STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510050	A. BUILDING: _____ B. WING _____	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHVA LIVING OF EAST DUBUQUE	430 SIDNEY STREET EAST DUBUQUE, IL 61025

(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 6/10/2025-6/11/2025 Violations: (REPEAT VIOLATION)- 295.3030 Initial Health Evaluation for Direct Care and Food Service Employees a) b) c) d) e)1)2) 295.3040 Health Care Worker Background Check 955.165 a)1)A)B) b) e) f) h) i)1)2)3)4)5) j)1) l) m)	A 000		
A3030	Section 295.3030 Initial Health Eval for Dir Care and FS empl This Regulation is not met as evidenced by: Type 3 (REPEAT) 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	A3030		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510050	A. BUILDING: _____ B. WING _____	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHVA LIVING OF EAST DUBUQUE	430 SIDNEY STREET EAST DUBUQUE, IL 61025

(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
A3030	Continued From page 1 not placed in positions that would pose undue risk of infection to themselves, other employees, residents, or visitors. 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. c) The initial health evaluation shall include the employee's immunization status. 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. 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: 1) The test must be completed no more than 90 days prior to the date of initial employment in the establishment; or 2) The test must be commenced no more than ten days after the date of initial employment in the establishment. These requirements were not met as evidenced by: Based on record review and interview, the facility failed to ensure that direct care workers and Food service employees had an initial health evaluation within the 30 day window. The facility also failed to ensure that direct care workers and food	A3030		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510050	A. BUILDING: _____ B. WING _____	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHVA LIVING OF EAST DUBUQUE	430 SIDNEY STREET EAST DUBUQUE, IL 61025

(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
A3030	Continued From page 2	A3030		

service employees commenced a TB test within the 90 days prior to 10 days after initial employment. These failures involve 6 of 8 employees reviewed for these requirements (E3, E4, E5, E6, E7, & E8).

Findings include:

During record review on 6/10/2025 at 10:00 AM it was noted that the facility's last annual survey was concluded on 5/1/2024. During that survey, the facility was cited for 295.3030 Initial Health Evaluation for Direct Care and Food Service Employees.

During record review on 6/10/2025 at 11:35 AM it was found that E4 (Cook), with a hire date of 7/12/2024, had only a TB test that commenced on 8/13/2024. This is outside of the 10 days after initial employment required window.

During record review on 6/10/2024 at 11:45 AM it was found that E5 (RN), with a hire date of 4/17/2025, had only a TB test that commenced on 5/18/2025. This is outside of the 10 days after initial employment required window.

During record review on 6/10/2025 at 12:15 PM it was found that E6 (LPN), with a hire date of 2/24/2025, had an initial health evaluation on 3/28/2025. This is outside of the 30 day after hire required window.

During record review on 6/10/2025 at 12:23 PM it was found that E8 (Direct Care Worker), with a hire date of 2/24/2025, had an initial health evaluation on 3/28/2025. This is outside of the 30 day after hire required window.

During record review on 6/10/2025 at 12:40 PM it

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510050	A. BUILDING: _____ B. WING _____	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHVA LIVING OF EAST DUBUQUE	430 SIDNEY STREET EAST DUBUQUE, IL 61025

(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
A3030	Continued From page 3 was found that E7 (Direct Care Worker), with a hire date of 1/24/2025, had only a TB test that commenced on 2/19/2025. This is outside of the 10 days after initial employment required window. During record review on 6/10/2025 at 12:45 PM it was found that E3 (Direct Care Worker), with a hire date of 2/24/2025, had an initial health evaluation on 3/26/2025. This is outside of the 30 day after hire required window. During interview with E1 (Executive Director) on 6/11/2025 at 9:25 AM they stated, "Our old HR person's last day was a couple of months ago. Our old HR person should have made sure that everything was on time, especially because we were written for it last time."	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. Section 955.165 Fingerprint-Based Criminal History Records Check a) Educational entities, other than secondary schools, and health care employers are required to check the Health Care Worker Registry before	A3040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510050	A. BUILDING: _____ B. WING _____	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHVA LIVING OF EAST DUBUQUE	430 SIDNEY STREET EAST DUBUQUE, IL 61025

(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
A3040	Continued From page 4 allowing a student to enter a training program or hiring an employee to determine: 1) Whether a fingerprint-based criminal history records check has previously been conducted, which is indicated by the identifier of "FEE_APP" or "CAAPP". A) As long as the student, applicant or employee has had a background check and stays active on the Health Care Worker Registry, no further fingerprint-based criminal history record checks are required. (Section 33(g) of the Act) B) If the individual has disqualifying convictions and a waiver has not been granted pursuant to this Part, the individual is not allowed to work as a direct care giver for a health care employer or as an individual with access to residents, the resident's living quarters, or the resident's financial, medical or personal records in a long-term care setting. b) If the individual has not had a background check or is not active on the Health Care Worker Registry, then the health care employer shall initiate a fingerprint-based criminal history records check. (Section 33(g) of the Act) e) An educational entity, other than a secondary school, conducting a certified nursing assistant training program shall initiate a fingerprint-based criminal history records check required by the Act and this Part prior to entry of an individual into the training program. (Section 33(c) of the Act) f) A health care employer who makes a	A3040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510050	A. BUILDING: _____ B. WING _____	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHVA LIVING OF EAST DUBUQUE	430 SIDNEY STREET EAST DUBUQUE, IL 61025

