Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000456	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH ELGIN LIVING & REHAB CENTER	746 WEST SPRING STREET , SOUTH ELGIN, Illinois, 60177

(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) COMPLETION DATE
S0000	Initial Comments Annual Licensure Survey	S0000		
S9999	Final Observations Statement of Licensure Violations 1 of 5 300.615e) 300.615f) 300.615g) 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. g) If the results of the background check are inconclusive, the facility shall initiate a fingerprint-based check, unless the fingerprint check is waived by the Director of Public Health based on verification by the facility that the resident is completely immobile or that the resident meets other criteria related to the resident's health or lack of potential risk, such as the existence of a severe, debilitating physical, medical, or mental condition that nullifies any potential risk presented by the	S9999		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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S9999	Continued from page 1 resident. (Section 2-201.5(b) of the Act) The facility shall arrange for a fingerprint-based background check or request a waiver from the Department within 5 days after receiving inconclusive results of a name-based background check. The fingerprint-based background check shall be conducted within 25 days after receiving the inconclusive results of the name-based check. This REQUIREMENT was not met as evidenced by: Based on interview and record review, the facility failed to ensure that a Criminal History Information Response Process (CHIRP) background check was completed on a resident (R5) within 24 hours of admission. The facility also failed to run 5 of 10 residents (R5, R6, R10, R12, and R13) on the Illinois Sex Offenders search page. The facility failed to ensure (10 of 10) residents (R5 through R14) names were checked on Illinois Department of Corrections (IDOC) Sex Registrant search page, and the facility failed to initiate fingerprinting of a resident (R6) whose CHIRP came back inconclusive (pending) for more than a month. This applies to 10 of 10 residents (R5, R6, R7, R8, R9, R10, R11, R12, R13, and R14) reviewed for criminal background checks in the sample of 17. Findings include: 1. R5's EMR (Electronic Medical Record) showed that R5 was admitted to the facility on June 6, 2024. R5's (CHIRP) showed that it was checked on January 28, 2025. 2. R6's EMR showed that R6 was admitted to the facility on September 30, 2025. 3. R7's EMR showed that R7 was admitted to the facility on July 28, 2025. 4. R8's EMR showed that R8 was admitted to the facility on June 9, 2025. 5. R9's EMR showed that R9 was admitted to the facility on June 26, 2025. 6. R10's EMR showed that R10 was admitted to the facility on September 18, 2025. 7. R11's EMR showed that R11 was admitted to the facility on August 13, 2025. 8. R12's EMR showed that R12 was admitted to the facility on October 21, 2025.	S9999		

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S9999	Continued from page 2 9. R13's EMR showed that R13 was admitted to the facility on August 18, 2025. 10. R14's EMR showed that R14 was admitted to the facility on May 6, 2025. Only November 5, at 3:17 PM, V7 (Social Service Director) stated she is in charge of running all the background checks on residents except for the (CHIRP), which their corporate office runs and sends to V7. V7 stated that she requested R5's CHIRP be run when she started working at the facility because the previous employee in charge of background checks did not do it. V7 stated for each new resident admission, she runs the state sex offender registry, the national sex offender search, and the Illinois Department of Corrections (IDOC) inmate search. V7 stated she does not run any other background checks or sex offender checks. V7 stated she requests fingerprinting for residents within 48 hours of the CHIRP coming back with a hit. On November 6, 2025 at 12:11 PM, V7 confirmed that she does not check the IDOC sex registrant search page. V7 stated that she does not request fingerprinting for resident who reside in the facility until their CHIRP results come back. V7 stated she did not initiate any fingerprinting for R6 even though it has been pending for over a month because she is waiting for the result of R6's CHIRP. V7 stated that she was not told to check the IDOC sex registrant search page for residents. As of November 6, 2025 at 12:11 PM, the facility did not have any documentation to show that R5, R6, R7, R8, R9, R10, R11, R12, R13, and R14's names were checked on the IDOC Sex Registrant search page. As of November 6, 2025 at 12:11 PM, also did not have any documentation to show that R5, R6, R10, R12, and R13 names were checked on the Illinois Sex Offender Registry. The facility's Background Check Process policy showed the following: Upon reviewing a referral, facility will run background checks on publicly available websites. The facility's Determination of Need and Background Screening of Resident's policy dated September 2024 showed the following: To ensure all individuals seeking admission to the facility are screened to determine, the need for nursing services prior to being admitted. The Illinois registered sex offender database, National sex offender registry, the Illinois Department of Corrections database, and the Illinois state police (CHIRP) which contains the list of persons serving a term of parole, mandatory supervised release or probation. The criminal background check is made through the UCIA. The facility completes the	S9999		

