

Illinois State Department of Health

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><b>3000872</b> |                     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING                                                                     |  | (X3) DATE SURVEY COMPLETED<br><b>12/19/2025</b> |  |
| NAME OF PROVIDER OR SUPPLIER<br><b>The Haven of Ridgeview</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                         |                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>413 RIDGE LANE , OBLONG, Illinois, 62449</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<br>APPROPRIATE DEFICIENCY) |  | (X5)<br>COMPLETION<br>DATE                      |  |
| S0000                                                         | Initial Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                         | S0000               |                                                                                                                          |  |                                                 |  |
|                                                               | First Probationary Licensure Survey                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                         |                     |                                                                                                                          |  |                                                 |  |
| S9999                                                         | Final Observations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |
|                                                               | Statement of Licensure Violations (1 of 5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                               | 300.615e)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                               | Section 300.615 Determination of Need Screening and<br>Request for Resident Criminal History Record<br>Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                               | e) In addition to the screening required by Section<br>2-201.5(a) of the Act and this Section, a facility<br>shall, within 24 hours after admission of a resident,<br>request a criminal history background check pursuant to<br>the Uniform Conviction Information Act for all persons<br>18 or older seeking admission to the facility, unless a<br>background check was initiated by a hospital pursuant<br>to the Hospital Licensing Act. Background checks shall<br>be based on the resident's name, date of birth, and<br>other identifiers as required by the Department of<br>State Police. (Section 2-201.5(b) of the Act) |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                               | These requirements are not met as evidenced by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                               | Based on record review and interview, the facility<br>failed to submit background checks within 24 hours of<br>admission for 4 (R5, R8, R9, and R10) of 5 residents<br>reviewed for criminal background checks in the sample<br>of 13.                                                                                                                                                                                                                                                                                                                                                                                              |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                               | The Findings Include:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                               | 1. R5's Admission Record documents an admission date of<br>11/20/2025 to the facility. The CHRIP (Criminal History<br>Information Response Process) was submitted on<br>12/09/2025, which is 20 days after R5 was admitted to<br>the facility.                                                                                                                                                                                                                                                                                                                                                                                      |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                               | 2. R8's Admission Record documents an admission date of<br>10/15/2025 to the facility. The CHRIP was submitted on<br>12/09/2025, which is 56 days after R8 was admitted to<br>the facility.                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                         |                     |                                                                                                                          |  |                                                 |  |

Office of Primary Care and Health Systems Management

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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Illinois State Department of Health

