(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				ATE SURVEY DMPLETED	
		IL6002679	B. WING		_ 02/06/2 0		
NAME OF PROVIDER OR SUPPLIER STREET ADD 400 SOUT			DRESS, CITY, STATE, ZIP CODE TH STATION ROAD				
EDEN VII	LLAGE CARE CENTE	GLEN CA	RBON, IL 62	2034			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	CTION SHOULD BE COMI		
S 000	Initial Comments		S 000				
	Annual Licensure a	nd Certification					
S9999	Final Observations		S9999				
	Statement Of Licen	sure Violations:					
	300.661	300.661					
	Section 300.661 He Check	ealth Care Worker Background					
	Worker Background	oly with the Health Care d Check Act and the Health ground Check Code.					
	This Requirement is NOT MET as evidence by:						
	failed to obtain and screening, including Offender Search, D Offender search, Del mate Search, Del wanted fugitive sea search, Illinois Dep Professional Reguland Human Service search within 30 da	and record review, the facility conduct pre-employment g the Health Care Illinois Sex Department of Corrections Sex Department of Corrections partment of corrections partment of corrections arch, national sex offender artment of Financial and ations (IDFPR) and the Health es Office of Inspector General ays of hire for 7 out of 10 and for the Health care Worker col.					
	Findings include:						
	8/20/2024 without t Search, Departmen search, Departmen	Maintenance, was hired on he Illinois Sex Offender of Corrections Sex Offender of Corrections Inmate of corrections wanted					

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

Electronically Signed 02/14/25

TITLE

STATE FORM 6899 If continuation sheet 1 of 4 QOPV11

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
IL6002679		B. WING		02/06/2025		
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
EDEN VI	LLAGE CARE CENTE	-R	TH STATION RBON, IL 62			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From page 1		S9999			
	fugitive search, national sex offender search, Illinois Department of Financial and Professional Regulations (IDFPR) and the Health and Human Services Office of Inspector General searches completed within 30 days of hire. 2. V19, CNA, was hired on 1/28/2025 without the Illinois Sex Offender Search, Department of Corrections Sex Offender search, Department of Corrections Inmate Search, Department of corrections wanted fugitive search, national sex offender search, Illinois Department of Financial and Professional Regulations (IDFPR) and the Health and Human Services Office of Inspector General searches completed within 30 days of hire.					
	Illinois Sex Offende Corrections Sex Of Corrections Inmate corrections wanted offender search, Illi and Professional R Health and Human	nired on 8/02/2024 without the er Search, Department of fender search, Department of e Search, Department of fugitive search, national sex inois Department of Financial regulations (IDFPR) and the Services Office of Inspector completed within 30 days of				
	Illinois Sex Offende Corrections Sex Of Corrections Inmate corrections wanted offender search, Illi and Professional R Health and Human	nired on 9/3/2024 without the er Search, Department of fender search, Department of Search, Department of fugitive search, national sex inois Department of Financial legulations (IDFPR) and the Services Office of Inspector completed within 30 days of				

Illinois Department of Public Health

5. V22, CNA, was hired on 8/20/2024 without the

STATE FORM 6899 QOPV11 If continuation sheet 2 of 4

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	
IL6002679		B. WING		02/06/2025		
NAME OF PROVIDER OR SUPPLIE	R STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
EDEN VILLAGE CARE CEN	[FR	TH STATION RBON, IL 62				
PREFIX (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC 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	
Corrections Sex of Corrections Inma corrections wants offender search, and Professional Health and Huma General searches hire. 6. V23, Activities, without the Illinois Department of Congruent of Congruent of Congruent of Congruent of Congruent of Financial and Foundaries of Financial and Foundaries of Inspectors within 30 days of T. V24, CNA, was Illinois Sex Offen Corrections Sex Offen Corrections unma corrections wants offender search, and Professional Health and Huma General searches hire. On 2/4/2025 at 3 Resources/Busin aware she needed completing the Ill Department of Congruent of Congrue	der Search, Department of Offender search, Department of the Search, Department of the Search, Department of the Search, Department of the Search, Department of Financial Regulations (IDFPR) and the in Services Office of Inspector is completed within 30 days of was hired on 11/12/2024 a Sex Offender Search, Department Office Search, Department Office Search, Department Office Search, Illinois Department Officessional Regulations Health and Human Services or General searches completed		DELIGITION ()			

Illinois Department of Public Health

STATE FORM 6899 QOPV11 If continuation sheet 3 of 4

Illinois Department of Public Health

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		IL6002679	B. WING		02/0	6/2025		
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
FDEN VILLAGE CARE CENTER				H STATION ROAD RBON, IL 62034				
(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 SHOU) CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE		
S9999	of Financial and Pro (IDFPR) and the He Office of Inspector of she has not been grany new hires since facility 3 years ago. On 2/5/2025 at 11:5 to provide copies of state registry for ea Administrator provide on V18, V19, V20, Value in Illinois Departr Care Worker Registime or date ran. On 2/6/2025 at 12:5 stated she expects completed. The Facility's Abuse Reporting Policy, daprior to a new employed and file an Illinois S Background Check being hired for all princlude the remaining she was not been she with the provided the remaining policy of the provided to the provided the remaining policy of the provided the remaining policy of the provided the remaining policy of the provided the provided the remaining policy of the provided the provided the provided the remaining policy of the provided th	ge 3 ofessional Regulations calth and Human Services General searches. V15 stated etting this documentation on a she started working at the of AM, the facility was unable of documentation for when the ch employee was ran. V1, ded copies of what they had v21, V22, V23, and V24 for ment of Public Health-Health try which did not document of PM, V1, Administrator, the background checks to be of Identification, Prevention and offed 2/28/2024, documented oyee starting a work schedule, ock the Illinois Worker Registry eing hired for a CNA position ate Police Healthcare Worker application on any individual ositions. The policy failed to ng searches listed in the r Background Check Code.	S9999					

6899

Illinois Department of Public Health STATE FORM