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S9999	Continued from page 3 appropriate forms and submits them to the corporate office. If the background is inconclusive, fingerprints are obtained and sent to State Police, as indicated. "C" Statement of Licensure Violations 2 of 5 300.2040c)2) 300.2040e) 300.2040f) Section 300.2040 Diet Orders c) Medical providers shall write a diet order, for each resident, indicating whether the resident is to have a general or a therapeutic diet. A medical provider may delegate writing a diet order to the dietitian. 2) The diet shall be served as ordered. e) The resident shall be observed to determine acceptance of the diet, and these observations shall be recorded in the medical record. f) A therapeutic diet means a diet ordered by the medical provider or dietitian as part of a treatment for a disease or clinical condition, to eliminate or decrease certain substances in the diet (e.g., sodium) or to increase certain substances in the diet (e.g., potassium), or to provide food in a form that the resident is able to eat (e.g., mechanically altered diet). These requirements were not met as evidenced by: Based on observation, interview and record review, the facility failed to provide diet orders for residents with therapeutic diet modifications. This applies to 2 of 3 residents (R3, R15) reviewed for nutrition in the sample of 17. Findings include: 1. R3's Electronic Health Record (EHR) had multiple diagnoses including unspecified sequelae of cerebral infarction, hemiplegia, hypertension, gastro esophageal reflux disease without esophagitis iron deficiency anemia, essential fatty acid deficiency, vitamin deficiency, constipation, wedge compression fracture of first thoracic vertebra, hypotension, adjustment	S9999		

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S9999	Continued from page 4 disorder with mixed disturb of emotions and conduct, chronic obstructive pulmonary disease, pain. R3's Dietitian's nutrition progress notes dated May 22, 2025, included: "Resident with unstageable necrosis to the right lower back, unstageable DTI (deep tissue injury)to the right upper back, and unstageable DTI to the left, lateral buttock. Resident triggered for weight loss x 180 days -13.74%. Height: 76 inches CBW(current body weight) 158 lb, BMI (body mass index) 19 underweight for age…. Per staffing, resident was previously on (nutritional drink supplement). Recommend: adding (nutritional drink supplement) BID for would healing and weight maintenance…" R3's care plan for nutrition and meal preference in room included that R3 is on a Therapeutic Diet, due to a diagnosis of hypertension, he is on Mechanical Soft diet with Nectar thick liquids, fortified cereal at breakfast, (Nutritional drink supplement) QID (four times daily), nutritional supplement during medication administration 120 ml (milliliters) BID (two times daily), (Liquid Protein Supplement) 30 ml BID and R3 requires 1:1 feeding assist and prefers to eat his meals in his room. Interventions for the same included: Provide diet per MD (Medical Doctor), offer between meal nourishment/supplement, staff will monitor input each meal with maintaining proper nutrition. R3's quarterly MDS (minimum data set) dated September 17, 2025, showed that he was moderately impaired in cognition. R3's diet order showed mechanical soft, nectar thick liquids (1:1 feeding assist), super cereal with breakfast, mighty shake BID (two times daily), Nutritional Drink Supplement 120 ml (milliliters) BID. On November 05, 2025, at 10:38 AM, R3 was propped up in his bed and stated that he eats his meals in his room. "I don't need help with eating. I eat a regular diet." R3 had disposable containers at the bedside with remnants of breakfast, which included a bowl of oatmeal. No nutritional supplement was noted at R3's bedside. R3 stated "I have lost a little bit of weight." R3's weight history in the EHR includes: 146.8 lbs/pounds (November 2025), 152 lbs/pounds (October 2025), 152 lbs (September 2025), 155.8 lbs (August 2025), 155.8 lbs (July 2025), 158.2 lbs (June 2025), 158.2 lbs (May 2025). R3 had an insidious weight loss	S9999		

