(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '		(X3) DATE SURVEY COMPLETED	
,	o. cozo		A. BUILDING:			
		IL6006902	B. WING		03/1	3/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
APERION CARE FOX RIVER 355 RAYM ELGIN, IL			IOND STREE 60120	ĒΤ		
(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 SHOUI 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 Violations (1 of 2)				
	300.615f) 300.661					
		etermination of Need uest for Resident Criminal rmation				
	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 rections sex registrant search state.il.us to determine if the is a registered sex offender.				
	These requirement by:	s were not met as evidenced				
	failed to check the	and record review, the facility Illinois Department of gistrant search page for to the facility.				
	R63, R75, R81, R8	of 10 residents (R43, R62, 2, R83, R84, R279, and R280) round checks in the sample of				
	The findings include	e:				
		ctronic Medical Record) dmitted to the facility on				

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

03/19/25 **Electronically Signed**

TITLE

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		IL6006902	B. WING		03/1	3/2025
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
APERION CARE FOX RIVER 355 RAYM ELGIN, IL			OND STREE	ĒT		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST 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			
	the Illinois Departm	t have documentation to show ent of Corrections sex as conducted for R43.				
	2. R62's EMR show facility on February	ved R62 was admitted to the 23, 2025.				
	the Illinois Departm	t have documentation to show ent of Corrections sex as conducted for R62.				
		mum Data Set) dated showed R63 was admitted to ary 28, 2025.				
	the Illinois Departm	t have documentation to show ent of Corrections sex as conducted for R63.				
	4. R75's EMR show facility on February	ved R75 was admitted to the 16, 2025.				
	the Illinois Departm	t have documentation to show ent of Corrections sex as conducted for R75.				
	5. R81's EMR show facility on March 6,	ved R81 was admitted to the 2025.				
	the Illinois Departm registrant search wa	t have documentation to show ent of Corrections sex as conducted for R81. red R82 was admitted to the 29, 2025.				
	the Illinois Departm	t have documentation to show ent of Corrections sex as conducted for R82.				

| Illinois Department of Public Health STATE FORM

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6006902	B. WING		03/1	3/2025
			DRESS, CITY, S	STATE, ZIP CODE		
APERIO	N CARE FOX RIVER	355 RAYM ELGIN, IL	OND STREE	ET .		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 2	S9999			
	7. R83's EMR show facility on March 6,	ved R83 was admitted to the 2025.				
	The facility does not have documentation to show the Illinois Department of Corrections sex registrant search was conducted for R83.					
	8. The EMR showed R84 was admitted to the facility on January 31, 2025.					
	the Illinois Departm	t have documentation to show ent of Corrections sex as conducted for R84.				
	9. The EMR showe facility on February	d R279 was admitted to the 26, 2025.				
	the Illinois Departm	t have documentation to show ent of Corrections sex as conducted for R279.				
	10. The EMR show facility on March 3,	ed R280 was admitted to the 2025.				
	Director) demonstra conduct a resident's including which well the websites he acc Department of Corr said he searches re Department of Corr and was unaware h checking residents	, at 1:06 PM, V7 (Admissions ated the process he uses to a criminal background check, posites he checks. V7 showed besses including the Illinois rections Inmate search. V7 esident names on the Illinois rections Inmate search page are was supposed to be on the Illinois Department of gistrant search page.				
	correct websites wh	, at 1:15 PM, V1 I V7 should be checking the nen conducting resident s including the Illinois				

Illinois Department of Public Health

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IL6006902	B. WING		03/	13/2025	
	PROVIDER OR SUPPLIER		DRESS, CITY, S	TATE, ZIP CODE			
APERIO	N CARE FUX RIVER	ELGIN, IL	60120				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
S9999	Continued From pa	ge 3	S9999				
	Department of Corr page.	ections sex registrant search					
	(C)						
	Statement of Licens	sure Violations (2 of 2)					
	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.					
	These requirements by:	s were not met as evidenced					
	failed to ensure that finger printing after	and record review, the facility t a new employee was sent for his Health Care Worker work was found to be "not yet					
	This applies to 1 of background checks	10 employees reviewed for s.					
	The findings include	e:					
	(Certified Nursing A 2024 showed that V "not yet determined letter head dated M on September 11, 2 4:04 PM V13's Hea	orker Registry for V13 assistant) on September 10, /13's eligibility to work was ." According to the facility's arch 13, 2025, V13 was hired 2024. As of March 10, 2025 at lth Care Worker registry d "not yet determined."					
	On March 10, 2024	at 4:15 PM, V14 (Director of					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6006902	B. WING		03/1	3/2025
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
APERIO	N CARE FOX RIVER	355 RAYN ELGIN, IL	IOND STREI 60120	ΞΤ		
(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 APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
\$9999	Human Resources) September 11, 2024 V13 for fingerprintin registry came back stated it is their poli- printing if the health back as "not yet def The facility's Emplo and Rules showed is Background Checks checks of all emplo	stated that V13 was hired on 4 and the facility did not send 1g after his health care worker 1g as "not yet determined". V14 1g to send someone for finger 1g care worker registry comes	S9999			

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Illinois Department of Public Health STATE FORM

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