PRINTED: 02/26/2015

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6006720 02/09/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2013 MIDWEST ROAD OAKBROOK HEALTHCARE CENTRE

OAK BROOK, IL 60521 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Final Observations S9999 STATEMENT OF LICENSURE VIOLATIONS: 77 ILLINOIS ADMINISTRATIVE CODE 300 Section 300.615e) In addition to the screening required by section 2-201.5(a) of the Act and this Section, a facility shall within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act [20ILCS 2635] for all persons 18 or older seeking admission to the facility. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police (Section 2-201.5(b) of the Act) This requirement is not met as evidenced by: Based on interview and record review, the facility failed to ensure that criminal background checks were conducted within 24 hours for all newly admitted residents. This applies to 1 of 20 (R13) reviewed for criminal history background checks in the sample of 22 and 7 residets (R23 - R29) in the supplemental sample. The findings include: Review of resident admission files from the previous three months showed that the facility failed to conduct criminal background checks within 24 hours for all newly admitted residents as required by state licensure regulations and the facility's Abuse Prevention Policy. Of the eight residents' (R13, R23 - R29) files not meeting the

Illinois Department of Public Health

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

requirement, the background check for seven of

TITLE (X6) DATE

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FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6006720 02/09/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2013 MIDWEST ROAD OAKBROOK HEALTHCARE CENTRE OAK BROOK, IL 60521 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 eight residents averaged 7.7 days to completion. One (R13) of the eight residents did not have a background check at all. According to the facility's Abuse Prevention Program Policy (Rev.12/13) The facility shall check the criminal history background on any resident seeking admission to the facility in order to identify previous criminal convictions. The facility will request a criminal history background check within 24 hours after admission of a new resident. On 2/5/15 at 1:00 PM, The facility's administrator (E1) stated that the Human Resources manager (E16) was the only staff person conducting resident background checks and that she didn't work weekends. In addition E1 stated that E16 had recently experienced a loss in her family and has been quite overwhelmed with her job responsibilities. (B)

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