Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: B. WING 02/01/2024 IL6000335 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **512 EAST OGDEN AVENUE WESTMONT MANOR HLTH & RHB** WESTMONT, IL 60559 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 000 S 000 Initial Comments Annual Licensure Survey S9999 S9999 Final Observations Statement of Licensure Violations: 1 of 2 300.340 c) 3)C) iii) Section 300.340 Incorporated and Referenced Materials The following statutes and State C) regulations are referenced in this Part: 3) State of Illinois rules Department of Public Health: C) Food Code (77 III. Adm. Code 750) iii) These REQUIREMENTs were not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure food service staff had up to date food handler's or manager's certificates or received a food handler's certificate within 30 days of hire for six staff members. This has the potential to affect all residents residing in the facility. The CMS 671 dated 1/30/24 shows there are 84 residents residing in the facility. The findings include: Facility provided dietary staff schedule shows V11

Illinois Department of Public Health

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

(Dietary Aide), V12 (Dietary Aide), V13 (Dietary

**Electronically Signed** 

TITLE

(X6) DATE

02/16/24

PRINTED: 02/23/2024 FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: B. WING 02/01/2024 IL6000335 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **512 EAST OGDEN AVENUE WESTMONT MANOR HLTH & RHB** WESTMONT, IL 60559 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 1 Aide), V14 (Dietary Aide), V15 (Cook), and V16 (Dietary Aide) as active employees with scheduled shifts. Facility provided hire dates, provided by V1 (Administrator) on 2/1/24 at 11:00 AM, shows V11 was hired on 8/1/23, V12 was hired on 9/18/23. V13 was hired on 5/16/23, V14 was hired on 9/21/23, V15 was hired on 7/13/23, and V16 was hired on 8/22/23. Facility provided food handler's certificate for V11 shows a completion date of 1/31/24; 183 days after hire. Facility provided food handler's certificate for V12 shows a completion date of 1/31/24; 135 days after hire. Facility provided food handler's certificate for V13 shows a completion date of 1/31/24; 260 days after hire. Facility provided food handler's certificate for V14 shows a completion date of 1/31/24; 132 days after hire. Facility provided food handler's certificate for V15 shows a completion date of 1/31/24; 66 days after V15's food manager's certification expired.

2 of 2
Illinois Department of Public Health

after hire.

(C)

Facility provided food handler's certificate for V16 shows a completion date of 1/30/24; 162 days

STATE FORM

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION		SURVEY PLETED
		IL6000335	B. WING		02/0	01/2024
	PROVIDER OR SUPPLIER	RHR 512 EAST	DRESS, CITY, S OGDEN AVE NT, IL 60559			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
\$9999	300.615e) 300.615f)  Section 300.615 E Screening and Rec History Record Info e) In addition Section 2-201.5(a) facility shall, within	Determination of Need quest for Resident Criminal ormation to the screening required by of the Act and this Section, a 24 hours after admission of a	S9999			
	check pursuant to Information Act fo seeking admission background check pursuant to the Ho Background check resident's name, d identifiers as requi	criminal history background the Uniform Conviction rall persons 18 or older to the facility, unless a was initiated by a hospital espital Licensing Act. as shall be based on the ate of birth, and other red by the Department of State -201.5(b) of the Act)				
	name on the Illinoi website at www.isp Department of Cor page at www.idoc. individual is listed	shall check for the individual's sex Offender Registration o state.il.us and the Illinois rections sex registrant search state.il.us to determine if the as a registered sex offender.				
	evidenced by:  Based on interview failed to submit ba Illinois Department website, and check	Wents were not met as  If and record review the facility ckground checks, check the tof Corrections (IDOC) to the Illinois State Police (ISP) mours of admission.				
	This applies to 8 o	f 10 residents (R5, R29, R30, R243, R244) reviewed for				

Illinois Department of Public Health

PRINTED: 02/23/2024 FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: B. WING 02/01/2024 IL6000335 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **512 EAST OGDEN AVENUE WESTMONT MANOR HLTH & RHB** WESTMONT, IL 60559 (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 3 criminal background checks in the sample of 18. The findings include: 1. The facility's CMS 802 shows R242 was admitted to the facility on 1/23/24. R242's Criminal Background Check is dated 1/25/24 (2 days after admission). 2. The facility's CMS 802 shows R243 was admitted to the facility on 1/11/24. R243's Criminal background checks did not include a check from the National Sex Offender Registry. 3. The facility's CMS 802 shows R30 was admitted to the facility on 1/8/24. R30's Criminal Background Check is dated 1/10/24 (2 days after admission). 4. The facility's CMS 802 shows R5 was admitted to the facility on 12/31/23. R5's Criminal Background Check is dated 1/5/24 (5 days after admission). R5's Illinois Sex Offender, National Sex Offender, and Illinois Department of Correction checks

Illinois Department of Public Health

were dated 1/30/24 (37 days after admission).

5. The facility's CMS 802 shows R244 was

admitted to the facility on 1/2/24.

STATE FORM

Illinois Department of Public Health

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMF	SURVEY
		IL6000335	B. WING		02/0	01/2024
	PROVIDER OR SUPPLIER	RHR 512 EAST	DRESS, CITY, S OGDEN AVE NT, IL 60559			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
S9999	R244's Criminal Ba 1/5/24 (3 days after R244's Illinois Sex Department of Corrand R244's National dated 1/4/24 (2 days) 6. The facility's CN admitted to the factor R53's National Sex checked on 1/30/2 and the Illinois Dep was not checked. 7. The facility's CN admitted to the factor R29's National Sex checked on 1/30/2 and the Illinois Dep check was not date 8. The facility's CN admitted to the factor R244's Criminal Ba 1/29/24 (24 days a) On 1/31/24 at 12:5 has been doing the since there is no or said all resident ba done within 24 hour The facility's Backgo	ackground Check is dated r admission).  Offender and Illinois rection checks were undated al Sex Offender Check was ys after admission).  MS 802 shows R53 was illity on 12/27/23.  Coffender Registry was 4 (34 days after admission) partment of Corrections website of MS 802 shows R29 was illity on 12/27/23.  Coffender Registry was 4 (34 days after admission) partment of Corrections website of MS 802 shows R29 was illity on 12/27/23.  Coffender Registry was 4 (34 days after admission) partment of Corrections website ed.  MS 802 shows R83 was illity on 1/5/24.  Cockground Check is dated fter admission).  O PM, V1 Administrator said here resident background checks he in admissions currently. V1 ckground checks should be a resident said of the core of admission to the facility.  Coround Checks Residents				
	Policy dated 10/21 admitted to a facilit	shows "when a resident id y, an electronic name-based must be ordered within 24				

Illinois Department of Public Health

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_ B. WING \_ IL6000335 02/01/2024

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WESTMONT MANOR HITH & DUR

**512 EAST OGDEN AVENUE** 

(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
S9999	Continued From page 5	S9999		
	hours of admission."			
	(C)			

Illinois Department of Public Health