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><b>3000872</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING                                     |                                                                                                                          | (X3) DATE SURVEY COMPLETED<br><b>12/19/2025</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><b>The Haven of Ridgeview</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>413 RIDGE LANE , OBLONG, Illinois, 62449</b> |                                                                                                                          |                                                 |                            |
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| S9999                                                         | <p>Continued from page 1</p> <p>3. R9's Admission Record documents an admission date of 09/26/2025 to the facility. The CHIRP was submitted on 12/09/2025, which is 75 days after R9 was admitted to the facility.</p> <p>4. R10's Admission Record documents an admission date of 11/12/2025 to the facility. The CHIRP was submitted on 12/09/2025, which is 28 days after R10 was admitted to the facility.</p> <p>On 12/17/2025 at 11:20 A.M. V4 (Admissions Director) stated with the previous owners, the background checks for residents were completed by a corporate person. V4 stated when the new company took over, there was no one in house to complete the resident background checks. V4 stated when she realized they were not being done she started doing them.</p> <p>On 12/17/2025 at 1:50 P.M. V3 (Regional Nurse) stated the facility does not have a specific policy for background checks. V3 stated the facility follows the Illinois Department of Public Health Identified Offenders Program Instructional Guide.</p> <p>On 12/17/2025 at 2:00 P.M. V1 (Administrator) stated he is not sure why CHIRPS were not being completed. V1 stated he knew there was a newer admit that was an Identified Offender and that is what started the facility audit of who has had their backgrounds completed. V1 stated he asked V4 (Admissions Director) to check all admits since the company took over and schedule and one who needs fingerprints. V1 stated all residents that have been admitted now have the correct background checks completed.</p> <p>The Illinois Department of Public Health Identified Offenders Program Instructional Guide revised 3/9/2018 provided by the facility as policy, documents within 24 hours of a resident's admission, facilities must 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).</p> <p>(C)</p> <p>Statement of Licensure Findings: (2 of 5)</p> <p>300.625c)1)2)</p> <p>Section 300.625 Identified Offenders</p> <p>c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of</p> |                                                                         |  | S9999                                                                                    |                                                                                                                          |                                                 |                            |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>The Haven of Ridgeview</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                         |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>413 RIDGE LANE , OBLONG, Illinois, 62449</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<br>APPROPRIATE DEFICIENCY) |                                                 | (X5)<br>COMPLETION<br>DATE |
| S9999                                                             | <p>Continued from page 2</p> <p>1) Immediately notify the Department of State Police, in the form and manner required by the Department of State Police, that the resident is an identified offender.</p> <p>2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to identify a resident as an identified offender, schedule fingerprinting, and report to the resident to the Identified Offender Program within 72 hours of admission for 2 (R5 and R8) of 5 residents reviewed for criminal history in the sample of 13.</p> <p>The Findings Include:</p> <p>1. R5's Admission Record documents an admission date of 11/20/2025 to the facility. The CHRIP (Criminal History Information Response Process) was submitted on 12/09/2025. A Uniform Criminal Information Act (UCIA) background check dated 12/09/2025, showed R5 had multiple convictions. One of the convictions listed was on the qualifying Identified Offender Convictions List. The was no reproducible evidence located in R5's record that the facility made an appointment for fingerprinting or notify the Identified Offender Program within 72 hours of admission that R5 had qualifying convictions.</p> <p>2. R8's Admission Record documents an admission date of 10/15/2025 to the facility. The CHRIP was submitted on 12/09/2025. A Uniform Criminal Information Act (UCIA) background check dated 12/09/2025, showed R8 had multiple convictions. One of the convictions listed was on the qualifying Identified Offender Convictions List. The was no reproducible evidence located in R8's record that the facility made an appointment for fingerprinting or notify the Identified Offender</p> |                                                                         |  | S9999                                                                                        |                                                                                                                          |                                                 |                            |

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| NAME OF PROVIDER OR SUPPLIER<br><b>The Haven of Ridgeview</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                         |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>413 RIDGE LANE , OBLONG, Illinois, 62449</b> |                                                                                                                          |                                                 |                            |
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| S9999                                                         | <p>Continued from page 3</p> <p>Program within 72 hours of admission that R8 had qualifying convictions.</p> <p>On 12/17/2025 at 11:20 A.M. V4 (Admissions Director) stated with the previous owners, the background checks for residents were completed by a corporate person. V4 stated when the new company took over, there was no one in house to complete the resident background checks. V4 stated when she realized they were not being done she started doing them.</p> <p>On 12/17/2025 at 1:50 P.M. V3 stated the facility does not have a specific policy for background checks. V3 stated the facility follows the Illinois Department of Public Health Identified Offenders Program Instructional Guide.</p> <p>On 12/17/2025 at 2:00 P.M. V1 (Administrator) stated he is not sure why CHIRPS were not being completed. V1 stated he knew there was a newer admit that was an Identified Offender and that is what started the facility audit of who has had their backgrounds completed. V1 stated he asked V4 (Admissions Director) to check all admits since the company took over and schedule and one who needs fingerprints. V1 stated all residents that have been admitted now have the correct background checks completed.</p> <p>(C)</p> <p>Statement of Licensure Findings: (3 of 5)</p> <p>300.1060f)</p> <p><b>Section 2-213(c) of the Act</b></p> <p>Section 2-213(c) of the Act requires the resident's medical record that he or she was verbally screened for risk factors associated with hepatitis B, hepatitis C, and HIV, and whether or not the resident was immunized against hepatitis B. (Section 2-213(c) of the Act)</p> <p>The requirements were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to screen residents for risk factors associated with hepatitis B, hepatitis C, and HIV, and whether or not the resident was immunized against hepatitis B for 5 (R1, R2, R3, R4 and R5) of 5 residents reviewed for immunizations in the sample of 13.</p> <p>The Findings Include:</p> <p>1. R1's Admission Record has an admission date of 07/07/2023. R1's Electronic Medical Record had no documentation to whether R1 had been screened for risk</p> |                                                                         |  | S9999                                                                                    |                                                                                                                          |                                                 |                            |