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S9999	Continued from page 5 of 7.2% in 180 days. On November 05, 2025, at 12:26 PM, R3 stated that he did not receive a lunch tray yet and that he wanted grilled cheese sandwich, and this information was relayed to V8 (Dietary Manager). On November 05, 2025, at 12:59 PM, V10 CNA (Certified Nursing Assistant) stated that R3 received a grilled cheese sandwich and nectar thick water for lunch and that she assisted him at bedside. V10 stated that R3 is able to feed self and she stands by and provides supervision. On November 6, 2025, at 9:18 AM, R3 stated that he did not receive a nutritional supplement drink at breakfast. R3 stated "They don't give me those anymore. They used to give them to me a long time ago." On November 6, 2025, at 12:16 PM, R3 received a meal of grilled cheese sandwich with carrots, a piece of cake and nectar thick liquids. R3's diet card did not list the nutritional supplement drinks for any of the meals. On November 6, 2025, at 12:22 PM, V3 (Assistant Director of Nursing) was called to R3's room and shown that he did not receive any nutritional supplement shakes for the meal and that his diet order had shown to serve them two times daily. V3 checked R3's diet order on EHR and verified that the diet order does show nutritional supplement drinks to be given BID and stated that V8 (Dietary Manger) handles what is served for the meal. On November 6, 2025, at 12:24 PM, V8 checked the diet order, meal ticket and Dietitian recommendations stated that the Dietitian had made this recommendation of adding mighty shakes in May 2025 and that it was her mistake that she did not update the diet card. 2. R15's EHR had multiple diagnoses including diabetes mellitus without complications, essential (primary) hypertension, obesity, hyperlipidemia, pulmonary embolism with acute cor pulmonae. R15's diet order showed Mechanical Soft, Nectar Thick liquids, Aspiration Precautions, Low Potassium diet, Low Concentrated Sweets. R15's care plan for nutrition included that resident is on a Therapeutic Diet (Mechanical Soft, LCS, Nectar thick liquids, low potassium) related to diagnoses of diabetes mellitus, hypertension. Interventions for the same included to provide diet per MD order.	S9999		

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S9999	Continued from page 6 On November 05, 2025, at 12:03 PM, R15 was eating her lunch in the dining room. R15's meal ticket showed Mechanical soft, LCS [low concentrated sweets], nectar thick liquids. R15 had received a glass of water with her meal. When V9 (CNA), who was assisting with the meal trays, was asked what the consistency of the water was, she opened the lid of the glass and showed and stated that it was regular, thin consistency water. V9 stated that she received the meal tray with drinks from the kitchen. On November 05, 2025, 12:11 PM V8 (Dietary Manager) stated that all liquids are pre-thickened in the kitchen and that R15 should have received nectar thick water. "C" Statement of Licensure Violations 3 of 5 300.670a) 300.670c) Section 300.670 Disaster Preparedness a) For the purpose of this Section only, "disaster" means an occurrence, as a result of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of residents, personnel, and others present in the facility. 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: These requirements were NOT met as evidenced by: Based on interview and record review, the facility failed to ensure disaster drills were performed twice annually for each shift. This failure has the potential to affect all 58 residents residing in the facility. Findings include:	S9999		

