

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/18/2025
NAME OF PROVIDER OR SUPPLIER APOSTOLIC CHRISTIAN SKYLINES		STREET ADDRESS, CITY, STATE, ZIP CODE 7023 N E SKYLINE DR PEORIA, IL 61614		
(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 Certification entered on 7/17/25 and exited on 7/18/25 Violations cited: 295.303 e) 1) 2)	A 000		
A3030	Section 295.3030 Initial Health Eval for Dir Care and FS empl This Regulation is not met as evidenced by: Section 295.3030 Initial Health Evaluation for Direct Care and Food Service Employees. 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. Violation Based on interview and record review the Establishment failed to perform tuberculin skin tests for two employees. This could affect all 35 residents residing in the Establishment. Findings include: The Establishments Tuberculosis Policy and Protocol, dated 1/27/2022, documents "New employees hired at (Named Establishment) will be given/have initiated a two-step Mantoux test within the first 10 days of the day of hire when there is a negative tuberculosis history. If the new	A3030		

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

TITLE

(X6) DATE

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A3030	Continued From page 1 employee has had a two-step Mantoux within 90 days of employment and can provide proof, testing will be waived." The Establishments undated employee list documents E3 Dietary Staff's hire date as 10/23/2024 and E4 CNA's hire date as 4/22/2025. 1. The employee file for E3 Dietary Staff documents E3's hire date as 10/23/2024. This file does not contain any documentation of E3 having received a tuberculin skin test prior to or after hire. On 7/17/25 at 3:00 PM, E1 ED/Executive Director confirmed there is no documentation of a tuberculin skin test having been done for E3 and does not know why. 2. The employee file for E4 CNA/Certified Nursing Assistant documents E4's hire date as 4/22/2025. This file does not contain any documentation of E4 having received a tuberculin skin test prior to or after hire. On 7/17/25 at 3:05 PM, E1 ED confirmed E4 CNA does not have documentation of receiving the two-step testing. E1 ED stated E4 CNA did receive the first step on 4/22/25 but did not come in to have the test read and the testing should have been restarted.	A3030			