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| S9999                                                         | <p>Continued from page 4<br/>factors associated with hepatitis B, hepatitis C, and HIV, and whether or not the R1 was immunized against hepatitis B.</p> <p>No reproducible evidence was provided during this investigation that R1 had been screened or offered Hepatitis B Vaccine.</p> <p>2. R2's Admission Record has an admission date of 04/08/2025. R2's Electronic Medical Record had no documentation to whether R2 had been screened for risk factors associated with hepatitis B, hepatitis C, and HIV, and whether or not the R1 was immunized against hepatitis B.</p> <p>3. R3's Admission Record has an admission date of 07/20/2023. R3's Electronic Medical Record had no documentation to whether R3 had been screened for risk factors associated with hepatitis B, hepatitis C, and HIV, and whether or not R3 was immunized against hepatitis B.</p> <p>4. R4's Admission Record has an admission date of 06/20/2023, R4's Electronic Medical Record had no documentation to whether R4 had been screened for risk factors associated with hepatitis B, hepatitis C, and HIV, and whether or not R4 was immunized against hepatitis B.</p> <p>On 12/17/2025 at 9:50 A.M. R4 stated he has not been vaccinated for Hepatitis B. R4 stated he can't remember if when he was admitted the facility offered it or not.</p> <p>5. R5's Admission Record has an admission date of 11/20/2025. R5's Electronic Medical Record had no documentation to whether R5 had been screened for risk factors associated with hepatitis B, hepatitis C, and HIV, and whether or not R5 was immunized against hepatitis B.</p> <p>On 12/17/2025 at 9:25 A.M. R5 stated he had not been vaccinated for Hepatitis B.</p> <p>On 12/17/2025 at 1:18 P.M. V3 (Regional Nurse) stated she cannot find in any of the resident's chart if they were screened for Hepatitis or not. V3 stated she handed me the screening form earlier today, but she is not sure that the company uses the form. V3 stated she is not sure how the previous company did the screen for hepatitis.</p> <p>On 12/17/20205 at 2:59 P.M. V3 state she was doing an audit on last five new admits. Prior to today they were not doing Hepatitis B vaccine questionnaire. V3 stated</p> |                                                                         |  | S9999                                                                                    |                                                                                                                          |                                                 |                            |

