STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	SHF520182	A. BUILDING: _____ B. WING _____	07/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HALINA'S HOME CARE 5TH AVE	825 N 5TH AVE SAINT CHARLES, IL 60174

(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 LICENSURE 295.4050 TB SKIN TEST Procedure a) 2)A) 295.3000 Personnel Requirements & Training c) e) f) g) j) n)	A 000		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng This Regulation is not met as evidenced by: Type 3 Violation Section 295.3000 Personnel Requirements, Qualifications and Training c) At the starting date of employment, each direct care staff member shall be 16 years of age or older. e) A file shall be maintained for each employee containing the following: 1) The employee's name, date of birth, home address, Social Security number and telephone number. 2) Documentation of: A) Freedom from pulmonary tuberculosis. B) Employee orientation; and C) Ongoing training.	A3000		

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A3000	Continued From page 1 3) An employee's starting date of employment and ending date, if applicable. f) In addition to the information required in subsection (e) of this Section, the file for each direct care employee shall contain documentation of: 1) Current certification in CPR, if applicable. 2) Initial health evaluation 3) Compliance with the Health Care Worker Background Check Act; and 4) Documentation that the employer has checked the status of the employee with the Nurse Aide Registry. g) All records required by this Section shall be maintained throughout the individual's employment or service and for at least 12 months after the individual's last date of employment or service, unless required for a longer period by State or federal law. j) If an establishment accepts individuals with impairments that prevent them from independently moving to an area of safety, sufficient staff must be present and awake to enable these residents to move to a safe area 24 hours per day. n) Prior to employing any individual in a position that requires a State professional license, the establishment shall contact the Illinois Department of Professional Regulation to verify that the individual's license is active. A copy of the verification shall be placed in the individual's	A3000		

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A3000	Continued From page 2 personnel file. This requirement was not met as evidenced by: Based on record review and interview the facility failed to provide an employee file for E2 (nurse) with documentation of Personnel Requirements, Qualifications and Training. The facility failed to ensure an employee completed orientation withing 10 day and 30 days of starting employment. They failed to ensure each direct staff completed eight hours of ongoing training. This applies to 3 out of 3 employees (E2, E3, E4) reviewed for this requirement. The findings include: On 7/25/25 upon entrance to facility surveyor asked for E2, E3, and E4's personnel file. It was noted that E2 did not have an employee file. There was no staff requirements documentation for this employee. E2 (RN) hire date unknown, personnel file did not have an initial health evaluation. File only contained a chest Xray, no TB testing was done. There was no initial health evaluation, employee orientation with fire extinguisher, or any continuing education training with Alzheimer's/dementia specific training. E3 (caregiver) hire date 10/24 personnel file did not have an initial health evaluation no record if the caregiver was CPR certified, No employee orientation with fire extinguisher training, no continuing education training with Alzheimer's / dementia specific training. E4 (caregiver) hire date 6/24 personnel file did not have record if caregiver was CPR certified.	A3000		

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A3000	Continued From page 3 No employee orientation with fire extinguisher training, no continuing education training with Alzheimer's/dementia specific training.	A3000		
A4050	Seciton 295.4050 Tuberculin Skin Test Procedures This Regulation is not met as evidenced by: General Violation Section 295.4050 Tuberculin Skin Test Procedures Tuberculin skin tests for employees and residents shall be conducted in accordance with the Control of Tuberculosis Code (SS 77 Ill. Adm. Code 696) Section 696.140 Screening for Latent Tuberculosis Infection (LTBI) and Active Tuberculosis (TB) Disease a) Screening for Latent TB infection 2) Workers and clients at health care settings and other residential settings serving high risk groups shall be screed in accordance with this subsection (a)(2) and the following CDC guidelines: Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection, Guidelines for Health Care Settings, Prevention and Control of Tuberculosis in Correctional and Detention Facilities Recommendation for CDC. A) Health care workers and workers in other residential care settings serving high risk groups shall obtain TB screening test withing	A4050		

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A4050	Continued From page 4 seven days after being employed. If Mantoux skin testing is used two step testing shall be done with the first test placed waiting seven days after employment. However, a second skin test is not needed if the worker has a documented skin test result from a time during the previous 12 months. The need for routine periodic screening shall be determined by a risk assessment. This requirement was not met, as evidenced by: Based on interview and record review, the establishment failed to ensure employees had an initial TB Mantoux 2 step completed. This applies to 1 of 3 employees (E2) reviewed for this requirement. The facility failed to ensure employees completed a two- step TB test within the first within 7 days of hire. This failure has a substantial probability of harm to resident and other employees, by posing undue risk of infection. Findings include: 7/25/25 upon review of employee files for staff requirements it was noted that E1 (RN) did not have an employee file. When asked E1 (Owner) she noted E2 is a nurse at a local hospital and has all the staff requirements. E1 did not have any documentation for E2's file.	A4050		