

Illinois State Department of Health

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>     |                                                                                                                                                                                                                                                                                                                                                                                       | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><b>0056333</b> |                     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING                                                                     |  | (X3) DATE SURVEY COMPLETED<br><b>09/08/2025</b> |  |
| NAME OF PROVIDER OR SUPPLIER<br><b>AVISTON COUNTRYSIDE MANOR</b> |                                                                                                                                                                                                                                                                                                                                                                                       |                                                                         |                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>450 WEST 1ST STREET , AVISTON, Illinois, 62216</b>                           |  |                                                 |  |
| (X4) ID<br>PREFIX<br>TAG                                         | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                          |                                                                         | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY) |  | (X5)<br>COMPLETION<br>DATE                      |  |
| S0000                                                            | Initial Comments                                                                                                                                                                                                                                                                                                                                                                      |                                                                         | S0000               |                                                                                                                          |  |                                                 |  |
|                                                                  | Annual Licensure and Certification                                                                                                                                                                                                                                                                                                                                                    |                                                                         |                     |                                                                                                                          |  |                                                 |  |
| S9999                                                            | Final Observations                                                                                                                                                                                                                                                                                                                                                                    |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |
|                                                                  | Statement of Licensure Violations 1 of 2:                                                                                                                                                                                                                                                                                                                                             |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                                  | 300.625a)                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                                  | 300.625b)                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                                  | 300.625c)1)2)                                                                                                                                                                                                                                                                                                                                                                         |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                                  | 300.625g)                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                                  | 300.625h)                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                                  | 300.625i)                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                                  | 300.625j)                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                                  | 300.625n)                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                                  | Section 300.625 Identified Offenders                                                                                                                                                                                                                                                                                                                                                  |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                                  | a) The facility shall review the results of the<br>criminal history background checks immediately upon<br>receipt of these checks.                                                                                                                                                                                                                                                    |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                                  | b) The facility shall be responsible for taking all<br>steps necessary to ensure the safety of residents while<br>the results of a name-based background check or a<br>fingerprint-based check are pending; while the results<br>of a request for a waiver of a fingerprint-based check<br>are pending; and/or while the Identified Offender<br>Report and Recommendation is pending. |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                                  | c) If the results of a resident's criminal history<br>background check reveal that the resident is an<br>identified offender as defined in Section 1-114.01 of<br>the Act, the facility shall do the following:                                                                                                                                                                       |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                                  | 1)Immediately notify the Department of State Police, in<br>the form and manner required by the Department of State<br>Police, that the resident is an identified offender.                                                                                                                                                                                                            |                                                                         |                     |                                                                                                                          |  |                                                 |  |

Office of Primary Care and Health Systems Management

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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Illinois State Department of Health

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><b>0056333</b> |                     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING                                                                     |  | (X3) DATE SURVEY COMPLETED<br><b>09/08/2025</b> |  |
| NAME OF PROVIDER OR SUPPLIER<br><b>AVISTON COUNTRYSIDE MANOR</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                         |                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>450 WEST 1ST STREET , AVISTON, Illinois, 62216</b>                           |  |                                                 |  |
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| S9999                                                            | <p>Continued from page 1</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>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>n) The facility shall evaluate care plans at least quarterly for identified offenders for appropriateness and effectiveness of the portions specific to the identified offense and shall document such review.</p> <p>These Requirements are NOT MET as evidence by:</p> <p>Based on interview and record review, the facility failed to conduct resident screenings for Identified Offenders, including the Illinois Department of Corrections website, to determine if a level of risk exists. This had the potential to affect all of 72 residents living in the facility.</p> <p>Findings include:</p> <p>The facility's Abuse Prevention Program, dated 9/2022, documented procedures for prevention #2. Pre-Admission</p> |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |

