

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>ASL510188</b>              | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>05/09/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VILLAS AT HERSCHER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>100 HARVEST VIEW LN<br/>HERSCHER, IL 60941</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                      | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ID<br>PREFIX<br>TAG                                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| A 000                                                         | Initial Comment<br><br>Initial Licensure Suvey                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | A 000                                                                                      |                                                                                                                          |                                                        |
| A2040                                                         | Section 295.2040 Disaster Preparedness<br><br>This Regulation is not met as evidenced by:<br>Type 2 Violation<br><br>Section 295.2040 Disaster Preparedness<br><br>d) The establishment shall conduct a tornado<br>drill on each shift during February of each year for<br>employees.<br><br>This requirement is not met as evidenced by:<br><br>Based on interview and record review, the<br>establishment failed to ensure a tornado drill was<br>conducted for the 2nd and 3rd shifts. This failure<br>has the potential to affect all residents.<br><br>Findings include:<br><br>On May 8, 2025, the establishment's Disaster<br>Preparedness Book and Drills were reviewed.<br>The establishment's record for Tornado drill that<br>was conducted were shown as done on February<br>28, 2025 for 1st shift. No tornado drills were<br>presented that were conducted for 2nd and 3rd<br>shift.<br><br>On 5/8/2025 at 2:26PM, E10 (Maintenance<br>Director) was not sure when to conduct Tornado<br>Drills, E10 said "Tornado drills are done more<br>frequently, I did one in March." | A2040                                                                                      |                                                                                                                          |                                                        |

Illinois Department of Public Health

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

TITLE

(X6) DATE

Illinois Department of Public Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>VILLAS AT HERSCHER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>100 HARVEST VIEW LN<br/>HERSCHER, IL 60941</b> |                                                                                                                          |                                                        |
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| A3020                                                         | Continued From page 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | A3020                                                                                      |                                                                                                                          |                                                        |
| A3020                                                         | <p>Section 295.3020 Employee Orientation and Ongoing Training</p> <p>This Regulation is not met as evidenced by:<br/>Type 2 Violation</p> <p>Section 295.3020 Employee Orientation and Ongoing Training</p> <p>a) Each new employee shall complete orientation within 10 days after the starting date of employment, which includes:</p> <ol style="list-style-type: none"> <li>1) The establishment's philosophy and goals.</li> <li>2) Promotion of resident dignity, independence, self-determination, privacy, choice, and resident rights.</li> <li>3) Confidentiality of resident records and resident information.</li> <li>4) Hygiene and infection control.</li> <li>5) Abuse and neglect prevention and reporting requirements; and</li> <li>6) Disaster procedures.</li> </ol> <p>b) Each employee shall also complete orientation within 30 days after the starting date of employment that includes:</p> <ol style="list-style-type: none"> <li>1) Orientation to the characteristics and needs of the establishment's residents.</li> <li>2) The significance and location of</li> </ol> | A3020                                                                                      |                                                                                                                          |                                                        |

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| A3020                                                         | <p>Continued From page 2</p> <p>resident service plans.</p> <p>3) Internal establishment requirements and the establishment's policies and procedures.</p> <p>4) The employee's job responsibilities and limitations.</p> <p>5) CPR and emergency procedures for medical events, if applicable; and</p> <p>6) Training in assistance with activities of daily living appropriate to the job.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the establishment failed to ensure orientation for employees (E4, E6, E8, E9) were initiated within the required time frame of 10 days from their hire date covering all required topics.</p> <p>Findings include:</p> <p>On May 8, 2025, Employee files and current Employee Roster with original hire dates were reviewed.</p> <p>E4 (Nurse) hire date was 1/6/2025.</p> <p>1) missing employee orientation</p> <p>2) fire extinguisher class</p> <p>3) Continuing education training</p> <p>E6 (Certified Nursing Assistant/CNA) hire date was 4/10/2025.</p> <p>1) fire extinguisher class</p> <p>2) Continuing education training</p> <p>E8 (Certified Nursing Assistant/CNA) hire date</p> | A3020                                                                                      |                                                                                                                          |                                                        |