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| NAME OF PROVIDER OR SUPPLIER<br><b>The Haven of Ridgview</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                         |                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>413 RIDGE LANE , OBLONG, Illinois, 62449</b>                                 |  |                                                 |  |
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| S9999                                                        | <p>Continued from page 5<br/>they will start today and will vaccinate the residents who want it. V3 stated that R5 was screened, and he did want the vaccine. V3 stated they would get it completed as soon as possible.</p> <p>Facility policy titled "Screening Policy for Hepatitis B, Hepatitis C and HIV Risk Factors" documented it is the policy of this facility to screen all residents not known to be infected with Hepatitis B, Hepatitis C, and HIV for risk factors for these viruses.</p> <p>(B)</p> <p>Statement of Licensure Findings: (4 of 5)</p> <p>300.2040c)2)</p> <p>Section 300.2040 Diet Orders</p> <p>c) Medical providers shall write a diet order, for each resident, indicating whether the resident is to have a general or therapeutic diet. A medical provider may delegate writing a diet order to the dietitian.</p> <p>2) The diet shall be served as ordered.</p> <p>The requirements were not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to provide nutritional supplements as ordered for one (R6) of four residents reviewed for therapeutic diets in the sample of 13.</p> <p>Findings include:</p> <p>R6's "Admission Record" documents an initial admission date of 07/10/2025. Diagnoses listed include heart failure, chronic obstructive pulmonary disease, unspecified protein-calorie malnutrition, and gastro - esophageal reflux disease.</p> <p>R6's "Order Summary Review" with a print date of 12/18/2025, documented an order with a date of 11/06/2025 for health shake with lunch daily.</p> <p>R6's care plan with an initial date of 07/11/2025 documents a focus area of "R6 has a diagnosis of unspecified protein-calorie malnutrition. Interventions listed in the care plan include offer supplements as ordered, diet as ordered, offer snacks, monitor weight, and RD evaluation as needed.</p> <p>R6's lunch diet card for 12/16/2025 and 12/17/2025 document that R6 is supposed to receive a 4-ounce vanilla health shake.</p> |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><b>3000872</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING                                     |                                                                                                                          | (X3) DATE SURVEY COMPLETED<br><b>12/19/2025</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><b>The Haven of Ridgview</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                         |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>413 RIDGE LANE , OBLONG, Illinois, 62449</b> |                                                                                                                          |                                                 |                            |
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| S9999                                                        | <p>Continued from page 6</p> <p>On 12/16/2025 at 12:18 P.M. R6 was served her meal and there was no health shake given to R6 at that time. R6 was taken out of the dining room at 12:48 P.M. and had still not been given a health shake.</p> <p>On 12/17/2025 at R6 was observed eating in the dining room. R6 did not have a health shake.</p> <p>On 12/17/2025 at 12:50 P.M. V5 (Dietary Manager) stated all supplements should have been passed by the drink aide. V5 verified that R6's dietary card had 4-ounce vanilla health shake on it. V5 verified that R6 did not have a health shake. V5 stated she will go get R6 a health shake.</p> <p>Facility policy titled Supplement guideline with a date of 05/30/2023 documented under section titled "Guideline: nutritional supplements will be provided as ordered to clients whose nutrient needs may be increased.</p> <p>(B)</p> <p>Statement of Licensure Findings: (5 of 5)</p> <p>300.2090a)</p> <p>Section 300.2090 Food Preparation and Service</p> <p>a) Foods shall be prepared by appropriate methods that will conserve their nutritive value, enhance their flavor and appearance. They shall be prepared according to standardized recipes and file of such recipes shall be available for the cook's use.</p> <p>The requirements were not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to prepare and serve pureed foods according to recipes for 4 of 4 residents (R6, R11, R12, and R13) reviewed for meal service in the sample of 13.</p> <p>Findings include:</p> <p>On 12/16/25 at 11:10am, V6, Cook, was observed preparing pureed food for the lunch meal. V6 stated there were 4 residents for whom are ordered a pureed diet, R6, R11, R12, and R13. V6 took 4 cooked boneless chicken breasts, 4 baked rolls, and 24 ounces of chicken gravy, and pureed them together until smooth. V6 was not referring to the puree recipe and stated she didn't measure the gravy. When asked about blending the rolls and chicken together instead of separately, V6 stated she has been employed at the facility many years and that's how she was trained to do it.</p> |                                                                         |  | S9999                                                                                    |                                                                                                                          |                                                 |                            |

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| S9999                                                         | <p>Continued from page 7</p> <p>On 12/16/25 at 12:20pm, lunch tray line was observed. For the puree trays, V6 served one 4-ounce ladle of the chicken and roll mixture.</p> <p>On 12/17/25 at 11:40am, V7, Corporate Vice President of Culinary Services, stated foods are to be pureed and served separately, and the recipe followed in regard to the type and amount of fluid added for blending.</p> <p>A Diet Extensions, Tuesday, Week 3, 2025 Menu documented the puree lunch meal to be served in part was per serving a 3-ounce baked chicken breast, pureed to 1/3 cup, and one baked dinner roll, pureed to 1/4 cup.</p> <p>A December 17th, 2025, puree dinner roll recipe documented (one serving), "Tear dinner roll into small pieces and place in food processor. Process until finely crumbled. In a separate bowl, place 2 tablespoons milk per serving or other appropriate liquid that is thickened to at least 2 MT (nectar think consistency). Sprinkle finely crumbled dinner roll over thickened liquid. Gently stir to moisten all the crumbs." A December 17th, 2025, puree chicken breast recipe documented (one serving), "(Ingredients) 3 teaspoons milk or the appropriate liquid (and one 3-ounce boneless chicken breast). Place in blender or food processor. Blend until smooth. Additional liquid and/or thickener may be needed to ensure puree is smooth, moist and appropriate for puree."</p> <p>(B)</p> |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |