

Illinois Department of Public Health

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION             |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>IL6009799</b>                     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>05/21/2025</b> |
|---|--|---|--|--|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>PAVILION OF WAUKEGAN</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>2217 WASHINGTON STREET<br/>WAUKEGAN, IL 60085</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| S 000   | Initial Comments<br><br>Annual Licensure Survey  | S 000   |  |  |
| S9999   | Final Observations<br><br>Statement of Licensure Violations:<br>300.610a)<br>300.661<br><br>Section 300.610 Resident Care Policies<br>a) The facility shall have written policies and<br>procedures governing all services provided by the<br>facility. The written policies and procedures shall<br>be formulated by a Resident Care Policy<br>Committee consisting of at least the<br>administrator, the advisory physician or the<br>medical advisory committee, and representatives<br>of nursing and other services in the facility. The<br>policies shall comply with the Act and this Part.<br>The written policies shall be followed in operating<br>the facility and shall be reviewed at least annually<br>by this committee, documented by written, signed<br>and dated minutes of the meeting.<br><br>Section 300.661 Health Care Worker Background<br>Check<br>A facility shall comply with the Health Care<br>Worker Background Check Act and the Health<br>Care Worker Background Check Code.<br><br>This REQUIREMENT is not met as evidenced by:<br><br>Based on interview and record review the facility<br>failed to ensure health care worker background<br>checks were performed prior to hire. This has the<br>potential to affect all residents residing in the<br>facility. | S9999   |  |  |

Illinois Department of Public Health

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

Electronically Signed

TITLE

(X6) DATE

06/06/25

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| S9999   | <p>Continued From page 1</p> <p>The findings include:</p> <p>The resident census report provided on 5/19/25 shows 88 residents residing in the facility.</p> <p>The facility's Staff Hire List provided on 5/19/25 shows V16 (Certified Nursing Assistant/CNA) hire date 1/2/25.</p> <p>V16's Health Care Worker Registry Check is dated 1/21/25 (19 days later).</p> <p>On 5/20/25 at V4 (Human Resources) said background checks should be done prior to hire. V4 confirmed V16's background check was performed late.</p> <p>The facility's Background Investigations Policy dated 1/1/25 states, "Job reference checks, drug screening, licensure verifications and criminal conviction record checks are conducted on all personnel making applications for employment with this company...for all applicants for a position as a certified nursing assistant, the human resources department will contact the nurse aide registry of the state in which is certified and/or previous employed to verify that the applicant's certificate is in good standing..."</p> <p>"C"</p> | S9999   |  |  |