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| A3020                                                         | Continued From page 3<br><br>was 9/18/2024.<br>1) missing employee orientation<br>2) fire extinguisher class<br>3) Continuing education training<br><br>E9 (Tenant Assistant) hire date was 1/20/2025.<br><br>1) missing employee orientation<br>2) fire extinguisher class<br>3) Continuing education training.<br><br>On 5/8/2025 E1 (Executive Director)) was unable<br>to produce any additional documentation/proof<br>that the above staff completed or had any<br>orientation.                                                                                                                                                                                                                                    | A3020                                                                                      |                                                                                                                          |                                                        |
| A3030                                                         | Section 295.3030 Initial Health Eval for Dir Care<br>and FS empl<br><br>This Regulation is not met as evidenced by:<br>Type 2 Violation<br><br>Section 295.3030 Initial Health Evaluation for<br>Direct Care and Food Service Employees<br><br>a) Each direct care and food service<br>employee shall have an initial health evaluation,<br>which shall be used to ensure that employees are<br>not placed in positions that would pose undue risk<br>of infection to themselves, other employees,<br>residents, or visitors.<br><br>b) The initial health evaluation shall be<br>conducted not more than 30 days prior to and no<br>later than 30 days after the employee's initial<br>employment in the establishment. | A3030                                                                                      |                                                                                                                          |                                                        |

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| A3030                                                         | <p>Continued From page 4</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 are not met as evidenced by:</p> <p>Based on interview and record review, the establishment failed to ensure initial health evaluation is given to newly hired employees (E3, E6, E7, E8, E9) within the required time frame of 30 days from hire date.</p> <p>Findings Include:</p> <p>On May 8, 2025 employee files were reviewed.</p> <p>Review for employee files for E3 (Wellness Director), E6 (Certified Nursing Assistant/CNA), E7 (CNA), E8 (CNA), E9 (Tenant Assistant) did not show any documentation of Initial Health Evaluation that was conducted for them.</p> | A3030                                                                                      |                                                                                                                          |                                                        |

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| A3030                                                         | Continued From page 5<br><br>On 5/8/2025 E1 (Executive Director was unable to produce any additional documentation/proof that the above staff had an initial Health Evaluation conducted for them.<br><br>On 5/9/2025 at 1:33PM, E3 (Wellness Director) said that the physical is done by a doctor, but they failed to provide the forms to surveyor upon request. Establishment provided an assessment completed by E3 (Wellness Director).                                                                                                                                                                                                                                                                                                                                                      | A3030                                                                                      |                                                                                                                          |                                                        |
| A3040                                                         | Section 295.3040 Health Care Worker Background Check<br><br>This Regulation is not met as evidenced by:<br>Type 2 Violation<br><br>Section 295.3040 Health Care Worker Background Check<br><br>Section 955.145 Employment Verification<br><br>a) Each health care employer or its designee shall provide an employment verification and update the demographic information for each employee no less than annually. (Section 33(i) of the Act)<br><br>1) The health care employer or its designee shall log into the Health Care Worker Registry through a secure login in a method prescribed by the Department. (Section 33(i) of the Act)<br><br>2) The health care employer or its designee shall indicate employment and termination dates (separation dates) within 30 days after hiring or | A3040                                                                                      |                                                                                                                          |                                                        |

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| A3040                                                         | <p>Continued From page 6</p> <p>terminating an employee. (Section 33(i) of the Act)</p> <p>3) The health care employer shall provide the employment category and type. (Section 33(i) of the Act)</p> <p>b) Failure to comply with this Section constitutes a licensing violation. A fine of up to \$500 may be imposed upon a health care employer for failure to maintain these records. (Section 33(i) of the Act)</p> <p>c) The information required in this Section shall be used by the Department of Public Health to notify any current employer of any disqualifying offenses that are reported by the Department of State Police. (Section 33(i) of the Act)</p> <p>(Source: Amended at 43 Ill. Reg. 3665, effective March 1, 2019)</p> <p>Section 955.220 Health Care Employer Files</p> <p>a) 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 live scan 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 Department. A fine of \$500 shall be imposed for failure to maintain these records. (Section 50 of the Act)</p> <p>b) If the Health Care Worker Registry indicates that the employee had no disqualifying</p> | A3040                                                                                      |                                                                                                                          |                                                        |

