

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006399	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2024
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NAME OF PROVIDER OR SUPPLIER APERION CARE MORTON VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 190 EAST QUEENWOOD ROAD MORTON, IL 61550
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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 Certification Survey	S 000		
S 625	Section 300.625 Identified Offenders This Regulation is not met as evidenced by: Statement of Licensure Violations 300.625a) 300.625b) 300.625c)1)2) 300.625d) 300.625e) 300.625f)1)2)3)A)B)4) 300.625g) 300.625h) 300.625i) 300.625m) 300.625q) 300.625 Identified Offender a) The facility shall review the results of the criminal history background checks immediately upon receipt of these checks. b) The facility shall be responsible for taking all steps necessary to ensure the safety of residents while the results of a name-based background check or a fingerprint-based check are pending; while the results of a request for a waiver of a fingerprint-based check are pending; and/or while the Identified Offender Report and Recommendation is pending. 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 the Act, the facility shall do the following: 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	S 625		4/26/24

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

TITLE

(X6) DATE
04/29/24

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S 625	<p>Continued From page 1</p> <p>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>d) The facility shall comply with all applicable provisions contained in the Uniform Conviction Information Act.</p> <p>e) All name-based and fingerprint-based criminal history record inquiries shall be submitted to the Department of State Police electronically in the form and manner prescribed by the Department of State Police. The Department of State Police may charge the facility a fee for processing name-based and fingerprint-based criminal history record inquiries. The fee shall be deposited into the State Police Services Fund. The fee shall not exceed the actual cost of processing the inquiry. (Section 2-201.5(c) of the Act)</p> <p>f) If identified offenders are residents of a facility, the facility shall comply with all of the following requirements:</p> <p>1) The facility shall inform the appropriate county and local law enforcement offices of the identity of identified offenders who are registered sex offenders or are serving a term of parole, mandatory supervised release or probation for a felony offense who are residents of the facility. If</p>	S 625		

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S 625	<p>Continued From page 2</p> <p>a resident of a licensed facility is an identified offender, any federal, State, or local law enforcement officer or county probation officer shall be permitted reasonable access to the individual resident to verify compliance with the requirements of the Sex Offender Registration Act, to verify compliance with the requirements of Public Act 94-163 and Public Act 94-752, or to verify compliance with applicable terms of probation, parole, or mandatory supervised release. (Section 2-110(a-5) of the Act) Reasonable access under this provision shall not interfere with the identified offender's medical or psychiatric care.</p> <p>2) The facility staff shall meet with local law enforcement officials to discuss the need for and to develop, if needed, policies and procedures to address the presence of facility residents who are registered sex offenders or are serving a term of parole, mandatory supervised release or probation for a felony offense, including compliance with Section 300.695 of this Part.</p> <p>3) Every licensed facility shall provide to every prospective and current resident and resident's guardian, and to every facility employee, a written notice, prescribed by the Department, advising the resident, guardian, or employee of his or her right to ask whether any residents of the facility are identified offenders. The facility shall confirm whether identified offenders are residing in the facility.</p> <p>A) The notice shall also be prominently posted within every licensed facility.</p> <p>B) The notice shall include a statement that information regarding registered sex offenders may be obtained from the Illinois State Police website, www.isp.state.il.us, and that information regarding persons serving terms of parole or mandatory supervised release may be obtained from the Illinois Department of Corrections</p>	S 625		

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S 625	<p>Continued From page 3</p> <p>website, www.idoc.state.il.us. (Section 2-216 of the Act).</p> <p>4) If the identified offender is on probation, parole, or mandatory supervised release, the facility shall contact the resident's probation or parole officer, acknowledge the terms of release, update contact information with the probation or parole office, and maintain updated contact information in the resident's record. The record must also include the resident's criminal history record.</p> <p>g) Facilities shall maintain written documentation of compliance with Section 300.615 of this Part.</p> <p>h) Facilities shall annually complete all of the steps required in subsection (f) of this Section for identified offenders. This requirement does not apply to residents who have not been discharged from the facility during the previous 12 months.</p> <p>i) For current residents who are identified offenders, the facility shall review the security measures listed in the Identified Offender Report and Recommendation provided by the Department of the State Police.</p> <p>j) Upon admission of an identified offender to a facility or a decision to retain an identified offender in a facility, the facility, in consultation with the medical director and law enforcement, shall specifically address the resident's needs in an individualized plan of care.</p> <p>m) The facility's reliance on the Identified Offender Report and Recommendation prepared pursuant to Section 2-201.6(a) of the Act shall not relieve or indemnify in any manner the facility's liability or responsibility with regard to the identified offender or other facility residents.</p> <p>q) The facility shall develop procedures for implementing changes in resident care and facility policies when the resident no longer meets the definition of identified offender.</p> <p>(Source: Amended at 35 Ill. Reg. 11419, effective June 29, 2011).</p>	S 625		

