Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PR

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
IL6009252		B. WING		02/	02/23/2024	
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, S		1 02/	23/2024
SUNNY	HILL NURSING HOME	OF WILL COUNT 421 DOR JOLIET, I	IS AVENUE IL 60433			
(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		S 000				
	Annual Licensure a	and Certification				
S9999	Final Observations		S9999			
	Statement of Licensure Violations: 300.661					
	Section 300.661 H Background Check					
	Worker Backgroun	oly with the Health Care d Check Act and the Health ground Check Code.				
	The REQUIREMEN	NT was not met as evidenced				
		and record review, the facility ployee background checks				
	This applies to all 1 facility.	50 residents residing in the				
	The findings include	e:				
	Medicare and Medi	re Facility Application for caid dated February 20, 2024, census was 150 residents.				
	Resources) said sh staff background ch hired. V13 continue health care worker facility hires, V13 do the Department of 0	224, at 2:30 PM, V13 (Human e is responsible for facility necks when facility staff are ed to say when completing background checks for new bees not conduct searches on Corrections Sex Offender ement of Corrections Inmate				

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

Electronically Signed

TITLE

(X6) DATE

03/18/24

PRINTED: 04/29/2024 **FORM APPROVED** Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6009252 02/23/2024 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **421 DORIS AVENUE** SUNNY HILL NURSING HOME OF WILL COUNT JOLIET, IL 60433 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 1 Search website, the Department of Corrections Wanted Fugitive website, or the HHS (Health and Human Services) OIG (Office of Inspector General) website prior to a new facility staff member working in the facility. As of February 20, 2024, at 3:50 PM, the facility did not have documentation to show the facility conducted internet searches on the Department of Corrections Sex Offender website, the Department of Corrections Inmate Search website, the Department of Correction Wanted Fugitives website, or the HHS OIG website for V21 (Inventory Clerk), V22 (Environmental Services), V24 (CNA/Certified Nursing Assistant), V25 (CNA), V26 (CNA), and V27 (CNA). As of February 20, 2024, at 3:50 PM, the facility does not have documentation to show the facility conducted internet searches on the Department of Corrections Sex Offender website, the Department of Corrections Inmate Search website, or the Department of Corrections Wanted Fugitive website for V23 (CNA). On February 20, 2024, at 3:49 PM, V13 said when V27 was rehired at the facility, V13 did not check the Illinois Sex Offender Registry or the National Sex Offender Registry. (C)

Illinois Department of Public Health