STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015648	A. BUILDING: _____ B. WING _____	10/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARTER SNR LVG OF HAZEL CREST	3701 WEST 183RD STREET HAZEL CREST, IL 60429

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S 000	Initial Comments Annual Licensure Survey Complaint Investigation: 25910058/IL198065 - 330.1130	S 000		
S9999	Final Observations Statement of Licensure Violations: ONE OF SIX 330.715a) Section 330.715 Request for Resident Criminal History Record Information a) 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. These requirements were not met as evidence by: Based on interview and record review, the facility failed to request and check criminal history background checks for ten of ten (R1, R2, R11-R18) residents reviewed for criminal background checks. Findings include:	S9999		

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S9999	Continued From page 1 On 10/22/25 at 2:04PM, V5 (human resources) said she only checks certain websites and is not aware of any criminal history information response process (CHIRP). V5 said she was told to check the website by V1 (administrator) and has never checked or received any CHIRPS for the residents. On 10/22/25 at 2:50PM, V1 (administrator) said she has never run any criminal history information response process (CHIRP) for any residents and unclear that they needed to be completed. R1, R2 and R11-R18 medical records were checked and no criminal history information response process (CHIRP) were observed in the charts. Facility Abuse policy reviewed with no documentation of which backgrounds were to be conducted for residents. (C) TWO OF SIX 330.911 Section 330.911 Health Care Worker Background Check A facility shall comply with the Health Care Worker Background Check Act [225 ILCS 46] and the Health Care Worker Background Check Code (77 Ill. Adm. Code 955). These requirements were not met as evidenced by:	S9999		

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S9999	Continued From page 2 Based on interview and record review, the facility failed to check the following websites Illinois department of corrections sex registrant, Illinois department of corrections inmate search, and Illinois department of corrections wanted fugitives prior to employment for seven of ten employees reviewed for background checks. This has the potential to affect all 59 residents at the facility. Findings include: On 10/23/25 review of employee files (V6-V12) with V5(human resources). All employee files (V6-V12) did not have any proof of documentation of the following websites being checked prior to employment health Illinois department of corrections sex registrant, Illinois department of corrections inmate search, and Illinois department of corrections wanted fugitives. On 10/23/25 at 11:52PM, V5 (Human resources) said she was only told to check three websites and has never checked the health Illinois department of corrections sex registrant, Illinois department of corrections inmate search, and Illinois department of corrections wanted fugitives for any staff. V5 said they do not have any policy they follow for new staff. Facility Abuse policy reviewed with no documentation of which backgrounds were to be conducted for staff. Health Care Worker Background Check Act documents: "Initiate" means obtaining from a student, applicant, or employee his or her social security number, demographics, a disclosure statement, and an authorization for the	S9999		

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S9999	Continued From page 3 Department of Public Health or its designee to request a fingerprint-based criminal history records check; transmitting this information electronically to the Department of Public Health; conducting Internet searches on certain web sites, including without limitation the Illinois Sex Offender Registry, the Department of Corrections' Sex Offender Search Engine, the Department of Corrections' Inmate Search Engine, the Department of Corrections Wanted Fugitives Search Engine, the National Sex Offender Public Registry, and the List of Excluded Individuals and Entities database on the website of the Health and Human Services Office of Inspector General to determine if the applicant has been adjudicated a sex offender, has been a prison inmate, or has committed Medicare or Medicaid fraud, or conducting similar searches as defined by rule; and having the student, applicant, or employee's fingerprints collected and transmitted electronically to the Illinois State Police. Facility census dated 10/21/25 documents 59 residents. (C) THREE OF SIX 330.1130c) SECTION 330.1130 COMMUNICABLE DISEASE POLICIES c) All illnesses required to be reported under the Control of Communicable Diseases Code and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693) shall be reported immediately to the local health department and to	S9999		

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the Department. The facility shall furnish all pertinent information relating to such occurrences. In addition, the facility shall also inform the Department of all incidents of scabies and other skin infestations.

These requirements were not met as evidenced by:

Based on interview and record review, the facility failed to report a scabies outbreak for eleven residents (R5, R15, R19- R27) to the state agency or local health department. This has the potential to affect all 59 residents at the facility.

Findings include:

On 10/23/25 at 4:48pm, V2 (health and wellness director) said, she did not report scabies outbreak to the state agency or local health department.

Facility scabies list documents: R5, R15 and R19-R27

R5, R15 and R19- R27 medical records reviewed and document treatment received for permethrin cream for scabies.

Facility policy Scabies dated 1/2023 documents: Residents who are infested and sensitized to sarcoptes scabiel will be tested in accordance with physician orders to prevent the spread of scabies to other residents and staff. Communities are responsible for following state specific guideline and notification of the proper authorities as indicated.

Facility census dated 10/21/25 documents 59 residents.

