STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
IL6002695			B. WING	/ING 03/1:			
NAME OF I	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
HIGHLIG	HT HEALTHCARE OF	STERLING		ΓΕΕΝΤΗ AVE G, IL 61081	NUE		
(X4) ID PREFIX TAG		TEMENT OF DEFICI MUST BE PRECED SC IDENTIFYING INF	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000				
	First Probationary L Ownership	icensure Surve	y; Change of				
S9999	Final Observations			S9999			
	Statement of Licensure Violations 1 of 2						
	300.615f)						
	Section 300.615 D Screening and Req History Record Info	uest for Reside					
	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.						
	This requirement w	as not met as e	videnced by:				
	Based on interview failed to ensure the and the Illinois Dep were checked prior to the facility. This a (R26 and R142) revin the sample of 12	Illinois Sex Offer artment of Correct to a resident be applies to 2 of 5 viewed for Ident	ender website ections website eing admitted residents				
	The findings include	e:					
	On 3/10/25 the faci background checks Illinois Sex Offende Department of Corr checked.	s for R26 and R r website and th	142. The ne Illinois				
	l rtment of Public Health Y DIRECTOR'S OR PROVID	DER/SUPPLIER REPR	RESENTATIVE'S SIG	NATURE	TITLE		(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

**Electronically Signed** 03/28/25

TITLE

STATE FORM 6899 If continuation sheet 1 of 4 Y4SY11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		IL6002695		B. WING		03/	12/2025
NAME OF	PROVIDER OR SUPPLIER				TATE, ZIP CODE		
HIGHLIG	HT HEALTHCARE OF	STERLING		TEENTH AVE G, IL 61081	NUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIEN MUST BE PRECEDED SC IDENTIFYING INFO	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
S9999	99 Continued From page 1		S9999				
	On 3/10/25 V15 (CNA-Certified Nurses Assistant Coordinator) stated that is was the responsibility of the Administrator to complete the website checks on the residents. (Administrator was not available).  The facility policy entitled Abuse, neglect and Exploitation dated 11/2024 states, "Prospective residents will be screened to determine whether the facility has the capability and capacity to provide the necessary care and services for each resident admitted to the facility." This policy does not address the requirement of checking specific websites.  Another undated document provided by V1 (Corporate Regional Director of Operations) on 3/10/25 and entitled Resident Background Check Process states, "Run Background Check: a. OIG, b. Sex Offender registry- IL state policy, c. Parolee"  (C) 2 of 2						
	300.650a) 300.650c) 300.650d) 300.661						
	Section 300.650 Personnel Policies						
	Each facility written personnel p operation of the fac include, at a minimurequirements.	ility. These polici	llowed in the ies shall				
	c) Prior to emp	oloying any individues as a State license					

Illinois Department of Public Health

STATE FORM 6899 Y4SY11 If continuation sheet 2 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6002695	B. WING		_   03/12	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
HIGHLIG	HT HEALTHCARE OF	STERLING	EENTH AVE 6, IL 61081	NUE		
(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 APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 2	S9999			
	shall contact the Illinois Department of Financial and Professional Regulation to verify that the individual's license is active. A copy of the license shall be placed in the individual's personnel file.  d) The facility shall check the status of all applicants with the Health Care Worker Registry prior to hiring.  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.					
	This requirement was not met as evidenced by:					
	Based on interview and record review the facility failed to check the Healthcare Worker Registry for one housekeeper and failed to check the Illinois Department of Financial and Professional Regulation for one nurse prior to hire. This has the potential to affect all 43 residents residing in the facility.  The findings include:					
		ousekeeper) employee file Healthcare Worker Registry ound.				
	checked for the Illin	urse) employee file was lois Department of Financial egulation website check. None				
		rom 3/10/25-3/12/25 no f was able to find the nts.				

Illinois Department of Public Health

STATE FORM 6899 Y4SY11 If continuation sheet 3 of 4

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE COMI	(X3) DATE SURVEY COMPLETED				
		IL6002695		B. WING		03/	12/2025		
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
HIGHLIG	HT HEALTHCARE OF	STERLING		FEENTH AVE G, IL 61081	NUE				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCI MUST BE PRECEDED B SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE		
S9999	9 Continued From page 3			S9999					
	The facility policy end Exploitation dated or reference and credic conducted on poter facility will maintain the screening occur (C)	11/2024 states, "Bac entials checks shall ntial employees" documentation of p	ckground, l be and " The						

Illinois Department of Public Health

STATE FORM 6899 Y4SY11 If continuation sheet 4 of 4