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S9999	Continued from page 7 On November 5, 2025 at 2:11 PM, V4 (Regional Maintenance) said he believes the facility did a tornado drill once, but he was not present for the drill. V4 said there were no other disaster drills conducted, and the tornado drill was done in January or February 2025. On November 6, 2025 at 12:19 PM, V9 (Restorative Aide) said she thinks they did a tornado drill once but had not done any other disaster drills. On November 6, 2025 at 12:25 PM, V10 (CNA/Certified Nurse Assistant) said she had been working for the facility for almost a year. V10 said they taught the staff how to do a tornado drill but did not conduct an actual drill. V10 said she did not remember doing any other disaster drills. On November 6, 2025 at 12:40 PM, V1 (Administrator) said they only did one disaster drill, which was for tornados. V1 said the facility should do two disaster drills a year. The facility's Disaster Drill policy effective January 2025 showed the following drills will be conducted by the facility to assist personnel in preparing for emergency or disaster situations that could occur or affect routine operations: a. Fire drills (one per quarter per shift), b. Disaster drills (biannually on each shift). "C" Statement of Licensure Violations 4 of 5 300.3140h)1)2)A)B) Section 300.3140 Electrical Requirements h) Emergency Electrical Requirements 1) To provide electricity during an interruption of the normal electric supply, an emergency source of electricity shall be provided and connected to the circuits pursuant to NFPA 70 and NFPA 99. 2) The source of this emergency electrical service shall be one of the following: A) An emergency generating set when the normal service	S9999		

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S9999	Continued from page 8 is supplied by only the utility company; or B) An automatic battery-operated system or equipment that will be effective four or more hours and be capable of supplying power for lighting for exit signs, exit corridors, stairways, nurses' stations, communication system, and all alarm systems, including the nurses' call system. These requirements were NOT met as evidenced by: Based on interview and record review, the facility failed to ensure there was an emergency electrical service available if there was an interruption of the normal electric supply. This failure has the potential to affect all 58 residents residing in the facility. Findings include: On November 5, 2025 at 1:53 PM, V4 (Regional Maintenance) said the facility did not have an emergency backup generator. On November 6, 2025 at 1:56 PM, V1 (Administrator) said the facility did not have a backup generator at this time. V1 said the electrician had come to check the wiring and they were waiting for the quotes to put in a generator. V1 said if the power went out, they would have to make an emergency call to an electrician to bring a generator. V1 said if there were any residents on life-sustaining equipment, they would have to send the residents to the hospital right away. The facility's Axillary Power System police reviewed January 2025 showed The facility shall maintain an axillary power system to provide power supply when normal power is disrupted. When the facility's normal power is disrupted, the facility's generator shall provide power to all lights, life support systems, exit signs, alarms etc. needed to function during fire and/or disaster situations. The generator supply shall automatically activate within ten (10) seconds after loss of power. "C" Statement of Licensure Violations 5 of 5 300.661	S9999		

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S9999	Continued from page 9 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. This requirement was NOT met as evidenced by: Based on interview and record review, the facility failed to ensure background checks were completed on three CNAs (Certified Nurse Assistant) prior to hire. This failure has the potential to affect all 58 residents residing in the facility. Findings include: On November 5, 2025 at 1:26 PM, staff background check audits were conducted on 10 staff in the facility. V10 (CNA/Certified Nurse Assistant) was hired on August 23, 2024 and the background check was done on January 2, 2025. V13 (CNA) was hired on February 2, 2022, and background checks were done on February 23, 2022. V14 (CNA) was hired on January 8, 2025 and the background checks were done on January 13, 2025. On November 6, 2025 at 12 PM, V1 (Administrator) said she conducted the background checks for staff and the background checks should be done prior to, or latest the day of hire for staff. The facility's Background Check policy reviewed December 2024 showed The Personnel/Human Resources Director, or other designee, will conduct employment background checks, reference checks and criminal conviction checks, (including fingerprinting as may be required by state law), on persons making application for employment with this facility. Such investigation will be initiated upon hire and during onboarding process. "C"	S9999		