

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510132	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/16/2025
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NAME OF PROVIDER OR SUPPLIER COURTYARD ESTATES OF FARMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 EAST FORT STREET FARMINGTON, IL 61531
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(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 Change of Ownership survey.	A 000		
A3030	<p>Section 295.3030 Initial Health Eval for Dir Care and FS empl</p> <p>This Regulation is not met as evidenced by: Section 295.3030 Initial Health Evaluation for Direct Care and Food Service Employees</p> <p>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, residents, or visitors.</p> <p>VIOLATION</p> <p>Based on record review and interviews, the establishment failed to ensure that one of five sampled direct care employees had a initial health evaluation completed for employment. (E2)</p> <p>Findings include:</p> <p>Current establishment employee roster dated 4/15/25 notes that E2's (LPN) hire date was 10/28/24.</p> <p>Review of E2's complete employee file failed to contain a initial health evaluation.</p> <p>On 4/15/25 at 11:45 A.M., E1 (Director) confirmed that they failed to get an initial health evaluation completed for E2.</p>	A3030		

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

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