

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001184	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/27/2015
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NAME OF PROVIDER OR SUPPLIER BRITISH HOME, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 8700 WEST 31ST STREET BROOKFIELD, IL 60513
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(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
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S9999	<p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information e) f) f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender. This requirement was not met as evidenced by: Based on interview and record review, the facility failed to check the Illinois Sex Offender Registration website and the Department of Corrections website for seven newly admitted residents (R12, R15, R16, R17, R18, R19, R20) on the supplemental sample who were reviewed for back ground checks. This failure has the potential to affect all 55 residents in the facility.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. R12's demographic sheet indicates R12 was admitted to the facility on 2/11/15. 2. R15's demographic sheet indicates R15 was admitted to the facility on 2/13/15. 3. R16's demographic sheet indicates R16 was admitted to the facility on 2/16/15. 4. R17's demographic sheet indicates R17 was admitted to the facility on 2/13/15. 5. R18's demographic sheet indicates R18 was admitted to the facility on 2/14/15. 6. R19's demographic sheet indicates R19 was 	S9999	<p>Attachment A Statement of Licensure Violations</p>	
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Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

03/20/15

Illinois Department of Public Health

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S9999	<p>Continued From page 1</p> <p>admitted to the facility on 2/15/15.</p> <p>7. R20's demographic sheet indicates R20 was admitted to the facility on 2/16/15.</p> <p>An Abuse Prevention Program policy dated 8/2006 states the facility will include, "...Conducting background investigations to avoid...admitting new residents who have been found guilty (by court of law) of abusing, neglecting, or mistreating individuals or those who have had a finding of such action entered into the...state sex offender registry."</p> <p>On 2/25/15 at 9:10am. E4 (Admissions Coordinator) was unable to provide any documentation that E4 had compared the names of R12, R15, R16, R17, R18, R19, or R20 with the Illinois State Police Sex Offender website or the Illinois Department of Corrections website. At that time, E4 verified the admission dates of R12, R15-R20 and E4 also verified E4 did not compare the names of R12, R15-R20 against the Illinois State Police Sex Offender Registry or The Illinois Department of Corrections website.</p> <p>A Resident Census and Conditions of Residents report dated 2/24/15 and signed by E5 (Minimum Data Set Coordinator) documents that at the time of the survey, 49 residents resided in the facility in certified beds. On 2/24/15 at 10:00 am, E1 (Administrator) stated the facility has 49 residents in certified bed and six residents residing in licensed only beds.</p> <p>(B)</p>	S9999		