

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ASL510138</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>09/26/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>CHARTER SENIOR LIVING OF ROCKFORD</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7130 CRIMSON RIDGE DR ROCKFORD, IL 61107</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comment  Annual Survey conducted on 9/26/2024.	A 000		
A1060	Section 295.1060 Remedies and Sanctions  This Regulation is not met as evidenced by: Type 3 Violation  Section 295.1060 Remedies and Sanctions f) An establishment that fails to conduct a health care worker background check as required by Section 295.3040 shall be fined \$100 for each offense.  This requirement was not met as evidenced by:  Based on record review and interview, the facility failed to conduct background checks on employees. This failure involves 2 of 8 employees reviewed for this requirement (E1 & E4). With at least one employee being found as ineligible for employment, this failure creates a substantial probability of harm to all residents, visitors, and staff of the facility.  Findings include:  During record review on 9/26/2024 at 11:41 AM it was found that E4 (Server) had a work eligibility of "Ineligible" in the IDPH Healthcare Worker Registry. During record review on 9/26/2024 at 3:15 PM staffing schedules were reviewed. It was noted that E4 has been working several days per week since their hire date of 8/2/2024. E4 was also in the building working on the day of the survey, 9/26/2024.	A1060		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A1060	Continued From page 1  During record review on 9/26/2024 at 3:57 PM it was found that E1's (Executive Director) employee new hire check list did not have "Background Check" checked off. E1's date of hire is 5/1/2024. During record review on 9/26/2024 at 3:58 PM it was found that the IDPH Healthcare Worker Registry stated "No workers Found" when E1 was searched. During record review on 9/26/2024 the facility was unable to provide documentation of a background check for E1. During interview with E3 (Resident Care Coordinator) on 9/26/2024 at 3:26 PM they stated, "It looks like they never did run a background check on E4." During interview with E1 on 9/26/2024 at 3:56 PM they stated, "We still don't have my background check." During interview with E1 on 9/26/2024 at 4:17 PM they stated, "We suspended E4 today."	A1060		
A3020	Section 295.3020 Employee Orientation and Ongoing Training  This Regulation is not met as evidenced by: Type 3 Violation Section 295.3020 Employee Orientation and Ongoing Training  a) Each new employee shall complete orientation within 10 days after the starting date of employment that includes:  1) The establishment's philosophy and goals;	A3020		

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A3020	Continued From page 2  2) Promotion of resident dignity, independence, self-determination, privacy, choice, and resident rights;  3) Confidentiality of resident records and resident information;  4) Hygiene and infection control;  5) Abuse and neglect prevention and reporting requirements; and  6) Disaster procedures.  b) Each employee shall also complete orientation within 30 days after the starting date of employment that includes:  1) Orientation to the characteristics and needs of the establishment's residents;  2) The significance and location of resident service plans;  3) Internal establishment requirements and the establishment's policies and procedures;  4) The employee's job responsibilities and limitations;  5) CPR and emergency procedures for medical events, if applicable; and  6) Training in assistance with activities of daily living appropriate to the job.  d) All training shall be documented with:  1) Date;	A3020		

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A3020	Continued From page 3  2) Starting and ending time;  3) Instructors and their qualifications;  4) Short description of content; and  5) Staff member's written signature.  This requirement was not met as evidenced by:  Based on record review and interview, the facility failed to ensure that employees went through orientation. This failure involves 2 of 8 employees reviewed for this requirement (E1 & E4).  Findings include:  During record review on 9/26/2024 the facility was unable to provide orientation documentation for E1 (Executive Director) and E4 (Server). The findings were verbally confirmed on 9/26/2024.	A3020		
A3030	Section 295.3030 Initial Health Eval for Dir Care and FS empl  This Regulation is not met as evidenced by: Type 3 Violation Section 295.3030 Initial Health Evaluation for Direct Care and Food Service Employees  a) Each direct care and food service employee shall have an initial health evaluation, which shall be used to ensure that employees are not placed in positions that would pose undue risk of infection to themselves, other employees,	A3030		

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A3030	<p>Continued From page 4</p> <p>residents, or visitors.</p> <p>b) The initial health evaluation shall be conducted not more than 30 days prior to and no later than 30 days after the employee's initial employment in the establishment.</p> <p>c) The initial health evaluation shall include the employee's immunization status.</p> <p>d) The initial health evaluation shall include a physical examination. The examination shall include a determination that the employee appears to be physically able to perform the job functions that the establishment intends to assign to the employee.</p> <p>e) Each employee shall have a tuberculin skin test in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). The test must meet one of the following time frames:</p> <p>1) The test must be completed no more than 90 days prior to the date of initial employment in the establishment; or</p> <p>2) The test must be commenced no more than ten days after the date of initial employment in the establishment.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure initial health evaluations and TB skin testing were done on employees. These failures include 3 of 8 employees reviewed for these requirements (E4, E7, &amp; E8). These failures create a substantial probability of harm to all residents, visitors, and employees of the</p>	A3030		

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A3030	Continued From page 5  facility.  Findings include:  During record review on 9/26/2024 at 11:54 AM it was found that E8 (Caregiver), with a hire date of 8/16/2024, had only a 1 step TB skin test on 8/16/2024. However, this skin test had not been read or resulted.  During record review on 9/26/2024 at 11:55 AM it was found that E7 (Caregiver), with a hire date of 8/16/2024, also had only a 1 step TB skin test on 8/16/2024. However, this skin test had not been read or resulted.  During record review on 9/26/2024 the facility was unable to provide E4's (Server) initial health evaluation or TB skin testing.  These findings were verbally confirmed on 9/26/2024.	A3030		
A3040	Section 295.3040 Health Care Worker Background Check  This Regulation is not met as evidenced by: Type 3 Violation Section 295.3040 Health Care Worker Background Check  An establishment 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:	A3040		