(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
A3040	Continued From page 5 conditional offer of employment to an applicant who is not exempt under Section 955.130, for a position as an employee, shall initiate a fingerprint-based criminal history records check on the applicant, if such a background check has not been previously conducted. A health care employer shall not use the fingerprint-based criminal history records check process provided in the Act and this Part to initiate background checks for applicants for employment positions to which the Act and this Part do not apply. (Section 33(d) of the Act) h) When initiating a background check, an educational entity, health care employer, staffing agency, workforce intermediary, or organization that provides pro bono legal services shall electronically submit to the Department of Public Health the student's, applicant's, or employee's social security number, demographics, disclosure and authorization information in a format prescribed by the Department of Public Health within 2 working days after the authorization is secured. (Section 33 (e) of the Act) i) The student, applicant, or employee shall go to a livescan vendor and have his or her fingerprints collected electronically and transmitted to the Illinois State Police within 10 working days after signing the authorization and disclosure form. Each individual shall submit his or her fingerprints in an electronic manner prescribed by the Illinois State Police. (Section 33(e) of the Act) 1) The student, applicant, or employee shall bring the portion of the livescan request form that is completed by the livescan vendor back to the educational entity or health care employer as	A3040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510050	A. BUILDING: _____ B. WING _____	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHVA LIVING OF EAST DUBUQUE	430 SIDNEY STREET EAST DUBUQUE, IL 61025

(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
A3040	Continued From page 6 proof that his or her fingerprints have been collected. The educational entity or health care employer shall provide the transaction control number, obtained from this portion of the livescan request form, whenever any follow-up inquiries are made about the progress of the background check being processed. 2) If the fingerprints are rejected by the Illinois State Police, the student, applicant, or employee shall go to a livescan vendor and have his or her fingerprints collected electronically a second time. 3) If the fingerprints are rejected by the Illinois State Police a second time, the educational entity or health care employer shall conduct a complete name-based UCIA criminal history records check through the Illinois State Police and mail a copy of the results of the background check to the Department within 10 working days after receipt. The UCIA criminal history records check shall be requested as prescribed by the Illinois State Police. The results of the UCIA criminal history records check shall have been issued by the Illinois State Police no earlier than 31 days prior to hire. A UCIA name-based criminal history records check may be used only when there is proof that the individual's fingerprints have been rejected twice by the Illinois State Police within the previous 12 months. 4) If the student, applicant, or employee does not go to a livescan vendor and have his or her fingerprints collected electronically within 10 working days, the individual shall be suspended from participating in a training program if a student, or suspended from working if an employee, until such time as proof is provided	A3040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510050	A. BUILDING: _____ B. WING _____	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHVA LIVING OF EAST DUBUQUE	430 SIDNEY STREET EAST DUBUQUE, IL 61025

(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
A3040	Continued From page 7 that the individual has had his or her fingerprints collected electronically from a livescan vendor. 5) If the student, applicant, or employee has not had his or her fingerprints collected electronically by a vendor within 30 days after being hired or beginning a training program, the employee shall be terminated or the student shall be dropped from the training program. The educational entity or health care employer shall withdraw the background check application from the Health Care Worker Registry. j) The educational entity, health care employer, staffing agency, workforce intermediary, or organization that provides pro bono legal services shall transmit all necessary information and fees to the livescan vendor and Illinois State Police within 10 working days after receipt of the authorization for a criminal history records check. (Section 33(e) of the Act) 1) Application fees shall include, but are not limited to, the amounts established by the Illinois State Police to process fingerprint-based criminal history records checks and the amount charged by the livescan vendor for collecting and transmitting the fingerprints. l) A health care employer or long-term care facility may conditionally employ an applicant for up to three months pending the results of a fingerprint-based criminal history records check required by the Act and this Part. During this time, the employee shall have adequate supervision, which is the type and frequency of supervision required to prevent abuse, neglect, or theft regarding patients, clients, or residents. (Section 33(l) of the Act)	A3040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510050	A. BUILDING: _____ B. WING _____	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHVA LIVING OF EAST DUBUQUE	430 SIDNEY STREET EAST DUBUQUE, IL 61025

(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
A3040	Continued From page 8 m) If the individual is not active on the Health Care Worker Registry, then the health care employer shall initiate a fingerprint-based criminal history record check required by the Act and this Part. (Section 33(g) of the Act) (Source: Amended at 49 Ill. Reg. 7999, effective May 22, 2025) This requirement has not been met, as evidenced by: Based on record review and interview, the facility failed to comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code by violating Section 955.165 Fingerprint-Based Criminal History Records Check. This failure involves 1 of 8 employees reviewed for this requirement (E3). Findings include: During record review on 6/10/2025 at 10:30 AM the facility provided a list of employees. This list documented E3 as an LPN with a start date of 2/24/2025. During record review on 6/10/2025 at 12:45 PM it was found that E3 did not have a nursing license in their employee file. During record review on 6/10/2025 at 2:27 PM the surveyor searched for E3 in the Illinois Department of Public Health (IDPH) Health Care Worker Registry. E3's report stated that work eligibility for E3 was "Not yet Determined" and "No background check on record".	A3040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510050	A. BUILDING: _____ B. WING _____	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHVA LIVING OF EAST DUBUQUE	430 SIDNEY STREET EAST DUBUQUE, IL 61025

(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
A3040	Continued From page 9 During record review on 6/11/2025 at 10:09 AM the surveyor searched the Licensed Practical Nurse registry. No results were found for E3. During interview with E1 (Executive Director/ Director of Nursing) on 6/10/2025 at 12:50 PM they stated, "E3 isn't a nurse yet. We always have them with the nurse on duty. E3 is more like an intern." During interview with E2 (HR/ Payroll) on 6/10/2025 at 1:00 PM they stated, "We have not gotten fingerprints back on E3 yet." During interview with E1 on 6/11/2025 at 9:38 AM they stated, "I took E3 off the schedule."	A3040		