

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145593	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/14/2025
NAME OF PROVIDER OR SUPPLIER Avantara Libertyville		STREET ADDRESS, CITY, STATE, ZIP CODE 1500 South Milwaukee Avenue Libertyville, IL 60048	

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)
<p>F 0729</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Verify that a nurse aide has been trained; and if they haven't worked as a nurse aide for 2 years, receive retraining.</p> <p>34117</p> <p>Based on observation, interview and record review the facility failed to ensure nursing assistants were certified after completing the training program. This applies to all 114 residents residing in the facility.</p> <p>Findings include:</p> <p>The facility Data Sheet dated 01/14/25 shows 114 residents residing in the facility.</p> <p>On 01/14/25 at 10:43 AM, V7 (Certified Nursing Assistant-in training) was observed working on the 2nd floor. She was leaving a resident's room. Her name tag stated CNA. V7 said she's been working at the facility for about 1.5 years and floats throughout the facility. She said she went to school for her CNA training and she's is a CNA. She said she completed the training a 2nd time about three months ago. V7 said she has her own resident assignment.</p> <p>On 01/14/25 at 11:52 AM, V2 (Director of Nursing) said we do not employ staff that are not licensed, there is window once a CNA has completed the training and have 120 days to take their test and pass. If they don't, they are removed from the schedule. V2 said there is one male staff who has completed the training and is schedule to take his test. She is not aware of any other staff who have not tested and who are not certified.</p> <p>On 01/14/24 at 11:58 AM, V6 (Human Resources) said staff who are in the CNA program have 120 days to pass their test after their class is completed. They can do all the duties as a CNA under the supervision of the nurse and have their own patient assignment. V7 did not pass her test and is taking the test again, V8 (CNA) just passed her test and is certified.</p> <p>On 01/14/25 at 2:00 PM, V1 (Administrator) and V2 (DON) confirmed V8's start date of 8/14/23 and V9's start date of 8/15/23. V2 said she was not aware of V8 not passing her test and confirmed she was aware of V9 not passing her test and was placed as activity aide until she passed her test.</p> <p>V8's Basic Nursing Assistant Training Program certificate dated October 7, 2024, to November 9, 2024.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0729</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>V8's undated Health Care Worker Registry showed Certification Program Information: Date training successfully completed 8/12/23 and 11/9/24. Date of Competency Evaluation: 12/11/23 (F-Fail), 01/06/25-F2. The registry shows V8 as unlicensed Health Care-Certified Nurse Aide.</p> <p>V9's Basic Nursing Assistant Training Program certificate dated October 7, 2024, to November 9, 2024.</p> <p>V9's undated Health Care Worker Registry showed Certification Program Information: Date training successfully completed. 05/6/23 and 11/9/24. Date of Competency Evaluation: 7/05/23 (F1), 12/10/23 (NS) and 12/16/24 (P).</p> <p>There was no evidence provided of V9's schedule regarding the timeframe when she was pulled from direct care.</p> <p>The facility's schedule from 01/01/25 to 01/14/25 showed V8 worked as a CNA 11 out of 14 days.</p> <p>The facility did not provide a policy on Health Care Worker Registry Check.</p>		