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S 625	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to initiate and complete required resident background checks, obtain risk assessments, and notify the State Agency of new identified offender admissions and discharges. These failures have the potential to affect all 70 residents residing in the facility.</p> <p>Findings include:</p> <p>The facility's Identified Offenders/Sex Offenders document, dated 4/8/24, documents there are currently 12 identified offenders residing in the facility. R19 and R48 are documented as Low Risk Sex Offenders and R36, R61, R62, R67, and R70 are documented as Identified Offenders with no level of risk documented.</p> <p>The State Agency's Identified Offenders Program Facility Report, dated 4/2/24, documents there are 18 identified offenders residing in the facility. 17 of the 18 residents are identified as low risk offenders and one (R70) as a moderate risk offender. The State Agency's listing does not document that R61, R62, and R67 were reported to the State Agency as Identified Offenders or that R48 is an identified sex offender. The State Agency's Report includes the names of nine residents that are no longer residing in the facility, indicating the facility did not report resident deaths or the resident being transferred to another facility. Two residents expired, one resident discharged to unknown location, one resident discharged to apartment, two residents were discharged and transferred to another facility, and three residents are not residing in the facility with no documentation of discharge or</p>	S 625		

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S 625	<p>Continued From page 5</p> <p>where they went.</p> <p>The EHR (Electronic Health Record) for R62 documents R62 admitted to the facility on 9/14/23. The Criminal History Record for R62, dated 8/16/22, documents a "HIT" for R62. The facility was unable to provide documentation of fingerprinting request or completion, Sex Offender Registry check, or a risk assessment having been completed.</p> <p>The EHR for R67, documents R67 admitted to the facility on 11/3/22. The Criminal History Record for R67, dated 11/3/22, documents a "HIT" for R67. The facility was unable to provide documentation of fingerprinting request or completion, Sex Offender Registry check, or a risk assessment having been completed.</p> <p>The EHR for R61, documents R61 admitted to the facility on 7/13/22 and the Criminal History Record for R61 was not completed until 8/9/22. This Criminal History Record documents a "HIT" for R61. The facility was unable to provide documentation of Department of Corrections having been checked.</p> <p>On 4/10/24 at 11:35 am, V15 SSD/Social Service Director confirmed R61 was admitted to the facility on 7/13/22 and his Criminal History Record was not checked until 8/9/22 and she does not have the required documentation from the Department of Corrections. V15 SSD confirmed R62 was admitted to the facility on 9/14/23 and she does not have the required documentation from the Sex Offender Registry or the Department of Corrections. V15 SSD confirmed R67 was admitted to the facility on 11/3/22 and she does not have the required documentation from the Sex Offender Registry or the</p>	S 625		

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S 625	<p>Continued From page 6</p> <p>Department of Corrections. V15 SSD confirmed and stated she does not have any documentation of risk assessments having been completed for R36, R61, R62, R67, or R70 as the residents were at the facility before (V15 SSD) started working at the facility.</p> <p>On 4/12/24 at 8:35 am, V15 SSD stated she has still not heard back from the State Police regarding the Identified Offender residents, has not received any documentation, and is unsure if they have the required documentation.</p> <p>On 4/9/24 and 4/10/24 from 8:00 am to 4:30 pm, and on 4/11/24 from 8:00 am to 11:30 am, the only facility required posting was for Ombudsman office. There were no other required postings noted.</p> <p>On 4/10/24 at 11:25 am, V1 Administrator confirmed there is no posting of Identified Offenders in the facility, and she has never had the required posting put up in any of her facilities.</p> <p>On 4/10/24 at 1:30 pm, V14 Activity Director stated she could not find the postings, so the facility printed off new ones and hung them on the glass window in the front of the facility.</p> <p>The Long-Term Care Facility Application for Medicare and Medicaid form dated 4/9/24, documents there are 70 residents currently residing in the facility.</p> <p>(B)</p>	S 625		