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	IL6001184	A. BUILDING: _____ B. WING _____	02/27/2025

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S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of of 2 300.610 a) 300.615 e) 300.615 f) 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 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, 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	S9999		

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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)
f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender.

Section 300.661 Health Care Worker Background Check
A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code.

These requirements are NOT MET as evidenced by:

Based on interview and record review, the facility failed to follow its policy in conducting background checks for 1 of 10 residents (R34) reviewed for admission screening, and nine of ten (V9, V15, V16, V17, V18, V19, V20, V21, and V23) employees prior to hire. This failure has the potential to affect all 36 residents residing in the facility.

Findings include:

Census report for February 24, 2025 documents 36 residents currently residing in the facility.

Per facility list, R34 is an identified offender. R34 is an 89-year-old male resident admitted to facility on 10/2/2024 with diagnoses including but not limited to blindness one eye, cognitive

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communication deficit, and adjustment disorder with depressed mood. His CHIRP (Criminal History Information Response Process) was checked on 10/18/2024, more than two weeks after admission. His CHIRP resulted in multiple hits and required fingerprints to be requested.

V9, CNA (Certified Nursing Assistant), with a hire date of 2/12/2025. Illinois Department of Public Health, Health Care Worker Registry was checked 2/25/2025, and background checks were completed 2/17/2025, which was after hire date.

V15 (CNA), with a hire date of 4/16/2024. Illinois Department of Public Health, Health Care Worker Registry was checked 4/23/2024, and other background checks were completed 4/23/2024, except Illinois Sex Offender background check, which was done 2/25/2025; all were after hire date.

V16 (CNA) with a hire date of 8/20/2024. Illinois Department of Public Health, Health Care Worker Registry was not checked until 8/30/2024. All other background checks were completed on 8/30/2024, which is after hire date.

V17 (CNA) with a hire date of 7/24/2024. Illinois Department of Public Health, Health Care Worker Registry was not checked until 7/30/2024. All other background checks were completed 7/30/2024 which is after hire date.

V18 (CNA) with a hire date of 3/22/2024. Illinois Sex Offender background check was completed 2/25/2025.

V19 (Receptionist) with a hire date of 8/17/2023. Illinois Department of Public Health, Health Care Worker Registry was not checked until 2/15/2024.

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All other background checks were done on 2/15/2024, except Illinois Sex Offender background check, which was completed 2/25/2025, which are all after hire date.

V20 (Scheduler) with a hire date of 1/14/2025. Illinois Department of Public Health, Health Care Worker Registry was not checked until 2/25/2025.

V21, RN (Registered Nurse), with a hire date of 2/27/2024. Illinois Department of Financial and Professional Regulation website was checked on 3/4/2024.

V23, RN (Registered Nurse), with a hire date of 11/16/2022. Illinois Department of Financial and Professional Regulation website was checked on 12/13/2022.

On 02/25/25 at 11:44 AM, V6 (Director of Admissions) and V7 (Receptionist) came to do Identified Offender background check review with files. V6 and V7 both stated they do not know why CHIRP was not run for R34 until 10/18/2024. V6 stated they should have been run within 24 hours of admission.

On 02/25/25 at 12:44 PM, V6 stated, "When we commit to someone coming in, we set up profile, send out notification, pull records into chart and verify insurance. Then reception team does CHIRP, Custody and Illinois sex offender background checks. If reception is not here, my coworker and myself do the checks. Reception uploads into the resident's electronic medical record. If there are hits, Administrator gets notified, I get notified, and my coworker gets notified. From there, we check what the charge is against the list we have and see if we need fingerprinting. We have 5 days to do

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fingerprinting, but we get that done right away. Once we receive that we upload into the Identified Offender system and email to Administrator, my coworker, and myself. Once that is done, we wait to see if someone is going to come out and interview the resident. Then once the person is discharged, we discharge the resident out of the system and paperwork is filed. I have just been taught that those are the 3 background checks we do. I am not sure why (R34's) CHIRP was done late. We did find that it was done late via audit and administration was aware."

On 02/25/25 at 01:52 PM, V1 (Administrator) stated, "Everybody will have a national sex offender background check done. This will be done immediately today. And going forward National sex offender background check will be done on every admission. We already do weekly audits since last year around May 1st, 2024. (R34's) CHIRP being done late got missed as receptionist was not here and was caught in the audit."

