

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005912</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/03/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>AVANTARAAURORA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 WEST SULLIVAN ROAD AURORA, IL 60506</b>
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(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) COMPLETE DATE
S 000	Initial Comments  Annual licensure and certification survey.	S 000		
S9999	Final Observations  Statement of Licensure Violations  300.615 g)  Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information  g) If the results of the background check are inconclusive, the facility shall initiate a fingerprint-based check, unless the fingerprint check is waived by the Director of Public Health based on verification by the facility that the resident is completely immobile or that the resident meets other criteria related to the resident's health or lack of potential risk, such as the existence of a severe, debilitating physical, medical, or mental condition that nullifies any potential risk presented by the resident. (Section 2-201.5(b) of the Act) The facility shall arrange for a fingerprint-based background check or request a waiver from the Department within 5 days after receiving inconclusive results of a name-based background check. The fingerprint-based background check shall be conducted within 25 days after receiving the inconclusive results of the name-based check.  This REQUIREMENT was not met as evidenced by:  Based on interview and record review, the facility failed to ensure a fingerprint check was done on	S9999	<b>Attachment A Statement of Licensure Violations</b>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>an identified offender for 1 of 10 residents (R57) reviewed for back ground checks in the sample of 17.</p> <p>The findings include:</p> <p>R57's face sheet showed admission to the facility on 2/9/22.</p> <p>The facility's 3/2/22 Resident Census and Conditions of Residents form showed 62 residents in the facility.</p> <p>On 3/1/22 at 1:57 PM, V2 Assistant Administrator/Social Services Director said R57's fingerprints were obtained on 2/25/22 at 6:00 PM and the results are still pending.</p> <p>On 03/03/22 at 10:48 AM, V1 Administrator said it's important to do resident background checks and fingerprints in a timely manner to make sure they're not identified offenders as that could be potentially detrimental to the residents.</p> <p>On 3/3/22 at 10:50 AM, V2 said it's important to do resident background checks in a timely manner to ensure resident and staff safety.</p> <p>The facility's new admissions matrix showed R57 was admitted on 2/9/22. R57's 2/9/22 Criminal History Record showed a "HIT" and to ensure that information furnished by the Illinois State Police positively pertained to the subject in question, a UCIA fingerprint inquiry should be submitted. R57's consent form showed fingerprints were not obtained until 2/25/22.</p> <p>The facility's 6/10/21 Identified Offender Policy showed the facility will comply with the state regulations in addressing residents who are</p>	S9999		

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NAME OF PROVIDER OR SUPPLIER  <b>AVANTARA AURORA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 WEST SULLIVAN ROAD AURORA, IL 60506</b>
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S9999	Continued From page 2  identified offenders. If the results of a criminal history background check reveals that the resident is an identified offender the facility will: within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident.  "C"	S9999		