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A 000	Initial Comment Annual Licensure Survey Conducted Violations: 295.3040 Healthcare Worker Background Check 295.4060 b)h)1)6)8)B) 295.5000 d)c) 295.9000 a)	A 000		
A3040	Section 295.3040 Health Care Worker Background Check This Regulation is not met as evidenced by: 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. (Source: Amended at 36 Ill. Reg. 13632, effective August 16, 2012) (225 ILCS 46/10) Sec. 10. Applicability. This Act applies to all individuals employed or retained by a health care employer as home health care aides, nurse aides, personal care assistants, private duty nurse aides, day training personnel, or an individual working in any similar health-related occupation where he or she provides direct care or has access to long-term care residents or the living quarters or financial, medical, or personal records of long-term care residents. This Act also applies to all employees of licensed or certified long-term care facilities who have or may have contact with residents or access to the living	A3040		

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quarters or the financial, medical, or personal records of residents.
(Source: P.A. 94-665, eff. 1-1-06.)

225 ILCS 46/15) "Fingerprint-based criminal history records check" means a livescan fingerprint-based criminal history records check submitted as a fee applicant inquiry in the form and manner prescribed by the Illinois State Police.
"Initiate" means obtaining from a student, applicant, or employee his or her social security number, demographics, a disclosure statement, and an authorization for the 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.

"Livescan vendor" means an entity whose equipment has been certified by the Illinois State Police to collect an individual's demographics and inkless fingerprints and, in a manner prescribed

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by the Illinois State Police and the Department of Public Health, electronically transmit the fingerprints and required data to the Illinois State Police and a daily file of required data to the Department of Public Health. The Department of Public Health shall negotiate a contract with one or more vendors that effectively demonstrate that the vendor has 2 or more years of experience transmitting fingerprints electronically to the Illinois State Police and that the vendor can successfully transmit the required data in a manner prescribed by the Department of Public Health. Vendor authorization may be further defined by administrative rule.

"Long-term care facility" means a facility licensed by the State or certified under federal law as a long-term care facility, including without limitation facilities licensed under the Nursing Home Care Act, the Specialized Mental Health Rehabilitation Act of 2013, the ID/DD Community Care Act, or the MC/DD Act, a supportive living facility, an assisted living establishment, or a shared housing establishment or registered as a board and care home.

"Resident" means a person, individual, or patient under the direct care of a health care employer or who has been provided goods or services by a health care employer.
(Source: P.A. 103-303, eff. 1-1-24; 103-1032, eff. 1-1-25; 104-270, eff. 8-15-25.)
(225 ILCS 46/33)

Sec. 33. Fingerprint-based criminal history records check.

(a) A fingerprint-based criminal history records check is not required for health care employees who have been continuously employed by a

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A3040	Continued From page 3 health care employer since October 1, 2007, have met the requirements for criminal history background checks prior to October 1, 2007, and have no disqualifying convictions or requested and received a waiver of those disqualifying convictions. These employees shall be retained on the Health Care Worker Registry as long as they remain active. Nothing in this subsection (a) shall be construed to prohibit a health care employer from initiating a criminal history records check for these employees. Should these employees seek a new position with a different health care employer, then a fingerprint-based criminal history records check shall be required. (b) On October 1, 2007 or as soon thereafter as is reasonably practical, in the discretion of the Director of Public Health, and thereafter, any student, applicant, or employee who desires to be included on the Department of Public Health's Health Care Worker Registry shall authorize the Department of Public Health or its designee to request a fingerprint-based criminal history records check to determine if the individual has a conviction for a disqualifying offense. This authorization shall allow the Department of Public Health to request and receive information and assistance from any State or governmental agency. Each individual shall submit his or her fingerprints to the Illinois State Police in an electronic format that complies with the form and manner for requesting and furnishing criminal history record information prescribed by the Illinois State Police. Such fingerprints shall be transmitted through a livescan fingerprint vendor licensed by the Department of Financial and Professional Regulation. The fingerprints submitted under this Section shall be checked against the Illinois State Police and Federal Bureau of Investigation criminal history record	A3040		

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databases, now and hereafter filed, including, but not limited to, civil, criminal, and latent fingerprint databases. The Illinois State Police shall charge a fee for conducting the criminal history records check, which shall be deposited into the State Police Services Fund and shall not exceed the actual cost of the records check. The Illinois State Police shall furnish, pursuant to positive identification, records of Illinois convictions and shall forward the national criminal history record information to the department or agency. The Illinois State Police shall forward the applicant's fingerprints to the Federal Bureau of Investigation. The Illinois State Police shall request that the Federal Bureau of Investigation conduct a national criminal history pertaining to the applicant. The Illinois State Police shall provide information concerning any criminal convictions, now or hereafter filed, against the individual.

