

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145222	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2020
NAME OF PROVIDER OF SUPPLIER CROSSROADS CARE CTR WOODSTOCK		STREET ADDRESS, CITY, STATE, ZIP 309 MCHENRY AVENUE WOODSTOCK, IL 60098	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0606 Level of harm - Potential for minimal harm Residents Affected - Many	Not hire anyone with a finding of abuse, neglect, exploitation, or theft. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to not employ an individual who has been found guilty of exploitation and screen potential employees. This failure has the potential to affect all 86 residents in the facility. The findings include: On [DATE], V1 (Administrator) stated he was not aware that V3 (uncertified nursing assistant) had been found guilty of exploitation of elderly/disabled. (V3 was thought to be certified by the facility). On [DATE] at 9:50 AM, V1 said he was not sure if potential employees are asked about previous history of abuse or exploitation. If a person is found guilty of abuse, neglect, misappropriation, or exploitation, or felonies, they cannot work in healthcare. V3 had a waiver for a drug offense in the 90's. V3 has worked for the facility since 12/2019. V3's employment application does not contain any screening questions in regards to convictions, felonies, abuse, or exploitation and shows her start date at the facility was 12/16/19. On [DATE] at 10:30 AM, V2 (Business office manager/human resources) stated the facility asks if potential employees have had a history of [REDACTED]. The Health Care Worker Registry Disqualifying Convictions shows, Offenses that are always disqualifying except through the appeal process includes financial exploitation of an elderly person or a person with a disability. The County 17th Judicial Circuit Court Records show V3 pled guilty to Financial Exploitation Elderly/Disabled/\$300-\$5,000 a class 3 felony on 7/20/17. The facility's Employee handbook not dated shows, Convictions Federal and state regulations prohibit this facility, and any nursing home, from employing individual who have been convicted of certain offenses. Employees must notify the facility administrator immediately for arrest and/or conviction of any felony or drug related offenses. The facility's Abuse Prevention Program dated 2/7/17 shows, The purposed of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of abuse, neglect, exploitation, misappropriation of property and mistreatment of [REDACTED].		
F 0729 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Verify that a nurse aide has been trained; and if they haven't worked as a nurse aide for 2 years, receive retraining. Based on interview and record review the facility failed to verify a nurses aide was certified prior to employment. This failure has the potential to affect all 86 residents in the facility. The findings include: The Facility Data Sheet dated [DATE] shows there is a total of 86 residents in the facility. V3's (Uncertified nursing assistant) health care worker background check dated 12/10/19 shows there were no certifications on record. On [DATE] at 9:03 AM, V2 (Business office manager, human resources) said she provides potential employees drivers license and social security number to the administrator at a sister facility (V4) and she runs the background check. V4 then send the background information back to V2. At 8:52 am, V1 Administrator stated prior to employees starting, certified nursing assistants are checked on the registry. At 1:17 PM V1 stated, V3 is not certified in Illinois. V3 did not complete the paperwork to be able to transfer to Illinois. V1 stated no one noticed that the state registry said no certification. Human resources should have noticed it said no certification. On [DATE] at 11:30 AM, V4 (Administrator at sister facility that runs the background checks) stated she runs the background checks after the facility sends her the employees social security number and drivers license. V4 said she prints off the results and looks at certifications, disqualifiers, and work histories. V4 stated the background check would show if V3 worked as a certified nursing assistant in Illinois. V4 stated a nursing assistant that is not certified would disqualify an person from employment. V4 stated V3 has a work history of food prep and kitchen work. On [DATE] at 2:07 PM, V3 (Uncertified nursing assistant) stated she took the test in another state. The college was supposed to send in the paperwork to be able to work in Illinois. On [DATE] at 2:25 PM, V1 stated he did not have a policy on background checks.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.