Illinois Department of Public Health

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		IL6008312	B. WING		03/2	8/2024		
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
APERION	APERION CARE WILMINGTON 555 WEST KAHLER WILMINGTON, IL 60481							
(X4) I D PREF I X TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE		
S 000	Initial Comments		S 000					
	Annual Licensure S	Survey						
S9999	Final Observations		S9999					
	Statement of Licens 300.650c) 300.650d) 300.661	sure Violations:						
	that requires a State contact the Illinois E Professional Regula individual's license shall be placed in the d) The facility shall	ersonnel Policies ang any individual in a position e license, the facility shall Department of Financial and ation to verify that the is active. A copy of the license ne individual's personnel file. check the status of all Health Care Worker Registry						
	Check A facility shall comp Worker Background	ealth Care Worker Background bly with the Health Care d Check Act and the Health ground Check Code.						
	Based on interview failed to retain copie personnel files. The the Health Care Wo conduct internet sea	•						

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE **Electronically Signed** 04/10/24 Illinois Department of Public Health

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
IL6008312		B. WING		03/2	03/28/2024		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
4.05010	N 0 4 DE 14/11 14/11070	555 WES1	Γ KAHLER				
APERIO	N CARE WILMINGTO	N WILMING	TON, IL 604	81			
(X4) I D PREF I X	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECT		(X5) BE COMPLETE	
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRODEFICIENCY)			
S9999	Continued From page 1		S9999				
	The facility's "Long-	-Term Care Facility Application					
		ledicaid) dated March 25,					
		showed the facility census					
	was 116.						
	On March 27, 2023, at 9:00 AM, V23 (Human Resources Director) said she does not keep copies of nursing licenses in the nurses'						
		3 continued to say she just					
	checks the Illinois Department of Financial and Professional Regulation website to ensure they have a license. V23 said she does not check the Health Care Worker Registry until after a facility staff member is hired. V23 continued to say she						
	does not check the registry prior to hiring a staff member. V23 (Human Resources Director) said if a new facility staff hire is eligible on the Healthcare Worker Registry, then the facility does not check any other websites (the Illinois Sex						
	Offender Registry, the Department of Corrections' Sex Offender Search Engine, the Department of						
		e Search Engine, the					
		rections Wanted Fugitives					
		National Sex Offender Public					
		rebsite of the Health and ffice of Inspector General).					
		ay she checks the Health and					
		ffice of Inspector General					
		nth on the fifteenth of the					
		someone is hired on the first					
		he website will not be checked					
		V23 said V27 was hired on					
		started working in the facility					
		24, and the websites were					
		ary 15, 2024. V23 said V26 uary 15, 2024, started working					
in the facility on February 16, 2024, and the websites were checked on February 20, 2024.							
		, V29, V30, and V31 were					

Illinois Department of Public Health

STATE FORM 6899 MTIQ11 If continuation sheet 2 of 3

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				B) DATE SURVEY COMPLETED	
		IL6008312	B. WING_		03/2	8/2024	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	1 03/2	0/2024	
APERIO	APERION CARE WILMINGTON 555 WEST KAHLER						
	I	WILMING	TON, IL 604		_		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
S9999	Continued From page 2		S9999				
	V23 did not check a these staff member 1.) The facility did r	th Care Worker Registry so any other websites prior to as starting work in the facility.					
	V32's (RN) and V33 in their personnel fi						
	show the Health Ca checked prior to hir (Cook), V25 (CNA/	not have documentation to are Worker Registry was ing V26 (Receptionist), V27 Certified Nursing Assistant), NA), V30 (CNA), and V31					
		nave a policy to show the r Registry should be checked v employee.					
	show the Illinois Se Department of Corr Engine, the Departi Search Engine, the Wanted Fugitives S website of the Heal of Inspector Genera	not have documentation to x Offender Registry, the rections' Sex Offender Search ment of Corrections' Inmate Department of Corrections Search Engine, and the th and Human Services Office al were checked for V25, V26, 0, or V31 prior to them working					
	"C"						

Illinois Department of Public Health STATE FORM

MTIQ11 If continuation sheet 3 of 3