(225 ILCS 46/50)

Sec. 50. Health care employer files. The health care employer shall retain on file for a period of 5 years records of criminal records requests for all employees. The health care employer shall retain a copy of the disclosure and authorization forms, a copy of the livescan request form, all notifications resulting from the fingerprint-based criminal history records check and waiver, if appropriate, for the duration of the individual's employment. The files shall be subject to inspection by the agency responsible for inspecting, licensing, or certifying the health care employer. A fine of up to $500 may be imposed by the appropriate agency for failure to maintain these records. The Department of Public Health must keep an electronic record of criminal history background checks for an individual for as long as the individual remains active on the Health

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A3040	Continued From page 5 Care Worker Registry. (Source: P.A. 95-120, eff. 8-13-07.) These Requirements are not met as evidenced by: Based on interview and record review, the facility failed to complete required 6 website checks for 3 staff members (E2, E3, E4) out of 5 reviewed for staff requirements in a total sample of 5. This failure has the probability to affect all residents. Findings include: On 4/7/26 staff requirement review was completed with E1(owner/Alzheimer's manager). E2, E3, E4 are caregivers with hire dates of 2/8/24, 4/1/24, and 3/2020 respectively. Review of their files with E1 did not include completion of all 6 required website checks of 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. E2 and E4 were missing 3 of the 6 required website checks and E3 did not have any of the required website checks.	A3040		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by:	A4060		

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A4060	Continued From page 6 Type 2 Violation Section 295.4060 Alzheimer's and Dementia Programs b) No person shall be admitted or retained in an assisted living or shared housing establishment if the establishment cannot provide or secure appropriate care, if the resident requires a level of service or type of service for which the establishment is not licensed or which the establishment does not provide, or if the establishment does not have the staff appropriate in numbers and with appropriate skill to provide such services. (Section 150(b) of the Act) h) An establishment that offers to provide a special program for persons with Alzheimer's disease and related disorders shall: 1) Disclose to the Department and to a potential or actual resident of the establishment information as specified under the Alzheimer's Special Care Disclosure Act; 6) Provide an appropriate number of staff for its resident population. The establishment shall provide staff sufficient in number, with qualifications, adequate skills, education, and experience to meet the 24-hour scheduled and unscheduled needs of the residents and who participate in ongoing training, to serve the resident population. At a minimum, at least one staff member shall be awake and on duty at all times; 8) Require the manager and direct care staff to complete sufficient comprehensive and ongoing dementia and cognitive deficit training as set forth in subsection (i) of this Section;	A4060		

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A4060	Continued From page 7 B) The manager or supervisor must complete, in addition to the training required in subsection (i)(2) of this Section and in Section 295.3020, six hours of annual continuing education regarding dementia care. These Requirements are not met as evidenced by: Based on staff requirements review and interview with E1(Administration/Memory care Manager), 1 staff member, (E1) (Administration/Memory Care Manager) out of 4 staff reviewed did not complete the required 6 hours of annual continuing education requirements; and These failures create a substantial probability of harm for 6 residents (R1, R2, R3, R4, R5, R6) out of 6 residents in the memory care facility. Findings include: On entrance date of 4/7/2026 as documented on the Establishment Notification Sheet, E1(Owner/Administrator/Memory Care Manager) was asked for multiple documents including but not limited to: Resident roster with admission date and staff roster with hire date and title. Based on license number 5201162 with effective date of 3/30/25, facility is categorized as able to have 4 Alzheimer Units. On 4/7/26 E1 reported there were 6 residents (R1, R2, R3, R4, R5, R6) residing in the memory care facility. All 6 residents are diagnosed with Dementia. Since E1 operates as the memory care manager,	A4060		

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A4060	Continued From page 8 file was reviewed for compliance with memory care annual training requirements. E1 did not have documentation of required annual six-hour Dementia care training. Start date for E1 based on limited documentation in employee file was 4/2014. E1 was reminded of issue with documentation of training requirements on 4/10/26 via telephone.	A4060		
A5000	Section 295.5000 Medication Reminders, Supervision of Self Med This Regulation is not met as evidenced by: Type 2 Violation Section 295.5000 Medication Reminders, Supervision of Self-Medication, Medication Administration and Storage d) Medication administration refers to a licensed health care professional employed by an establishment engaging in administering routine insulin and vitamin B-12 injections, oral medications, topical treatments, eye and ear drops, or nitroglycerin patches. Non-licensed staff may not administer any medication. (Section 70 of the Act) c) Supervision of self-administered medication means assisting the resident with self-administered medication using any combination of the following. Supervision of self-administered medication by unlicensed personnel shall be under the direction of a licensed health care professional. These Requirements are not met as evidenced	A5000		