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| S9999                                                            | <p>Continued from page 2</p> <p>Screening of Potential Residents: This facility shall check the criminal history background on any resident seeking admission to the facility in order to identify previous criminal convictions. Prior to a new resident being admitted to the facility, this facility will: a. Check for the resident's name on the Illinois Sex Offender Registration Web site, <a href="http://www.isp.state.il.us">www.isp.state.il.us</a>. b. Check for the resident's name of the Illinois Department of Corrections sex registrant search page <a href="http://www.idoc.state.il.us">www.idoc.state.il.us</a>. c. Conduct a criminal history background check according to the facility identified offender policy and procedure. d. While the background or fingerprint checks, and/or Identified Offender Report and recommendations are pending, the facility shall take all steps necessary to ensure the safety of residents.</p> <p>On 9/4/25 ten resident records were reviewed for pre-admission screening. The following was documented:</p> <p>R53, R77, R78, R79, R80, R81, R82, R83, and R84 all had the Criminal History Information Response Process (CHIRP), Illinois Sex Offender Registry and National Sex Offender Registry checks, Illinois in their respective records. There was no Illinois Department of Corrections done on any resident.</p> <p>R78 was admitted on 9/2/25 and the CHIRP was not done until 9/4/25.</p> <p>R79 was admitted on 9/2/25 and the CHIRP was not done until 9/4/25.</p> <p>R80 was admitted on 8/28/25 and the CHIRP was not done until 9/4/25.</p> <p>R81 was admitted on 8/28/25 and the CHIRP was not done until 9/4/25.</p> <p>R82 was admitted on 8/6/25 and the CHIRP was not done until 8/11/25.</p> <p>R83 was admitted on 8/22/25 and the CHIRP was not done until 9/4/25. R83's Illinois and National Sex Offender Registry check was not done until 8/25/25.</p> <p>R84 was admitted on 8/7/95 and the CHIRP was not done until 8/11/25.</p> <p>On 9/4/25 at 1:37 PM V20 Social Service Director was asked by surveyor if any facility staff are checking the Illinois Department of Corrections website to ensure any residents or potential residents are listed as incarcerated or on parole and V20 replied no staff</p> |                                                                         |  | S9999                                                                                          |                                                                                                                          |                                                 |                            |

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| S9999                                                            | <p>Continued from page 3<br/>are completing that check.</p> <p>On 9/4/25 at 2:15 PM V19 Business Office Manager stated she does the Illinois State Police resident background checks (CHIRP) and she tries to get them done within 24 hours of admission although there are times when due to other tasks they may not be completed within 24 hours.</p> <p>On 9/4/25 at 3:24 PM V1 Administrator stated he expects the CHIRP background checks to be completed within 24 hours of admission. V1 stated the facility has not been completing Illinois Department of Correction checks on any residents.</p> <p>On 9/2/2025 The facility proved Matrix for Providers that documents 72 residents in facility.</p> <p>(C)</p> <p>Statement of Licensure Violations 2 of 2</p> <p>300.650</p> <p>300.661</p> <p>Section 300.650 Personnel Policies</p> <p>Prior to employing any individual in a position that requires a State license, the facility shall contact the Illinois Department of Financial and Professional Regulation (IDFPR) to verify that the individual's license is active. A copy of the license shall be placed in the individual's personnel file. The facility shall check the Health Care Worker Registry for the work eligibility status of all applicants who are under the jurisdiction of the Healthcare Worker Background Check Act prior to hiring.</p> <p>Section 300.661 Health Care Worker Background Check</p> <p>A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code.</p> <p>This Requirement is NOT MET as evidence by:</p> <p>Based on interview and record review, the facility failed to verify licensed staff's nursing license were active and Certified Nursing Assistants (CNAs), dietary personnel, and housekeeping personnel had been searched on the Illinois Department of Public Health-Healthcare worker registry and background checks prior to hire, Department of Corrections (Inmate Search, and the Department of Corrections (DOC) wanted fugitive;</p> |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |

