STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145886	A. Building B. Wing	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aledo Rehab & Health Care Center	304 S.W. 12th Street Aledo, IL 61231

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 0728 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure that nurse aides who have worked more than 4 months, are trained and competent; and nurse aides who have worked less than 4 months are enrolled in appropriate training. 30722 Based on observation, record review and interview the facility failed to ensure nurse aides who provide direct patient care are not employed full time for more than four months without successfully completing a state approved training and competency evaluation program. This failure has the potential to affect 44 of 44 residents in the facility (R1-R44). Findings include: On 07/30/24 at 10:49AM, V4/Nurse Aide was observed working with residents on the secured unit in the facility. An active Employee roster dated 07/30/24 at 8:26am documents V4 is a CNA (Certified Nurse Aide) with a hire date of 02/02/22. V4's personnel file shows V4 is Eligible to work per the Illinois Department of Public Health - Health Care Worker Registry. V4's start date at the facility is 02/02/22 under the title of House Keeping - Cleaner. On 08/01/23 the facility changed V4's title on the Health Care Worker Registry to Technical, Unlicensed Health Care - Certified Nurse Aide. V4's Health Care Worker Registry page documents the following, Certification Program Information: No programs on Record, Date training successfully completed (blank), and Date of competency evaluation: No competencies on record. On 07/30/24 at 12:56pm, V1 (Director of Nursing/Administrator in Training) confirmed V4 is employed full time as a Certified Nurse Aide. On 07/30/24 at 1:06pm, V4 stated she provides direct care including toileting, transferring and feeding to residents in the facility. V4 confirmed she has not completed all of the requirements of a state-approved Nurse Aide competency training program. On 08/01/24 at 10:49am, V1 stated V4 began with the facility in the housekeeping department, then enrolled in a CNA program and worked at the facility as a CNA while in the program. V1 stated V4 did not pass the required skills competency program portion of the program and administration did not follow through with ensuring V4 was certified.

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