On 02/25/25 at 02:47 PM, V5 (Human Resource Support) stated, "For (V9) - Registry was checked today. Her hire date was 2/12/2025. The background checks were done 2/17/2025. All of the checks were done late. I do not know why they were done late. I do not do them, my coworker does them. For (V15), her hire date 4/16/2024. Her registry was done today. Her background check for Illinois Sex Offender was done today. Remaining background checks were done 4/23/2024. For (V16), her hire date was 8/20/2024. Her registry was checked 2/25/2025. All of her background checks were done 8/30/2024. For (V17), her hire date was 7/24/2024. Her registry was checked 2/25/2025. All of her background checks were also checked

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late on 7/30/2024. For (V18), she was hired 3/22/24. Her registry was checked 3/22/24. Her Illinois Sex offender was checked on 2/25/25. All other background checks were done 3/22/24. For (V19), his hire date was 8/17/23. His registry was done 2/15/2024. Illinois Sex Offender background check was done on 2/25/2025. All other background checks were done 2/15/2024. For (V20), her hire date was 1/14/2025. Her registry was done 2/25/2025. Her background checks were done 1/8/2025. (V21's) hire date was 2/27/2024. IDFPR website was checked on 3/4/2024. For (V23), her hire date was 11/16/22. IDFPR website was checked on 12/13/2022."

On 02/25/25 at 03:18 PM, V4 (Medical Director) stated, "My expectation of staff is that all of the background checks are done prior to hire or prior to admission. It is important to do the background checks prior to admission/hire to keep residents charged in our care safe from abuse/neglect/exploitation."

On 02/26/25 at 09:10 AM, V8 (Human Resource Support Supervisor) stated, "We were doing an audit in December to correct some of the things we were missing. After that audit, I was unaware of any further issues. I am unsure of why the items were missing or done late. We rely on the leadership team to tell us when the staff start. We are working towards better communication. We are trying to get leadership to understand the why no one can start until all paperwork is done. This should be done for safety and risk to the residents. It is our obligations to our residents to ensure safety of the residents."

Facility Poicy Employee and Health Care Worker Background Check Policy and Procedure with Effective date of October 1,2016 and Revision

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Date of 2/1/2025 documents:
Purpose:
To ensure compliance with the Illinois Department of Public Health (IDPH) and the Centers for Medicare & Medicaid Services (CMS) regulations, this policy establishes the procedures for conducting background checks on all prospective and current employees who provide direct patient care or have access to patient records.
Scope:
This policy applies to all employees, contractors, volunteers, and affiliates who have direct access to patients or patient information within our organization.

Policy
1. Pre-Employment Background Checks
" Health Care Worker Registry (HCWR) Clearance:
o All prospective employees must undergo an HCWR clearance before hire to determine if they have a reported criminal background check result, a disqualifying criminal conviction, an IDPH waiver for a disqualifying conviction, or substantiated findings of abuse or neglect.
o If no background check results are found in the HCWR, the employee must complete a fingerprint-based criminal background check using an IDPH-approved livescan vendor within 10 working days of hire.
o The required livescan form will be printed from the IDPH Web Portal and must be provided by the hiring department to the employee.
" Registry and Background Check Verification:
o The organization will verify each new hire's status on the HCWR before allowing them to start employment.
o Employees with disqualifying convictions will not be hired unless an IDPH waiver has been granted

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o Individuals with substantiated findings of abuse, neglect, or financial exploitation will not be eligible for employment.
4. Compliance and Record Maintenance
" Documentation:
o All background check results and HCWR clearance verifications will be maintained in the employee's personnel file.
o Documentation must be readily available for audit or regulatory review.
" Ongoing Compliance Monitoring:
o The HR department will conduct routine audits of background check records to ensure ongoing compliance with IDPH and CMS regulations.
o Employees who fail to comply with background check requirements will be subject to disciplinary action, up to and including termination.
Procedure:
1. Pre-Hire Screening:
o HR will verify the applicant's HCWR status through the IDPH Web Portal.
o If the applicant's background check is not listed, HR will provide the livescan form and require fingerprint submission within 10 working days of hire.
2. Record Maintenance:
o HR will securely store background check results, waivers, and registry clearance records.
o Records must be retained in compliance with state and federal regulations.
By adhering to this policy, our organization ensures patient safety and regulatory compliance while maintaining high standards for employee integrity

Identified Offenders Policy and Procedure with a reviewed date of 1/4/24 documents in part:
PURPOSE