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| S9999                                                            | <p>Continued from page 4<br/>completed within 30 days of hire for 6 out of 10 employees.</p> <p>Findings include:</p> <p>1. V11's, Licensed Practical Nurse (LPN), hire date 8/15/2024. The facility could not supply documentation of verification of V11's nursing license. The facility could not supply V11's nursing license.</p> <p>On 9/4/2025 at 12:15 PM V19, Business Office Manager (BOM), stated that V11's hire date was 8/15/2024. V19 stated that she believes she done it. V19 stated that she thought that she put them in another folder.</p> <p>On 9/4/2025 at 12:50 PM V19 provided V11's IDFPR Regulation Look Up Detail dated 9/4/2025 at 12:39 PM.</p> <p>2. V21's, LPN, hire date 7/23/25. The facility could not supply documentation of verification of V11's nursing license. The facility could not supply V21's nursing license.</p> <p>On 9/4/2025 at 12:15 PM V19, Business Office Manager (BOM), stated that she believes she done it. V19 stated that she thought that she put them in another folder.</p> <p>On 9/4/2025 at 12:50 PM V19 provided V21's IDFPR Regulation Look Up Detail dated 9/4/2025 at 12:38 PM.</p> <p>3. V22, Dietary Aide, hire date 6/26/25. The facility could not supply documentation of completing searches on V22's Healthcare Worker Registry prior to hire, the DOC wanted fugitives and Department of Corrections Inmate Search prior to or within 30 days of hire. V19's work eligibility is documented to be not yet determined.</p> <p>On 9/4/2025 at 12:15 PM V19, Business Office Manager (BOM), stated that V22's hire date was 6/6/25. V19 stated that she completes the Healthcare worker registry when the employee attends orientations. V19 stated that V22's healthcare worker registry was completed 8/12/2025. V19 stated that V22 required a background check and at this time is not aware if V22's status of eligibility changed. V19 stated that she had not performed the Department of Corrections Inmate Search and Department of Corrections Wanted Fugitive Checks because she was not aware that she was supposed to.</p> <p>4. V23, CNA, hire date 7/2/2025, The facility could not supply documentation of completing searches on V23's Healthcare Worker Registry prior to hire, the DOC</p> |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |

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| NAME OF PROVIDER OR SUPPLIER<br><b>AVISTON COUNTRYSIDE MANOR</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                         |                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>450 WEST 1ST STREET , AVISTON, Illinois, 62216</b>                           |  |                                                 |  |
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| S9999                                                            | <p>Continued from page 5<br/>wanted fugitives and Department of Corrections Inmate Search prior to or within 30 days of hire.</p> <p>On 9/4/2025 at 12:15 PM V19, Business Office Manager (BOM), stated that V23's hire date was 7/2/2025. V23 stated that she completes the Healthcare worker registry when the employee attends orientations. V19 stated that V23's healthcare worker registry was completed 7/8/2025. V19 stated that she had not performed the Department of Corrections Inmate Search and Department of Corrections Wanted Fugitive Checks because she was not aware that she was supposed to.</p> <p>5. V24, CNA, hire date 7/29/2024, The facility could not supply documentation of completing searches on V24's Healthcare Worker Registry prior to hire, the DOC wanted fugitives and Department of Corrections Inmate Search prior to or within 30 days of hire.</p> <p>On 9/4/2025 at 12:15 PM V19, Business Office Manager (BOM), stated that V24's hire date was 7/29/2024. V19 stated that she completes the Healthcare worker registry when the employee attends orientations. V19 stated that V24's healthcare worker registry was completed 8/2/2024. V19 stated that she had not performed the Department of Corrections Inmate Search and Department of Corrections Wanted Fugitive Checks because she was not aware that she was supposed to.</p> <p>6. V25, CNA, hire date 8/12/2025, The facility could not supply documentation of completing searches on V24's Healthcare Worker Registry prior to hire, the DOC wanted fugitives and Department of Corrections Inmate Search prior to or within 30 days of hire.</p> <p>On 9/4/2025 at 12:15 PM V19, Business Office Manager (BOM), stated that V25's hire date was 8/12/2025. V19 stated that she completes the Healthcare worker registry is completed when the employee attends orientations. V19 stated that V25's healthcare worker registry was completed 8/14/2025. V19 stated that she had not performed the Department of Corrections Inmate Search and Department of Corrections Wanted Fugitive Checks because she was not aware that she was supposed to.</p> <p>On 9/8/2025 at 2:10 PM V1, Administrator stated that he expected the licensed staff's nursing license be verified if were active and Certified Nursing Assistants (CNAs), dietary personnel, and housekeeping personnel had been searched on the Illinois Department of Public Health-Healthcare worker registry and background checks prior to hire, Department of Corrections (Inmate Search, and the Department of</p> |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |

