(X6) DATE

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 | | | | | |
|---|---|--|--|--|--|--------|--|--|--|--|
| | | IL6014195 | B. WING | | 01/2 | 9/2025 | | | | |
| NAME OF PROVIDER OR SUPPLIER WARREN BARR BUFFALO GROVE STREET ADDRESS, CITY, STATE, ZIP CODE 150 NORTH WEILAND ROAD BUFFALO GROVE, IL 60089 | | | | | | | | | | |
| (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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY) | TION SHOULD BE COMPLETE THE APPROPRIATE DATE | | | | | |
| S 000 | Initial Comments | | S 000 | | | | | | | |
| | Annual Health Surv | еу | | | | | | | | |
| S9999 | Final Observations Statement of Licensure Violations: | | S9999 | | | | | | | |
| | | | | | | | | | | |
| | 300.661 | | | | | | | | | |
| | Worker Background | _ | | | | | | | | |
| | This requirement was not met as evidenced by: | | | | | | | | | |
| | failed to ensure the was checked and n prior to staff being h | and record review the facility Healthcare Worker Registry ursing licenses were verified hired. This has the potential to ents residing in the facility. | | | | | | | | |
| | The findings include | e: | | | | | | | | |
| | Medicare and Medi | e facility application for caid dated 1/26/25 shows that usus as 153 residents. | | | | | | | | |
| | shows she was hire healthcare worker r 6/6/24. V31's (Activity Aide) was hired 11/13/24 registry was not che V32's (LPN- Licens file shows she was | Activity Aide) employee file and on 5/21/24 and her egistry was not checked until employee file shows that she and her healthcare worker ecked until 1/27/25. ed Practical Nurse) employee hired 9/12/25 and her LPN ified through IDFPR (Illinois | | | | | | | | |

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

Electronically Signed 02/11/25

TITLE

Illinois Department of Public Health

| ` ' | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION (X3) DATE A. BUILDING: COMP | | SURVEY | | | | | | |
|--|--|---|---|--|--------|--------------------------|--|--|--|--|--|
| | | IL6014195 | B. WING | | 01/2 | 9/2025 | | | | | |
| NAME OF | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | • | | | | | | |
| WARREN BARR BUFFALO GROVE 150 NORTH WEILAND ROAD BUFFALO GROVE, IL 60089 | | | | | | | | | | | |
| (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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY) | ILD BE | (X5) COMPLETE DATE | | | | | |
| S9999 | Department of Fina Regulation) until 1/2 V33's (LPN) employ on 9/17/24 and her through IDPFR until On 1/27/25 at 1:15 stated, "I just recen (Healthcare Worker checks were all bein At 2:00PM V25 stat license yet but I were they have an active The facility Abuse a 7/12/24 states, "Scribistory of abuse, ne misappropriation of residents. This incluinformation from presidents and the second states of the secon | ncial and Professional 20/25. yee file shows she was hired LPN License was not verified I 1/27/25. PM V25 (Human Resources) tly got access to the IDPH Registry) site- before that the ng done by (a sister) facility. ed, "I didn't get a copy of their nt and pulled the IDPFR and license." Ind Neglect Policy dated reen potential employees for a reglect, exploitation, property, or mistreating udes attempting to obtain evious employers and or and checking with appropriate | S9999 | | | | | | | | |

6899

Illinois Department of Public Health STATE FORM

2L5M11 If continuation sheet 2 of 2