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S9999	Continued From page 5 (C) FOUR OF SIX 330.4220f) Section 330.4220 Medical Care f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders. These requirements were not met as evidence by: Based on observation, interview and record review, the facility failed to follow their medication administration policy by administering medication three (3) hours and thirty (30) minutes before the prescribed time for 3 of 3 residents (R7, R8 and R10) review for medication administration. Findings Includes: 1. On 10/21/25 at 4:24pm, during medication administration observation, V13 (nurse) gave R7's melatonin with dinner. V13 said, she knows R7's medication is scheduled for bedtime (8:00pm) but she needs to give it with dinner because later on R7's brain might not tell him to open his mouth. R7's medication administration record dated 10/2025 documents: melatonin 3 milligram (MG) tablet (TAB), Take one (1) tab by mouth daily at bedtime-8:00 PM.	S9999		

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S9999	Continued From page 6 On 10/22/25 at 10:36am, V2 (health and wellness director) said, melatonin is a sleep aide and should be given as prescribed. On 10/24/25 at 1:09pm, V17 (medical doctor) said, he expects medication to be given as prescribed. V17 said, he was not notified that R7 did not take his medication as a schedule. V17 said, if there is a problem with the resident's taking their medication he should be notified in order to change the administration time. V17 said, giving R7 his medication early did not cause any harm but he expects medication to be given as prescribed. Medication Administration Policy dated 9/2017 documents: It is the policy of the facility to provide assistance with self- administration and administer medication as ordered by a licensed medical provider as per regulatory standards. 2. On 10/21/25 at 4:30pm, V13 (nurse) was observed administering R8's melatonin and DONEPEZIL at dinner time. V13 said, she knows R8's medication was scheduled for bedtime (8:00pm) but she needs to give it with dinner because later on R8's brain won't tell R8 to open her mouth to take medication. R8's medication administration record dated 10/2025 documents: Melatonin 5MG TAB take one tablet by mouth once daily at bedtime 8:00 PM and Donepezil 10MG TAB Route: Oral (by mouth) Take one tablet by mouth once daily at bedtime 8:00PM. On 10/22/25 at 10:36am, V2 (health and wellness director) said, medication should be given as prescribed.	S9999		

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On 10/24/25 at 1:09pm, V17 (medical doctor) said, he expects medication to be given as prescribed. V17 said, he was not notified R8, R8 did not take her medication as a prescribed. V17 said, if there is a problem with the resident's taking their medication he should be notified in order to change the administration time. V17 said, giving R8, R8 her medication early did not cause any harm but he expects medication to be given as prescribed.

3. On 10/21/25 at 4:38PM, V13 (nurse) was observed administering R10's Simvastatin and melatonin and at dinner time. V13 said, R10 is just like R7 and R8. R10's brain won't tell him to open his mouth later on. V13 said, she knows the medication is scheduled for (8:00pm) but she has to administer it early.

On 10/22/25 at 10:36am, V2 (health and wellness director) said, medication should be administered as prescribed.

On 10/24/25 at 1:09pm, V17 (medical doctor) said, he expects medication to be given as prescribed. V17 said, he was not notified R10 did not take his medication as prescribed. V17 said, if there is a problem with the resident's taking their medication he should be notified in order to change the administration time. V17 said, giving R10 his medication early did not cause any harm but he expects medication to be given as prescribed.

R10's medication administration record dated 10/2025 documents: Simvastatin 10MG TAB: Take one tablet by mouth once a daily at bedtime for Hyperlipidemia 8:00 PM. Melatonin 3MG TAB

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S9999	Continued From page 8 Take one tablet by mouth once daily at bedtime for Insomnia 8:00 PM. Medication Administration Policy dated 9/2017 documents: It is the policy of the facility to provide assistance with self- administration and administer medication as ordered by a licensed medical provider as per regulatory standards. (B) FIVE OF SIX 330.770c)1)2) Section 330.770 Disaster Preparedness c) Fire drills shall be held at least quarterly for each shift of facility personnel. Disaster drills for other than fire shall be held twice annually for each shift of facility personnel. Drills shall be held under varied conditions to: 1) Ensure that all personnel on all shifts are trained to perform assigned tasks; 2) Ensure that all personnel on all shifts are familiar with the use of the fire-fighting equipment in the facility These requirements were not met as evidence by: Based on interview and record review, the facility failed to provide disaster drills on each shift for the year. On 10/21/25 at 1242, V3 (maintenance director), he will submit his drills that are done annually.	S9999		

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S9999	Continued From page 9 Drills submitted by V3 on 10/22/25 documents: Fire drill dated 1/31/25, 3/10/25, 4/16/25, 5/26/25, 6/17/25, 7/14/25 all documents: (1st shift). In-service fire and disaster drill report dated 7/14/25, 8/27/25 documents: (1st shift).In-service fire disaster drill report dated 10/1/25. Bomb & Power disaster dated 1/31/25 at 2:30pm (1st shift).Severe Weather & Tornado dated 7/14/25 documents: (1st shift). Bomb and Power dated 4/16/25 documents: (1st shift). Fire drill dated 2/27/25 documents: 2nd shift, In-service fire and disaster drill report dated 9/10/25 documents: 2nd shift, During the survey dated 10/21/25 -10/24/25, surveyor requested for drills completed on other shifts and no addition drills was provided. (C) SIX OF SIX 330.3990g) 330.3990h)1) Section 330.3990 Fire Extinguishers, Electric Wiring, and Miscellaneous g) Emergency sources of lighting shall be provided for use in case of electrical power failure. h) Acceptable methods of providing emergency lighting are: 1) Emergency generator. These requirements were not met as evidence	S9999		

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S9999	Continued From page 10 by: Based on observation and interview, the facility failed to provide immediate source of electrical power in case of a power failure by not having a working generator which has the potential to effect all 59 residents. Findings Include: On 10/21/25 at 12:51pm, V3 (maintenance director) said, the generac is not working. It has been broken since February. V3 said, we have a contract with an outside vender that will provided a portable generator within two hours if we have a power failure. On 10/24/25 at 1:59pm, V1 (executive director) said, if we have a power failure we have a contract with an outside vender who will provided a portable generator within two hour of a power failure. Invoice dated 8/7/25 documents: Confirming your request for a quote. Subject: Replacement Generac 40K W Emergency Electrical Generator. Facility census dated 10/21/25 documents 59 residents. (C)	S9999		