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| A3040                                                         | <p>Continued From page 7</p> <p>criminal offenses or administrative findings at the time of hire, then the health care employer shall retain a screen print of this information in the employee's file. If the individual was not on the Health Care Worker Registry prior to being hired, then a screen print indicating that the worker was not found shall be retained in the employee's file.</p> <p>c) The health care employer shall retain a screen print of the background check initiation page, which documents that the employer did conduct an internet search of the web sites from the links provided through the Health Care Worker Registry and found no results from those web sites that would prevent the employee from being hired. No additional screen prints from those web sites shall be required in the employee's file.</p> <p>d) The health care employer shall maintain a copy of the documents required in this Section in the employee's personnel file or other secure location accessible to the Department.</p> <p>(Source: Amended at 33 Ill. Reg. 5378, effective March 26, 2009)</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the establishment failed to initiate a health care worker background check on two employees (E4, E9), who has physical contact with residents, help provide direct care, as well as access to residents' personal/financial files. The establishment failed to conduct a fingerprint-based criminal history records check on this employee, failed to conduct employment verification and failed to retain the criminal record</p> | A3040                                                                                      |                                                                                                                          |                                                        |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>VILLAS AT HERSCHER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>100 HARVEST VIEW LN<br/>HERSCHER, IL 60941</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                      | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ID<br>PREFIX<br>TAG                                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| A3040                                                         | Continued From page 8<br><br>request in the employee file.<br><br>Findings include:<br><br>On May 8, 2025, employee files were reviewed.<br><br>The establishment's current employee roster showed E4 (Nurse) was hired on January 6, 2025. E9 (Tenant Assistant) was hired on January 20, 2025<br><br>E4 and E9's employee file did not show any health care worker background check that was conducted upon her hire date.<br><br>On 5/8/2025 E1 (Executive Director) was unable to produce any additional documentation/proof that health care worker background check was conducted for the above staff.  | A3040                                                                                      |                                                                                                                          |                                                        |
| A4000                                                         | Section 295.4000 Physician/s Assessment<br><br>This Regulation is not met as evidenced by:<br>Type 3 Violation<br><br>Section 295.4000 Physician's Assessment<br><br>a) No more than 120 days prior to admission of a resident to any establishment, a comprehensive assessment that includes an evaluation of the prospective resident's physical, cognitive, and psychosocial condition shall be completed by a physician. The physician's assessment shall include documentation of the presence or the absence of tuberculosis infection in accordance with the Control of Tuberculosis Code. At the time | A4000                                                                                      |                                                                                                                          |                                                        |

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| A4000                                                         | Continued From page 9<br><br>of admission, the physician's assessment must<br>reflect the resident's current condition.<br><br>This requirement was not met as evidenced by<br><br>Based on interview and record review the<br>establishment failed to ensure the Physician<br>Assessment was completed by a Physician for<br>one resident (R3).<br><br>Finding Include:<br>R3 was admitted to this establishment on<br>1/1/2025. R3 Physician Certificate dated<br>12/26/2024 was signed by a Nurse Practitioner.<br><br>On 5/8/2025 at 2:40PM, E3 (Wellness Director)<br>said that she was not aware the Nurse<br>Practitioners cannot complete Initial Physician<br>Assessment. | A4000                                                                                      |                                                                                                                          |                                                        |
| A4010                                                         | Section 295.4010 Service Plan<br><br><br><br><br><br><br>This Regulation is not met as evidenced by:<br>Type 3 Violation<br><br>Section 295.4010 Service Plan<br><br>g) Service plans shall address:<br><br>1) The level of service the resident is<br>receiving, including:<br><br>A) assistance with activities of daily<br>living.                                                                                                                                                                                                                                                                                                                                              | A4010                                                                                      |                                                                                                                          |                                                        |

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| A4010                                                         | <p>Continued From page 10</p> <p>2) The amount, type, and frequency of health-related services needed by the resident.</p> <p>h) The service plan shall include all support services provided or arranged for by the establishment.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on record review and interview, the establishment failed to fail to discuss in the service plan a resident's failed to address a resident's (R1) wound care and (R3) hospice care and in an individualized/personalized manner.</p> <p>Findings include:</p> <p>On May 8, 2025 residents' service plans were reviewed.</p> <p>R1's Service Plan dated 3/29/2025 indicated that R1 arrived at facility with Bilateral Lower Extremities wounds. 4/8/2025 R1 admitted to Home Health Care to complete wound care. There was no individualized plan mentioned regarding who is responsible to care for the wound and how often wound care will be provided.</p> <p>R3's Service Plan dated 1/1/2025 indicated that R3 was admitted to hospice care. R3's Service Plan did not discuss R3' support service of hospice care in a personalized or individualized manner.</p> <p>On 5/9/2025 at 2:10PM, E3(Wellness Director) said that they are not supposed to write who is responsible for provide outside services, such as hospice, etc. They only write down on the Service</p> | A4010                                                                                      |                                                                                                                          |                                                        |

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| A4010                                                         | Continued From page 11<br><br>Plan that they are receiving outside services.                                                 | A4010                                                                                      |                                                                                                                          |                                                        |