

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3001101		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/13/2026	
NAME OF PROVIDER OR SUPPLIER Batavia Rehabilitation and Health Care Center				STREET ADDRESS, CITY, STATE, ZIP CODE 520 FABYAN PARKWAY , BATAVIA, Illinois, 60510			
(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	S0000					
	First Probationary Licensure Survey						
S9999	Final Observations	S9999					
	Statement of Licensure Violations:						
	1 of 3						
	300.1060f)						
	300.1060g)						
	Section 300.1060 Vaccinations						
	f) A facility shall document in the resident's medical record that he or she was verbally screened for risk factors associated with hepatitis B, hepatitis C, and HIV, and whether or not the resident was immunized against hepatitis B. (Section 2-213(c) of the Act)						
	g) All persons determined to be susceptible to the hepatitis B virus shall be offered immunization within 10 days after admission to any nursing facility. (Section 2-213(c) of the Act)						
	This REQUIREMENT was not met as evidenced by:						
	Based on interview and record review, the facility failed to screen residents for risk factors associated with hepatitis B, hepatitis C, and HIV (Human Immunoglobulin Virus).						
	This applies to 5 residents (R1, R2, R3, R4, R6) reviewed for infection control screenings in the sample of 7.						
	The findings include:						
	On 03/12/26 at 1:20 PM, the infection control task was completed with V2 (DON/Director of Nursing). R1, R2, R3, R4, and R6 were reviewed for immunizations. V2 said R1-R4, and R6 were not screened for hepatitis B, C or HIV. V2 said the new company did not have a policy in place or the screening as a part of the admission process.						
	On 03/13/26 at 10:16 AM, V2 said the facility did not have a policy in place. V2 said she read the regulations and saw the facility should be screening						

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	Continued from page 1 for HIV, Hepatitis A, B, and C. V2 said the facility did not have a policy in place at this time. V2 said they should ask the residents the questions to screen them for risk factors that would make them at a higher risk for HIV, Hepatitis A, B, and C. V2 said they should get consent from the resident or POA (Power of Attorney) and get an order from the doctor to administer the medication. V2 said their current process did not include screening. R1, R2, R3, R4, and R6's immunization records did not contain the screen or record the resident's refusal or low risk. (C) 2 of 3 300.625a) 300.625b) 300.625c)1)2) Section 300.625 Identified Offenders 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 identified offender. 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			S9999			

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S9999	Continued from page 2 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. This REQUIREMENT was not met as evidenced by: Based on interview and record review, the facility failed to review resident criminal history background checks and notify the state police for further inquiry. This applies to 2 of 5 residents (R8, R13) reviewed for identified offenders. The findings include: On 03/13/26 at 10:05 AM, V8 (Business Office Manager) said before a resident was admitted or once they were in the facility, she ran the CHIRP (Criminal History Information Request Portal) and notified the administrator and admissions if the CHIRP resulted in a hit. V8 said she did not notice R8 had a hit on the CHIRP. On 3/13/26 at 10:53 AM, V1 (Administrator) said if a resident had a hit during their background check, the facility needs to notify the state police and have them come do the risk assessment. V1 said it was the facility's responsibility to check the CHIRP and run the background checks on the residents. V1 said the facility did not have a policy for admission background checks for residents. V1 said the facility had a document which contained the links they were supposed to check. R8 was admitted to the facility on 02/19/26. R8's CHIRP was dated 02/18/26 and showed the result of a hit. The facility was unable to provide documentation of notification to police or fingerprints. R13 was admitted to the facility on 07/04/25. R13's CHIRP was dated 07/11/25 and showed the result of a hit. The facility was unable to provide documentation of notification to police or fingerprints. The facility's Abuse, Prevention and Prohibition Policy dated November 2025 showed The facility will prescreen potential residents for behaviors, needs and personal histories, which might lead to conflict, neglect or abuse.			S9999			

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S9999	Continued from page 3 The facility was unable to provide a policy or procedure regarding Background Checks for Residents. (C) 3 of 3 300.615e) 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: Based on interview and record review, the facility failed to ensure that a Criminal History Information Response Process (CHIRP) background check was completed on residents within 24 hours of admission, and facility to check the Illinois Sex Offenders and Illinois Department of Corrections (IDOC) Sex Registrant searches. This applies to 7 residents (R5, R9, R10, R11, R12, R13, R14) reviewed for timely background checks. The findings include: On 03/13/26 at 10 AM, V8 (BOM/Business Office Manager) said she ran the CHIRP and it should be completed prior to or within eight hours of admission. V8 said the corporate office was supposed to check the resident against the Illinois	S9999					

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S9999	Continued from page 4 Sex Offenders and Illinois Department of Corrections Sex Registrant websites and social services was supposed to ensure the information was present. On 03/13/26 at 10:53 AM, V1 (Administrator) said the corporate office staff member was supposed to check the residents against the Illinois Sex Offenders and Illinois Department of Corrections Sex Registrant websites and social services was supposed to make sure the information was all there. R14's face sheet showed she was admitted to the facility on 03/12/25 and the CHIRP was run on 6/24/25. The Illinois Sex Offenders and Illinois Department of Corrections Sex Registrant websites were not checked until 04/08/25. R12's face sheet showed she was admitted to the facility on 08/12/25 and the CHIRP was not completed. R11's face sheet showed .she was admitted to the facility on 09/26/25 and the CHIRP was run on 01/28/26. R10's face sheet showed he was admitted to the facility on 10/3/25 and the CHIRP was run on 01/28/26. R9's name was not checked on the Illinois Sex Offenders and Illinois Department of Corrections Sex Registrant websites. R9's face sheet showed he was admitted to the facility on 12/16/25 and the CHIRP was run on 01/28/26. R9's name was not checked on the Illinois Sex Offenders and Illinois Department of Corrections Sex Registrant websites. R13's face sheet showed she was admitted to the facility on 07/04/25 and the CHIRP was run on 07/11/25 and the Illinois Sex Offenders and Illinois Department of Corrections Sex Registrant websites were not checked until 07/07/25. R5's face sheet showed he was admitted to the facility on 03/02/26 and his CHIRP was run on 03/04/26. The facility's Abuse, Prevention and Prohibition Policy dated November 2025 showed The facility will prescreen potential residents for behaviors, needs and personal histories, which might lead to conflict, neglect or abuse. The facility did not have a policy in place regarding Background Checks for Residents.			S9999			

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