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A3040	<p>Continued From page 6</p> <p>Based on record review and interview, the facility failed to conduct background checks on employees. This failure involves 2 of 8 employees reviewed for this requirement (E1 &amp; E4). With at least one employee being found as ineligible for employment, this failure creates a substantial probability of harm to all residents, visitors, and staff of the facility.</p> <p>Findings include:</p> <p>During record review on 9/26/2024 at 11:41 AM it was found that E4 (Server) had a work eligibility of "Ineligible" in the IDPH Healthcare Worker Registry.</p> <p>During record review on 9/26/2024 at 3:15 PM staffing schedules were reviewed. It was noted that E4 has been working several days per week since their hire date of 8/2/2024. E4 was also in the building working on the day of the survey, 9/26/2024.</p> <p>During record review on 9/26/2024 at 3:57 PM it was found that E1's (Executive Director) employee new hire check list did not have "Background Check" checked off. E1's date of hire is 5/1/2024.</p> <p>During record review on 9/26/2024 at 3:58 PM it was found that the IDPH Healthcare Worker Registry stated "No workers Found" when E1 was searched.</p> <p>During record review on 9/26/2024 the facility was unable to provide documentation of a background check for E1.</p> <p>During interview with E3 (Resident Care Coordinator) on 9/26/2024 at 3:26 PM they stated, "It looks like they never did run a</p>	A3040		

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A3040	Continued From page 7  background check on E4."  During interview with E1 on 9/26/2024 at 3:56 PM they stated, "We still don't have my background check."  During interview with E1 on 9/26/2024 at 4:17 PM they stated, "We suspended E4 today."	A3040		
A4010	Section 295.4010 Service Plan       This Regulation is not met as evidenced by: Type 3 Violation Section 295.4010 Service Plan  b) The service plan shall be developed by:  1) The resident, resident's representative or any individual requested by the resident;  2) The manager or manager's designee; and  3) A registered nurse, if the resident is receiving nursing services or medication administration, or is unable to direct self-care.  c) The service plan shall be signed and dated by all individuals involved in its development.  g) Service plans shall address:  1) The level of service the resident is	A4010		



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A4010	<p>Continued From page 8</p> <p>receiving, including:</p> <p>A) assistance with activities of daily living;</p> <p>5) Whether the resident requires medication reminders, supervision of self-administered medication, or medication administration.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure that service plans addressed the level of service the resident is receiving with activities of daily living. The facility also failed to ensure that service plans were signed by a registered nurse. These failures involve 4 of 4 residents reviewed for these requirements (R1, R2, R3, and R4).</p> <p>Findings include:</p> <p>During record review on 9/26/2024 at 1:56 PM it was found that R1's service plan, dated 8/7/2024, did not address toileting, oral hygiene, or grooming.</p> <p>During record review on 9/26/2024 at 2:02 PM it was found that R2's service plan, dated 7/25/2024, did not address oral hygiene, grooming, or medication administration.</p> <p>During record review on 9/26/2024 at 2:32 PM it was found that R3's service plan, dated 7/1/2024, did not address bathing, toileting, transferring, oral hygiene, eating, or medication administration.</p> <p>During record review on 9/26/2024 at 3:10 PM it was found that R4's service plan, dated 8/7/2024, did not address toileting or oral hygiene. The</p>	A4010		

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A4010	Continued From page 9  service plan also did not include a registered nurse signature.  During interview with E2 (Director of Nursing) on 9/26/2024 at 2:51 PM they stated that they were unaware that if a resident is independent in an activity that it still needs to be addressed in the service plan.	A4010		
A7010	Section 295.7010 Establishment Records  This Regulation is not met as evidenced by: Type 3 Violation Section 295.7010 Establishment Records  a) The establishment shall maintain the following records:  4) Documentation of compliance with Section 295.3040 (Health Care Worker Background Check); and  This requirement was not met as evidenced by:  Based on record review and interview, the facility failed to conduct background checks on employees. This failure involves 2 of 8 employees reviewed for this requirement (E1 & E4). With at least one employee being found as ineligible for employment, this failure creates a substantial	A7010		

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A7010	<p>Continued From page 10</p> <p>probability of harm to all residents, visitors, and staff of the facility.</p> <p>Findings include:</p> <p>During record review on 9/26/2024 at 11:41 AM it was found that E4 (Server) had a work eligibility of "Ineligible" in the IDPH Healthcare Worker Registry.</p> <p>During record review on 9/26/2024 at 3:15 PM staffing schedules were reviewed. It was noted that E4 has been working several days per week since their hire date of 8/2/2024. E4 was also in the building working on the day of the survey, 9/26/2024.</p> <p>During record review on 9/26/2024 at 3:57 PM it was found that E1's (Executive Director) employee new hire check list did not have "Background Check" checked off. E1's date of hire is 5/1/2024.</p> <p>During record review on 9/26/2024 at 3:58 PM it was found that the IDPH Healthcare Worker Registry stated "No workers Found" when E1 was searched.</p> <p>During record review on 9/26/2024 the facility was unable to provide documentation of a background check for E1.</p> <p>During interview with E3 (Resident Care Coordinator) on 9/26/2024 at 3:26 PM they stated, "It looks like they never did run a background check on E4."</p> <p>During interview with E1 on 9/26/2024 at 3:56 PM they stated, "We still don't have my background check."</p>	A7010		

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A7010	Continued From page 11  During interview with E1 on 9/26/2024 at 4:17 PM they stated, "We suspended E4 today."	A7010		