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S9999	Continued From page 8 To comply with the Illinois Department of Public Health Identified Offender law (Public Act 096-1372) and to ensure the safety of all residents of our community. PROCEDURES 1. Criminal Background and Sex Offender Checks will be completed on all residents admitted to the BHRS Health Center within twenty-four (24) hours from the admission date. The Admissions Coordinator or designee will request a Uniform Criminal Information Act (UCIA) name-based criminal history record from the Illinois State Police using the Criminal History Information Response Process (CHIRP) and verify the resident with the Illinois State Police Sex Offender Registry and the Illinois Department of Corrections Parole Sex Offender Registry to determine if the resident is a registered sex offender. If the resident is determined to be a registered Sex Offender, the Administrator and IOP must be informed immediately. 2. All background checks will be kept in a secure file and maintained for at least 3 years. 3. In the event that a resident has a "hit" response, the Administrator will be notified immediately. 4. The Administrator will review the UCIA Criminal History Record to determine if the resident is an identified offender. (C) 2 of 2 300.610 a) 300.2100	S9999		

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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 300.2100 Food Handling Sanitation
Every facility shall comply with the Department's rules entitled "Food Code."

These regulations are NOT MET as evidence by:

Based on observation, interview, and record review, the facility failed to ensure food is prepared and served under the sanitary conditions, failed to ensure food items were labeled and dated per facility policy, and failed to ensure high-temperature dishwasher final rinsing cycles gauge temperature worked properly during final rinse. These failures applies to 37 residents who receive food prepared in the facility kitchen.

Findings include:

On 2/24/2025 at 09:29 AM, during the initial rounds in the kitchen with V12 (Director of Dining Services), surveyor observed a box of twenty-four cucumbers, box of broccoli, and a box of tomatoes sitting directly on the floor. V12 said, "The delivery just got to the facility, and I expect

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the staff not to place directly on the floor and use the cart next to the produce."

On 02/25/2025 at 09:45 AM, surveyor checked the temperature for the dishwasher with V12. Surveyor observed the final rinse temperature gauge was not working. V12 said, "I already placed a work order, and the facility is waiting for the technician to come and fix it. The facility is using the temperature strip." V12 was asked how staff know if the temperature reached 180 Fahrenheit. V12 said, "I could not tell for sure if the final temperature could hold the temperature up above 180 Fahrenheit, and not washing dishes properly can cause infection." The ice machine had dust and hard water marks built up around the outside on the left side of the leakage area. V12 said, "The facility does monthly maintenance cleaning, and staff are expected to wipe out and clean it (ice machine) daily at the end of the shift, but it was not done." The Ice cream freezer had six-3 gallons of ice cream half full had no open date or best buy date. V12 said, "I expect staff to date the ice cream as soon as each gallon is opened." A garbage container without a lid, and half full of garbage across from the ice machine. V12 said, "I expected the garbage containers to always have a lid to prevent contamination."

On 02/25/2025 at 2:00 PM, V1 (Administrator) said, "I was not aware of the dishwasher temperature final rinse gauge not working. The Kitchen will switch and start using (white foam) plates and disposable silverware until the machine is fixed. I expect the staff to follow facility policy and protocol and follow infection control to prevent food poisoning."

On 02/26/2025 at 09:10 AM, V12 said, "The technician already fixed the dishwasher." The

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final rinse gauge temperature was working, and surveyor able to observe two rinse cycles and the temperature was 182 degrees Fahrenheit.

On 02/27/2025 at 1:00 PM, V3 (Infection Preventionist) said, "I expect the garbage to always have a lid, equipment to be fixed and cleaned. If the dishwater final wash temperature gauge is not working, the kitchen staff need to use (white foam) disposal plates and silverware. Food should be handled properly per facility policy to prevent germ contamination and infection."

Facility policy titled, Sanitation and Infection Prevention Control, Dishwasher Temperature dated 1/24, documents:
Multi-tank conveyor, multi-temperature machine-Final rinse temperature 180F-194F.
Production, Purchasing, Storage dated 1/25, Which reads in part (but not limited to),
The words "sell by, "best buy", "enjoy by" or used by, should proceed a date on the product. Food past the "sell by, "best buy", "enjoy by" date should be discarded.
Refrigerator storage
Store food 6" above the floor, the bottom shelf must be solid to protect the product from splash and dust.
Frozen storage
Once the packaging around the food has been opened, food must be used within 3 months.
Sanitation and Infection Prevention Control, Solid Waste Disposal dated 1/25, Which reads in part (but not limited to),
Garbage containers are clean, lined, and covered at all times.

(C)