Illinois D	epartment of Public	Health			FORM	APPROVE
STATEMENT OF DEFICIENCIES (X1) PROV AND PLAN OF CORRECTION IDENT		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED C 01/14/2025	
		IL6010482				
NAME OF F	PROVIDER OR SUPPLIER		DRESS. CITY. S	TATE, ZIP CODE	• •	
				KEE AVENUE		
AVANTA	RALIBERTYVILLE	LIBERTY	/ILLE, IL 600	)48		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Complaint Investiga 2510263/IL184202	ations				
S9999	Final Observations		S9999			
	Statement Licensur 300.661	e Violations:				
	Section 300.661 H Background Check					
	Worker Background	ly with the Health Care d Check Act and the Health ground Check Code.				
	This REQUIREMEN	NT was not meet evidenced by				
	review the facility fa assistants were cer	on, interview and record iled to ensure nursing tified after completing the his applies to all 114 residents ty.				
	The findings include	e:				
	The facility Data Sh residents residing in	eet dated 01/14/25 shows 114 n the facility.				
	Assistant-in training the 2nd floor. She w Her name tag state working at the facili floats throughout th school for her CNA She said she comp	43 AM, V7 (Certified Nursing )) was observed working on vas leaving a resident's room. d "CNA." V7 said she's been ty for about 1.5 years and e facility. She said she went to training and she's is a CNA. leted the training a 2nd time a ago. V7 said she has her own it.				
BORATORY		ER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE	TITLE		(X6) DATE
Electroni	ically Signed					02/05/25

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If continuation sheet 1 of 4

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Illinois Department of Public Health           STATEMENT OF DEFICIENCIES         (X1) PROVIDER/SUPPLIER/CLIA           AND PLAN OF CORRECTION         IDENTIFICATION NUMBER:			CONSTRUCTION			
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		IL6010482	B. WING			C 14/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
AVANTA	RA LIBERTYVILLE		UTH MILWAUK VILLE, IL 600			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	ige 1	S9999			
	On 01/14/25 at 11:52 AM, V2 (Director of Nursing) said we do not employ staff that are not licensed, there is window once a CNA has completed the training and have 120 days to take their test and pass. If they don't, they are removed from the schedule. V2 said there is one male staff who has completed the training and is schedule to take his test. She is not aware of any other staff who have not tested and who are not certified.					
	program have 120 their class is compl duties as a CNA un nurse and have the did not pass her tes	58 AM, V6 (Human aff who are in the CNA days to pass their test after eted. They can do all the ider the supervision of the bir own patient assignment. V7 st and is taking the test again, ted her test and is certified.				
	V2 (DON) confirme and V9's start date not aware of V8 not confirmed she was	D PM, V1 (Administrator) and d V8's start date of 8/14/23 of 8/15/23. V2 said she was t passing her test and aware of V9 not passing her d as activity aide until she				
		Assistant Training Program ctober 7, 2024, to November 9,				
	showed Certificatio training successfull 11/9/24. Date of Co 12/11/23 (F-Fail), 0	h Care Worker Registry n Program Information: Date y completed 8/12/23 and ompetency Evaluation: 1/06/25- F2. The registry ensed Health Care-Certified				

Illinois Department of Public Health STATE FORM

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If continuation sheet 2 of 4

Illinois Department of Public Health           STATEMENT OF DEFICIENCIES         (X1) PROVIDER/SUPPLIER/CLIA           AND PLAN OF CORRECTION         IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED C		
	IL6010482		B. WING	· · · · · · · · · · · · · · · · · · ·	01/	14/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, ST	TATE, ZIP CODE		
		1500 SO	UTH MILWAUK	<b>(EE AVENUE</b>		
AVANIA	RALIBERTYVILLE	LIBERTY	VILLE, IL 600	48		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	ge 2	S9999			
	V9's Basic Nursing Assistant Training Program certificate dated October 7, 2024, to November 9, 2024.					
	V9's undated Health Care Worker Registry showed Certification Program Information: Date training successfully completed. 05/6/23 and 11/9/24. Date of Competency Evaluation: 7/05/23 (F1), 12/10/23 (NS) and 12/16/24 (P).					
		ence provided of V9's schedule rame when she was pulled				
		ule from 01/01/25 to 01/14/25 as a "CNA" 11 out of 14 days.				
	The facility did not p Care Worker Regis	provide a policy on Health try Check.				
	accessed on 01/15, Registry Laws & Ru Registry (registry) li background check Health Care Worke ILCS 46). It also sh certified nursing as health care workers Department of Publ of state and federal must meet prior to l	nent of Public Health website /25 states Health Care Worker iles "The Health Care Worker sts individuals with a conducted pursuant to the r Background Check Act (225 ows training information for sistants (CNA) and other s. It is maintained by the lic Health. There are a number requirements individuals being listed on the registry as n Illinois CNA must meet one				
	of the following required an Illinoi programPass a work as an Illinois C care facility, an indi	n filinois CNA must meet one uirements: Have successfully s approved CNA training written competency test.* To CNA in a licensed long-term vidual must meet the following ust not work as an Illinois CNA				

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		IL6010482	B. WING			C 14/2025
AME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
VANTAF	RALIBERTYVILLE		JTH MILWAUH VILLE, IL 600	KEE AVENUE 048		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	ge 3	S9999			
		ows that the individual has met				
		ments. Must work as a nurse				
		be in an approved CNA days of being hired, if not a				
		lust be on the registry as a				
		s of being hired. If an				
		ng an approved CNA program				
		e, a vocational technical school or she must be within 120 days				
		rogram and competency test.				
		endance is required.				
		(C)				

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