		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6004709	B. WING 0		01/2	2/2025
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ILLINOIS	PRESBYTERIAN HO	MF	ST LAWRENG ELD, IL 627			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Annual Licensure S	survey				
S9999	Final Observations		S9999			
	Statement of Licens	sure Findings:				
	ONE OF THREE 330.715a) 330.715b)					
	Section 330.715 Request for Resident Criminal History Record Information a) A facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)					
	name on the Illinois website at www.isp Department of Corr page at www.idoc.s	shall check for the individual's Sex Offender Registration state.il.us and the Illinois ections sex registrant search state.il.us to determine if the s a registered sex offender.				
	Based on interview failed to conduct ba offender registry se hours of admission	and record review, the Facility ackground checks and arches of residents within 24. This has the potential to its living in the Facility.				

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

(X6) DATE TITLE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
,	o. cozo		A. BUILDING:			
		IL6004709	B. WING	G 01/22/20		2/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
II I INOIS PRESBYTERIAN HOME			ST LAWREN IELD, IL 627			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 1	S9999			
	Checks" Policy doc compliance with star criminal backgroun safe environment for visitors." "(Facility) background check employees." On 1/21/25, a total reviewed for background check employees." On 1/21/25, a total reviewed for background check employees." The Facility did not R11 was admitted to the Facility did not R14 was searched Registry or Illinois I within 24 hours of a R14 was searched Registry or Illinois I within 24 hours of a R18 was admitted to The Facility did not R18 was admitted to The Facility did not R18 was searched	have documentation to show on the Illinois Sex Offender Department of Corrections admission. To the Facility on 8/1/24. have documentation to show on the Illinois Sex Offender Department of Corrections				
	R19 was admitted t	to the Facility on 7/3/24.				
	The Facility did not have documentation to show					

Illinois Department of Public Health

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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′			DATE SURVEY COMPLETED	
		7. BOLESING.					
		IL6004709	B. WING		01/22/2025		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
II I INOIS PRESBYTERIAN HOME			ST LAWRENG SIELD, IL 627				
(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 APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
\$9999	R19 was searched Registry or Illinois I within 24 hours of a R20 was admitted to The Facility did not R20 was searched Registry or Illinois I within 24 hours of a On 1/21/25 at 2:57 conducted with V1, V13, Administrative completing the bac The Facility's Mastedocuments there at Facility. (C) TWO OF THREE: 330.760 P c) Prior to emposition that require shall contact the Illiand Professional R individual's license shall be placed in the This requirement were requirement with the requirem	on the Illinois Sex Offender Department of Corrections admission. to the Facility on 12/17/24. have documentation to show on the Illinois Sex Offender Department of Corrections admission. PM, an interview was Administrator. She stated a Assistant, has been kground checks. Per Roster dated 1/20/25 are 41 residents living in the ess a State license, the facility nois Department of Financial egulation to verify that the is active. A copy of the license the individual's personnel file. Pas NOT met as evidenced by:	\$9999				
	Based on interview and record review the facility failed to verify employee licenses are active and place a copy of the license in employee file. This						

Illinois Department of Public Health

STATE FORM 6899 A32N11 If continuation sheet 3 of 7

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6004709	B. WING		01/2	22/2025
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
II I INOIS	P DDECDVTEDIAN HO	2005 WES	T LAWREN			
ILLINOIS	S PRESBYTERIAN HO	SPRINGF	IELD, IL 627	04		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 3	S9999			
	has the potential to the Facility.	affect all 41 residents living in				
	Findings include:					
	V13, Administrative conducting Facility	PM, V1, Administrator, stated Assistant, has been background checks and was ald be placing nurse license Personnel Files.				
	1-The Facility's Employee List with Department/Title and Anniversary Date documents V20, Registered Nurse (RN), was hired on 10/3/22. V20's Personnel File did not contain documentation that V20's RN License was verified prior to hire.					
	2- The Facility's Em Department/Title an documents V21, RN					
	V21's Personnel Fil documentation that verified prior to hire	V21's RN License was				
	3-The Facility's Em Department/Title andocuments V22, Lic was hired on 1/24/2	nd Anniversary Date censed Practical Nurse (LPN),				
	V22's Personnel Fil documentation that verified prior to hire	V22's LPN License was				
	Checks" Policy doc	ted "Criminal Background uments, "Purpose: Ensure ate and federally required				

Illinois Department of Public Health

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STATEMEN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	IL6004709		B. WING		01/2	2/2025
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE	<u>, , , , , , , , , , , , , , , , , , , </u>	
ILLINOIS	PRESBYTERIAN HO	MF	T LAWRENGELD, IL 627			
(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 CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 4	S9999			
	safe environment for visitors." "(Facility)	d checks needed to provide a or residents, staff, and will (1) request a criminal on all new residents and				
	(0)					
	THREE OF THREE 330.911					
	Section 330.911 Health Care Worker Background Check					
	A facility shall comply with the Health Care Worker Background Check Act [225 ILCS 46] and the Health Care Worker Background Check Code (77 Ill. Adm. Code 955).					
	This requirement w	as NOT met as evidenced by:				
	Based on interview and record review the facility to check the status of all applicants with the Health Care Worker Registry prior to hiring. This has the potential to affect all 41 residents living in the Facility.					
	Findings include:					
	V13, Administrative conducting Facility not aware she shou	PM, V1, Administrator, stated Assistant, has been background checks and was ald be keeping documentation round checks in the Personnel				
	1-The Facility's Employee List with Department/Title and Anniversary Date documents V14, Certified Nursing Assistant					

Illinois Department of Public Health

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		IL6004709	B. WING 01/2		01/2	2/2025
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ILLINOIS	PRESBYTERIAN HO	IM E	ST LAWREN IELD, IL 627			
(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 APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ige 5	S9999			
	(CNA) was hired or	n 7/5/24.				
	V14's Personnel File did not contain documentation to verify a background check was completed.					
	2- The Facility's Employee List with Department/Title and Anniversary Date documents V15, CNA, was hired on 6/16/21.					
	V15's Personnel Fi documentation to v completed.	le did not contain erify a background check was				
	3- The Facility's Employee List with Department/Title and Anniversary Date documents V16, CNA was hired on 3/7/22.					
	V16's Personnel File did not contain documentation to verify a background check was completed.					
	4-The Facility's Employee List with Department/Title and Anniversary Date documents V17, CNA, was hired on 3/21/22.					
	V17's Personnel Fi documentation to v completed.	le did not contain erify a background check was				
		nployee List with nd Anniversary Date letary Aid, was hired on 9/9/24.				
	V18's Personnel File did not contain documentation to verify a background check was completed.					
	6- The Facility's Em Department/Title ar	nployee List with nd Anniversary Date				

Illinois Department of Public Health

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMPLETED		
		IL6004709	B. WING		01/2	2/2025
ILL INOIS PRESBYTERIAN HOME 2005 WES			DRESS, CITY, S ST LAWRENG ELD, IL 627			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	documents V19, CN V19's Personnel Fil documentation to vic completed. 7- The Facility's Em Department/Title ar documents V23, Ho 10/25/23. V23's Personnel Fil documentation to vic completed. The Facility's Undat Checks" Policy doc compliance with sta criminal background safe environment for visitors." "(Facility) is background check of employees."	e did not contain erify a background check was apployee List with and Anniversary Date busekeeper, was hired on	\$9999			

6899

Illinois Department of Public Health STATE FORM

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