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A5000	Continued From page 9 by: Based on interview and record review, the facility failed to develop and implement medication administration procedures for 3 Dementia diagnosed residents (R1, R2, R3) out of 3 residents reviewed and failed to have policies signed by physician, pharmacist, or registered nurse in a total sample of 6. This failure creates the substantial probability of harm or death to 1 or all residents. Findings include: Based on Business license forwarded by E1(Owner, Memory care manager) facility is licensed as approved for 4 Alzheimer's units. Despite having an Alzheimer's unit designation and residents clinically diagnosed with Dementia (R1, R2, R3), based on interview with E1 (owner/manager of Alzheimer's unit) and E5(Caregiver), facility does not have a nurse on staff and allows caregivers to assist with medication administration for Dementia diagnosed residents. In a typed, signed and dated 4/7/26 statement, E1(owner/Alzheimer's manager) explains the process of medication distribution for all the residents: "The Agency Nurse set up the medication from the bottle into each pill container for each week for each Resident. Each Pill box is accurately labeled with the Resident's name and stored in locked cabinet. Every morning, each Resident's pill box is brought out, one at a time by a trained staff/caregiver with the manager. The Resident is given her pill box for the week. The staff brings	A5000		

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water or juice for the Resident. The Resident is told what day it was and time. The staff helps to open the pill container if the Resident is unable to open it. The Resident takes the pills from the pill container and swallows the meds, and the staff documents on the Medication record that the medication was taken or refused."

E5(caregiver) who started at the facility in March of 2026 on 4/7/26 at 1:35 pm explained the medication process as follows, "(E1 who is not a nurse) takes pills and places in cup. I hand over to resident. Nurse organizes medications in containers."
Review of forwarded medication policy and procedures includes language which allows unlicensed staff such as caregivers who are trained to "administer" medications based on "support plan." Support plan refers to service plan.

On page 1 of facility policy titled, "Policy and procedure on safe medication, assistance and administration," under heading titled, "Procedure Staff training," staff are directed, "A. When medication set up and /or administration has been assigned to the company as stated in the Support Plan and / or SP Addendum, staff who set up or administer medications to persons served will receive training and demonstrate competency as well as reviewing this policy and procedure. B. Unlicensed staff, must successfully complete a medication set up or medication administration training course developed by a registered nurse or appropriate licensed health professional. The training curriculum must incorporate an observed skill assessment conducted by the trainer to ensure staff demonstrate the ability to safely and correctly follow medication procedures ..."

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A5000	Continued From page 11 Based on Facility staff interview, owner explanation and medication policy, facility incorrectly allow unlicensed staff to assist Dementia diagnosed residents with medication administration.	A5000		
A9000	Section 295.9000 Physical Plant This Regulation is not met as evidenced by: Type 1 Violation Section 295.9000 Physical Plant a) The establishment shall comply with the residential board and care occupancies chapter of the National Fire Protection Association's (NFPA) Life Safety Code (Life Safety Code) 101, Chapter 32 for new establishments and Chapter 33 for existing establishments. These Requirements are not met as evidenced by: Based on observation and interview and record review, tehe facility failed to maintain emergency exits unlocked and passageways to the emergency exits clear of obstacles. This deficient practice has high probability of interfering with safe exit from the community in case of a disaster emergency and would affect the safety of 6 residents (R1, R2, R3, R4, R5, R6), caregiver staff and anyone else in the facility at the time of an emergency. This failure creates the substantial probability of	A9000		

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A9000	Continued From page 12 severe harm or death to 1 or all residents. Findings include: Based on map of emergency exits, facility identifies 3 doors as emergency exits: entrance door to facility exits to sidewalk, door next to laundry exits to outside, and exit through E1(owner's office) to back patio. Tour of exits was completed with E5(Caregiver on 4/7/26 at 1:35 pm. 1st exit visited was in the laundry room. This door had an engaged deadbolt and required a key to open. E5 disengaged the deadbolt and using a key unlocked the door. The 2nd emergency exit was next to E1's office. This door was accessed without a key or engaged deadbolt and led to the small patio on the side of facility. A gate leads to the sidewalk. The gate was locked, and had a bungee cord wrapped around the top interfering with emergency exit. Both the laundry and office emergency exit areas were cluttered with laundry baskets, office chair, and other miscellaneous objects which would interfere with passage. The 3rd emergency exit is the front door. To enter the facility 2 doors have to be accessed. Both doors were locked.	A9000		