10/31/2024

(X3) DATE SURVEY COMPLETED

Illinois D	Department of Public	Health			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:	
		IL6007082	B. WING		
NAME OF I		STRE	ET ADDRESS, CITY, ST	ATE, ZIP CODE	
PRAIRIE	ROSE HEALTH CAR	ECTR	SOUTH CHESTNU ¹ A, IL 62557	F	
(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)	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE
S 000	Initial Comments	S 000		
	Annual Licensure Survey			
S999 9	Final Observations	S9999		
	Statement of Licensure Violations: 300.610a) 300.660a)			
	300.660c)1) 300.661			
	Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.			
	Section 300.660 Nursing Assistants a) A facility shall not employ an individual as a nursing assistant, home health aide, psychiatric services rehabilitation aide, or newly hired as an individual who may have access to a resident, a resident's living quarters, or a resident's personal,			
1	financial, or medical records, nurse aide unless the facility has inquired of the Department's Health Care Worker Registry and the individual is listed on the Health Care Worker Registry as eligible to work for a health care employer.			
	c) The facility shall ensure that each nursing			
DRATORY [nent of Public Health DRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGN/ ally Signed	ATURE	TITLE	(X6) DATE 11/15/24

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.				(X3) DATE SURVEY COMPLETED 10/31/2024	
		IL6007082	B. WING		10/		
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S TH CHESTNU				
PRAIRIE	ROSE HEALTH CAR	E CTR PANA, IL					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
S9999	Continued From page 1		S9999				
	assistant complies conditions: 1) Is approved Care Worker Regis the nurse aide has requirements of Se does not have a dis background check Section 300.661 He Check A facility shall comp Worker Backgroun Care Worker Backgroun Screenings and bac before hire for 3 of health care Worker Findings include: 1. V8 (CNA) and pr date of 9/8/2005. V Registry, dated 9/1 Eligibility: Eligible. N	with one of the following on the Department's Health stry. "Approved" means that met the training or equivalency action 300.663 of this Part and squalifying criminal					
	Department of Corr Department of corr the Health and Hun	ections Inmate Search, ections wanted fugitive, and nan Services Office of all were completed on					
	V11's Health care V	as a hire date of 8/8/2023. Vorker Registry, dated s Works Eligibility: Eligible.					

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PRINTED: 11/19/2024 FORM APPROVED

	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
HID I DIN OF OURNEUTION			A. BUILDING:			CONFLETED	
		IL6007082	B. WING		10/	10/31/2024	
AME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
PRAIRIE	ROSE HEALTH CAR	RE CTR 900 SOUT	H CHESTNU 62557	Т			
(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 C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC)	ON SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE	
S9999	Continued From pa	age 2	S9999				
S9999	 V11's Illinois Sex Offender Search, Department of Corrections Sex Offender, Department of Corrections Inmate Search, Department of corrections wanted fugitive, and the Health and Human Services Office of Inspector General all were completed on 8/9/2023. 3. V9 (CNA) has a hire date of 5/23/2024. V13's Health care Worker Registry, dated 5/24/2024 documents Works Eligibility: Eligible. V25's Illinois Sex Offender Search, Department of Corrections Sex Offender, Department of Corrections Inmate Search, Department of corrections wanted fugitive, and the Health and Human Services Office of Inspector General all were completed on 5/24/2024. On 10/29/2024 at 1:51 PM, V1 (Administrator) stated the background checks were done after the date of hire on V8, V11, and V9. On 10/30/2024 at 2:40 PM, V1 (Administrator) stated, "Our routine has always been on or before hire date, printed with date and time on them." The facility's Health Care Worker Background Check Policy and Procedure, with revision date of 2/28/2012, documents persons applying for 						
	employment will be of the appropriate b records report does "committing or atte enumerated in the Background Check	ents persons applying for hired conditioned upon results background check. If the s not indicate a conviction of mpting to commit" offenses Health Care Worker (HCWBC) Act the conditional ome a regular employee.					
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