Illinois State Department of Health

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><b>0056333</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING                                           |                                                                                                                          | (X3) DATE SURVEY COMPLETED<br><b>09/08/2025</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><b>AVISTON COUNTRYSIDE MANOR</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>450 WEST 1ST STREET , AVISTON, Illinois, 62216</b> |                                                                                                                          |                                                 |                            |
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| S9999                                                            | <p>Continued from page 6</p> <p>Corrections (DOC) wanted fugitive to completed within 30 days of hire.</p> <p>The facility's Running Employee Background Checks, not dated, documents 1.Go to partners.dph.illinois.gov/my. Policy 2. Click on "Click here to continue" 3. State of Illinois – Secure Logon "Username and Password" 4. IDPH web portal – top right click on "sign in" 5. Enter your username and password – Yes again 6. Click on "Health Care Worker Background Checks" 7. Make sure that your facility is in the box then click the green arrow to left of box. 8. Click on "Workers" in the grey area at the top 9. Put employee's "SSN" in the box then click "Search" bottom left corner 10. Employee name will appear on bottom of screen under Search Results – Click on "Profile" it is located to the right after eye color. 11. Lick on "Livescan Requests: 12. Go to "Category" Select an Employment Category "down arrow" scroll down to what category you are needing if it is for C.N.A click on "Technical, Unlicensed Health Care" 13. Go to "Type" Select an Employment Type "down arrow" scroll down to what type you are needing if it is C.N.A click on "Certified Nursing Aide" 14. Scroll down to Registry Checks "You are to check every one of the following sites for all new employees make sure that you click each box after you check that site. 1. Health and Human Services Office of Inspector General 2. Illinois Sex Offenders Registration 3. Illinois Department of Corrections Sex Registrant 4. Illinois Department of Corrections Inmate Search 5. Illinois Department of Corrections Wanted Fugitives 6. National Sec Offender Public Registry 15. Scroll down to "Paperwork" click that box 16. Click on "Print" for your employee file 17. Scroll back to top of page and click on "Employee's Name" this will take you back to the first page make sure you print this page out as well. 18. Make sure that under the employees name at the top "Work Eligibility" it is in Green and says Eligible (if it has not yet determined then that means they do not have fingerprints in IDPH and you will have to send them to get prints done before they can start – If it is in red and says ineligible then they cannot be hired per IDPH" 19.Scroll down to Training and work History (Active) all employees except RN, LPN, RT and Administrators you do not have to report that they work for this facility, all other employees C.N.A HSK, Laundry, Culinary and Department Managers have to be reported that they work for your facility. "Click the plus box and follow prompts. 1. For all Non-Licensed staff you will need to check Health Care Worker Registry (dph.illinois.gov/topics-services/health-care-worker-registry.html) 2. Scroll down to "Search the Health Care Worker Registry" Click on 3. Type in "Last Name – First</p> |                                                                         |  | S9999                                                                                          |                                                                                                                          |                                                 |                            |

Illinois State Department of Health

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| S9999                                                            | <p>Continued from page 7</p> <p>Name: then click search 4. Search Result – name will pop up under search click on “Details” to the right after eye color 5. This will bring up all information on employee – Now if you have multiple names that come up the same, look at IDPH to see how the name is in there those two sites are linked so they will appear the same way. If there are still more that one name that pops up the same, you will have to click on each one of them and validate SSN until you find the correct one “Then print” 1. For all Licensed Staff you will need to check Illinois Department of Financial &amp; Professional Regulation<br/>(Online-dfpr.micropact.com/Lookup/LicenseLookup.aspx)</p> <p>2. Click “ONLINE SERVICES” 3. Click “Lookup a License”</p> <p>4. Go to License Type Box – Scroll until you find position you are looking for then click on that position. 5.Go down to “First Name” type first name in</p> <p>6. Go down to “Last Name” type in last name 7. Scroll down to CAPTCHA – type in the box under with what letter/numbers they give you then hit search 8. Then your new hire should come up click on “Detail” this will bring up all Licenses that come up under that name then click on “Print” Make sure that all background checks from IDPH / Health Care Worker Registry and DFPR are stapled together and put in employee's file. For Licensed Staff you still need to check them on IDPH and print out the 6 backgrounds, but you do not have to save work history on them.</p> <p>(C)</p> |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |