Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0024745	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINNING WHEELS	701 EAST 3RD STREET , PROPHETSTOWN, Illinois, 61277

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
S0000	Initial Comments Annual Licensure Survey	S0000		08/08/2025
S9999	Final Observations Statement of Licensure Violations 300.661 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 Health Care Worker Registry prior to employment and failed to ensure fingerprints were obtained within 10 days. This has the potential to affect all 77 residents who reside at the facility. The findings include: 1, The facility provided New Employee List shows that V13, Certified Nursing Assistant (CNA) was hired on 7/7/25. V13's Health Care Worker Registry document shows that a check of the registry was done on 7/21/25 and V13's work eligibility was "Not Yet Determined" due to not having any fingerprinting on record. A search of the registry on 7/23/25 shows that V13's fingerprints were obtained on 7/21/25. 2. The facility provided New Employee List shows that V14 (CNA) was hired on 7/2/25. V14's Health Care Worker Registry document shows that a check of the registry was done on 7/7/25. On 7/23/25 at 12:50 PM, V1 (Administrator) said that she is the one that performs the Registry checks, and she thought that she had 14 days to do the checks. C	S9999		08/08/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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