

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/23/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ROCHELLE GARDENS CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1021 CARON ROAD ROCHELLE, IL 61068
---	--

(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 Survey	S 000		
S9999	Final Observations Statement of Licensure Violations I of II: 300.615e) 300.615f) Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act) f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender. This REQUIREMENT was not met as evidenced by:	S9999		

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

TITLE

(X6) DATE
06/12/24

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/23/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ROCHELLE GARDENS CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1021 CARON ROAD ROCHELLE, IL 61068
---	--

(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	<p>Continued From page 1</p> <p>Based on interview and record review the facility failed to submit background checks, check the Illinois Department of Corrections, and check the Illinois State Police (ISP) website within 24 hours of admission. This applies to 1 of 8 residents (R26) reviewed for resident background checks.</p> <p>The findings include:</p> <p>R26's face sheet showed he was admitted to the facility on 4/24/24. R26's CHIRP was dated 5/8/24. R26's Illinois Sex Offender check, National Sex Offender check, and Illinois Department of Corrections check were all completed 4/4/24.</p> <p>On 5/22/24 at 2:27 PM, V1 (Administrator) said their corporate people run the resident background checks. V1 said they do the Illinois Sex Offender, the National Sex Offender, wanted fugitives, and "in custody" search. The background checks for the residents should be conducted within 24 hours of admission.</p> <p>A facility policy was requested for resident background checks and not received.</p> <p>"C"</p> <p>Statement of Licensure Violations II of II: 300.661</p> <p>Section 300.661 Health Care Worker Background Check A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/23/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ROCHELLE GARDENS CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1021 CARON ROAD ROCHELLE, IL 61068
---	--

(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	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review the facility failed to conduct background checks for employees prior to hire. This applies to all 52 residents residing in the facility.</p> <p>The findings include:</p> <p>The facility's form 671 documents there are 52 residents residing in the facility.</p> <p>The facility provided a log of new hires which included V8, V9, V10, V11, V12, and V13.</p> <p>V8 (Certified Nursing Assistant/CNA) was hired on 12/1/23. V8's Healthcare Worker Registry Check was completed on 2/23/24.</p> <p>V9 (Dietary Cook) was hired on 2/14/24. V9's Healthcare Worker Registry Check was completed on 2/22/24.</p> <p>V10 (CNA) was hired on 3/19/24. V10's Healthcare Worker Registry check was completed on 3/25/24.</p> <p>V11 (CNA) was hired on 3/13/24. V11's Healthcare Worker Registry Check was completed on 3/25/24.</p> <p>V12 (CNA) was hired on 1/17/24. V12's Healthcare Worker Registry Check was completed on 2/22/24.</p> <p>V13 (Dietary Cook) was hired on 12/11/23. V13's Healthcare Worker Registry Check was</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/23/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ROCHELLE GARDENS CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1021 CARON ROAD ROCHELLE, IL 61068
---	--

(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	<p>Continued From page 3</p> <p>completed on 2/22/24.</p> <p>On 5/22/24 at 2:27 PM, V1 (Administrator) said the standard for Healthcare Worker Background Checks is for them to be completed within 24-48 hours of hire.</p> <p>The facility's policy revised 11/28/16 showed, "Abuse Prevention Program ... Policy, This facility affirms the right of our residents to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined below ... The purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of mistreatment, exploitation, neglect or abuse of our residents. This will be done by: Conducting required pre-employment screening of employees ... Prior to a new employee starting a work schedule this facility will: ... Check the Illinois Health Care Worker Registry on all individuals being hired for a position and potentially bordering states that the individual is known to have been licensed/certified in, based on the individuals resume or other employment information available to the facility; and Under the Health Care Worker Background Check Act (225 ILCS 46/1) and facility "Criminal Background Check Policy" policy, we are required to request a fingerprint based criminal history records check for all non-licensed employees. It is the facility policy that we request a non-fingerprint based criminal history record check for all licensed employees.</p> <p>"C"</p>	S9999		