | ically Signed | | | | | 07/13/24 |
| ATE FORM | N | | ⁶⁸⁹⁹ 7 | NIS11 | If continua | ation sheet 1 o |

PRINTED: 07/17/2024 FORM APPROVED

| Illinois Department of Public H STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING | | (X3) DATE SURVEY COMPLETED | |
|--|---|--|---|--|-----------------------------------|-------------------------|
| | | IL6004147 | | | 06/ | 06/27/2024 |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STATE, ZIP CODE | | | |
| APERIO | N CARE PEORIA HEI | GHTS | AST GARDNER | | | |
| | SUMMA DV STA | | HEIGHTS, IL | PROVIDER'S PLAN OF | | ()(5) |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| S9999 | Continued From page 1 | | S9999 | | | |
| | Bureau of Investiga Department of Stat inquiry under this si history record inform This REQUIREMEN Based on interview failed to obtain fing Offenders (R1, R6, | g the subject. The Federal ation shall furnish to the e Police, pursuant to an ubsection (c)(2), any criminal mation contained in its files. NT is not met as evidenced by and record review, the facility erprints for five Identified R13, R52, R65) within 72 of ten residents reviewed in a | | | | |
| | Findings Include: | | | | | |
| | Illinois, dated 11/24 record information review screenings a documentation to d appropriate. For re offenders the facilit criminal history reco | mission of Identified Offender, /18, states, "Criminal History (is) requested. Facility must and all supporting letermine if the placement is esidents who are identified as y must initiate a request for ord information in accordance ponviction Information Act." | | | | |
| | admission on 6/30/ Bureau of Identifica was dated 7/03/23, Scan Fingerprinting | nedical record documents her 23. The Illinois State Police ation Criminal Record (CHIRP) indicating a "Hit." The Live g Applicant Fingerprinting onsent Form was dated and I/16/24. | | | | |
| | admission on 5/18/ Bureau of Identifica was dated 5/17/21, | edical record documents her 21. The Illinois State Police ation Criminal Record (CHIRP) indicating a "Hit." The Live g Applicant Fingerprinting | | | | |

TNIS11

PRINTED: 07/17/2024 FORM APPROVED

| Illinois Department of Public He STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING | | (X3) DATE SURVEY COMPLETED | |
|---|---|---|---|--|-----------------------------------|-------------------------|
| | | 11 000 44 47 | | | | |
| | PROVIDER OR SUPPLIER | LEGO04147 | | DRESS, CITY, STATE, ZIP CODE | | 27/2024 |
| | | 1629 F <i>I</i> | AST GARDNER | | | |
| APERIO | | PEORIA | HEIGHTS, IL 6 | 51616 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | FION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| S9999 | Continued From page 2 | | S9999 | | | |
| | Identity Services Consent Form was dated and signed by (R6) on 9/13/22. | | | | | |
| | admission on 12/26 Police Bureau of Id (CHIRP) was dated The Live Scan Fing Fingerprinting Iden | nedical record documents her 5/18. (R13's) Illinois State entification Criminal Record I 12/26/18 indicating a "Hit." gerprinting Applicant tity Services Consent Form led by (R13) on 1/10/19. | | | | |
| | admission on 8/07/ Police Bureau of Id (CHIRP) was dated The Live Scan Fing Fingerprinting Iden | nedical record documents her 21. (R52's) Illinois State entification Criminal Record I 8/06/21 indicating a "Hit." gerprinting Applicant tity Services Consent Form led by (R52) on 8/19/21. | | | | |
| | admission on 6/30/ Police Bureau of Id (CHIRP) was dated The Live Scan Fing Fingerprinting Iden | nedical record documents her 22. (R65's) Illinois State entification Criminal Record I 9/15/22 indicating a "Hit." gerprinting Applicant tity Services Consent Form fied by (R65) on 1/30/24. | | | | |
| | Services Director) | 3 AM, V20 (Corporate Social stated, "The resident's ot done within the 72 hour | | | | |
| | | ht Census Report dated 90 residents are currently ty. | | | | |
| | "C" | | | | | |
| | | | | | | |

TNIS11