		alth (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6000269	B. WING		11	/22/2024
		900 WES	ADDRESS, CITY, STATE	, ZIP CODE		
	ARE CENTER-RANKAI	KANKAI	KEE, IL 60901			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLET DATE
S 000	Initial Comments		S 000			
	Annual Licensure and	d Certification				
S9999	Final Observations		S9999			
	Statement of Licensure Violations (1 of 2)					
	300.615e)					
	Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information					
	Section 2-201.5(a) of facility shall, within 24 resident, request a cr check pursuant to the Information Act for all admission to the facil check was initiated b Hospital Licensing Act be based on the resid and other identifiers a	persons 18 or older seeking ity, unless a background y a hospital pursuant to the ct. Background checks shall dent's name, date of birth,				
	Based on interview a failed to do resident the hours of admission a	NOT met as evidenced by: nd record review, the facility background checks within 24 nd failed to schedule hours. This applies to 7 of				
	•	9, R15, R45, R64, R12, R6)				
	The findings include:					
	nent of Public Health					
DRATORY D	DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATUI	RE	TITLE		(X6) DATE

6899

If continuation sheet 1 of 5

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		11 6000260	B. WING		11/22/2024		
	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE		11	/22/2024	
	CONDERCORCOL FEIER		ST RIVER PLACE				
	CARE CENTER-KANKA	KEE	KEE, IL 60901				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
S9999	Continued From page	e 1	S9999				
		59 - 12:47 PM, V7 r) and the state surveyor ord reviews for residents'					
	1. R86's EHR (Electronic Health Record) showed that he was admitted on 9/12/24 and his CHIRP (Criminal History Information Response Process) was done on 9/11/24 and his fingerprints were ordered on 9/20/24, 9 days later.						
	2. R9's EHR showed that he was admitted on 9/19/24, his CHIRP was done on 9/18/24, his Illinois Sex Offender Registry & Illinois Department of Correction was done on 7/23/24.						
	3. R15's EHR showed that she was admitted on 12/27/22, her CHIRP was not done, and her Illinois Sex Offender Registry & Illinois department of Correction were done on 12/23/24.						
	6/24/23, his CHIRP v	d that he was admitted on vas not done, and his Illinois ry & Illinois Department of on 6/23/24.					
	03/01/22, and her CH	Illinois Department of					
	08/11/14, and her CH	Illinois Department of					
	7. R6's EHR showed 02/06/18, and her CH Offender Registry & Correction were not o	Illinois department of					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		11 0000000					
	ROVIDER OR SUPPLIER	I	ADDRESS, CITY, STATE		11	/22/2024	
		900 WES	ST RIVER PLACE	, 0002			
CITADEL	CARE CENTER-KANKA	KEE KANKAI	KEE, IL 60901				
(X4) ID PREFIX TAG	(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 TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLE DATE	
S9999	Continued From pag	e 2	S9999				
	On 11/20/24 at 12:47 PM, V7 said that background checks are to be done no later than 24 hours after admission.						
	On 11/21/24 at 11:53 AM, V1 (Administrator) said that background checks are to be done for safety.						
	(C)						
	Statement of Licensure Violations (2 of 2)						
	300.661						
	Section 300.661 He Background Check	alth Care Worker					
	A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code.						
	This requirement wa	s NOT met as evidenced by:					
	failed to check all the	b Health) required for a his applies to all 88					
	The findings include:						
	V6 (Human Resource record review of 7 sta (Certified Nurses' As	5 AM, the State Surveyor and e Director) conducted a aff, V17, V19, V20, V21, V22 sistants) & V15 & V23 the findings included:					
	V17 was hired on 10 nent of Public Health	/10/24 the registry was					

YNN511

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000269			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		B. WING		11/22/2024			
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE	1 11	12212024	
	CARE CENTER-KANKA	KEE	ST RIVER PLACE KEE, IL 60901				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
S9999	Continued From page 3 checked on 10/1/24 and the facility failed to do a search in the Illinois Sex Offender, DOC (Department of Correction) Sex Offender, DOC Inmate Search, & DOC Wanted Fugitive. V15 was hired on 9/14/24 the registry was checked on 08/26/21 and the facility failed to do a search in the Illinois Sex Offender, & DOC Sex Offender. V19 was hired on 05/02/24 the registry was checked 05/01/24 and the facility failed to check if V19 was eligible to work, failed to do a search in the Illinois Sex Offender, DOC Sex Offender, DOC Inmate Search, & DOC Wanted Fugitive. V20 was hired on 04/18/24 and the registry was checked on 04/09/24 and the facility failed to do a search in the Illinois Sex Offender, DOC Sex Offender, DOC Inmate Search, & DOC Wanted Fugitive. V20 was hired on 04/18/24 and the registry was checked on 04/09/24 and the facility failed to do a search in the Illinois Sex Offender, DOC Sex Offender, DOC Inmate Search, & DOC Wanted Fugitive.						
	checked on 05/02/24 search the DOC Sex V22 was hired on 07/ checked on 07/24/24 search in the Illinois 3 Offender, DOC Inma Fugitive. V23 was hired on 05/ checked on 04/25/24 search in the Illinois 3	and the facility failed to					
		AM, V1 (Administrator) said cks should be done on staff					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		11 0000000					
		IL6000269	DDRESS, CITY, STATE,		11	/22/2024	
	ROVIDER OR SUPPLIER	900 WE	ST RIVER PLACE	, ZIF CODE			
TADEL (CARE CENTER-KANKA	KFF	KEE, IL 60901				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC 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	ge 4	S9999				
	because the facility does not want anyone who is not qualified to care for the resident.						
	(C)						

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