(X6) DATE

Illinois Department of Public Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 5. I ` ´ | | (X3) DATE SURVEY COMPLETED | | |
|--|---|--|---------------------|---|-------------------------------|--------------------------|--|
| 7.110 1 27.11 | or correction. | BENTH IO, WIGHT NOMBER | A. BUILDING: | | 00.11.1 | | |
| | | IL6001150 | B. WING | | 05/3 | 1/2024 | |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE | | | | | | | |
| APERION CARE BRIDGEPORT 900 EAST CORPORATION BRIDGEPORT, IL 62417 | | | | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T | D BE | (X5) COMPLETE DATE | |
| S 000 | Initial Comments | | S 000 | | | | |
| | Annual Licensure S | Survey | | | | | |
| S9999 | Final Observations | | S9999 | | | | |
| | Statement of Licensure Violations | | | | | | |
| | 300.650d) 300.661 | | | | | | |
| | Section 300.650 Po | ersonnel Policies | | | | | |
| | | check the status of all Health Care Worker Registry | | | | | |
| | Section 300.661 Health Care Worker Background Check | | | | | | |
| | Worker Background | oly with the Health Care d Check Act and the Health ground Check Code. | | | | | |
| | These REQUIREM evidenced by: | ENTs are not met as | | | | | |
| | failed to ensure the and all required bac checked with result | and record review the facility Healthcare Worker Registry ekground check websites were s implemented. This has the Il 67 residents residing at the | | | | | |
| | Findings Include: | | | | | | |
| | personnel file document facility as 1/16/24. | urse Assistant, CNA) mented a date of hire at the Fhe "Illinois Department of H) Health Care Worker | | | | | |

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

06/19/24 **Electronically Signed**

TITLE

Illinois Department of Public Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|---|--|---|----------------|---|--|--------|
| | | IL6001150 | B. WING | | 05/3 | 1/2024 |
| NAME OF I | PROVIDER OR SUPPLIER | STREET ADI | DRESS, CITY, S | STATE, ZIP CODE | | |
| APERIO | N CARE BRIDGEPOR | T | CORPORAT | | | |
| (V4) ID | SLIMMARY STA | | ID | PROVIDER'S PLAN OF CORRECTION | ON. | (X5) |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | PREFIX TAG | (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY) | IVE ACTION SHOULD BE COMPLETE ED TO THE APPROPRIATE DATE | |
| S9999 | Continued From page 1 | | S9999 | | | |
| | Eligibility" as being document notates a occurring on 1/10/2 Additional review of internet search was | 1/24 documented V6's "Work "Ineligible." This same a disqualifying criminal offense 3 with "no waivers on file." f V6's file documented no s conducted with the Health es (HHS) Office of Inspector | | | | |
| | V7's (CNA) personnel file documented a date of hire at the facility as 3/7/24. V7's file documented no internet search had been conducted with HHS OIG. V8's (CNA) personnel file documented a date of hire at the facility as 1/30/24. V8's file documented no internet search had been conducted with HHS OIG. | | | | | |
| | | | | | | |
| | of hire at the facility | ernet search had been | | | | |
| | | of hire at the facility as documented no internet search | | | | |
| | confirmed that it was Human Services Or site was not checked following employee Assistant, CNA), Viand V10 (Dietary). Health Care Worked not eligible to work, V1 stated it was justices of the services of th | 21 PM, V1 (Administrator) as facility error that Health and ffice of Inspector General web ed upon the hiring of the s: V6 (Certified Nurse 7 (CNA), V8 (CNA), V9 (CNA), V1 also confirmed that V6's er Registry indicated V6 was and no waiver was in place. et missed that the report came V1 stated that V6 had been | | | | |

Illinois Department of Public Health

STATE FORM 6899 XY9H11 If continuation sheet 2 of 3

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 | | |
|---|--|---|--|---|----------|-------------------------------|--|--|
| | | IL6001150 | B. WING | | 05/ | 31/2024 | | |
| | NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 900 EAST CORPORATION BRIDGEPORT, IL 62417 | | | | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY) | HOULD BE | (X5) COMPLETE DATE | | |
| S9999 | working, but has be ability to provide a vecannot say the defin to work, she believe endangerment charminitiated an investigation of the made regarding V6 The facility policy tit Background Check Reporting Act) Policy 2/23/21 documente requires a policy for background checks parameters for crimemployment in heal Review of the "Long Application for Medical Review of the definition of the sability of the provided and the sability of the provided and the sability of the sabil | en suspended, pending her vaiver. V1 stated although she nite nature of V6's ineligibility es it is from a child rge. V1 stated that the facility ation once the error was rgs or concerning statements eled, "(Facility Name) - Illinois and FCRA (Fair Credit cy" with a revised date of d, "The State of Illinois healthcare worker s. Illinois Code has set forth sinal convictions barring | \$9999 | | | | | |

6899

Illinois Department of Public Health STATE FORM

XY9H11 If continuation sheet 3 of 3