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 6016430 08/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1150 EUCLID AVENUE PARK PLACE CHRISTIAN COMMUNITY **ELMHURST, IL 60126** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 Initial Comments S 000 Annual Licensure and Certification Survey S9999 Final Observations S9999 Statement of Licensure Violations: 300.615e) Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information. e) 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 for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. 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 was not met as evidenced by: Based on interview and record review the facility failed to complete criminal history background checks within 24 hours after admission of residents for 6 of 10 residents (R182, R134, R130, R181, R131, R132) reviewed for criminal background checks. This has the potential to affect all residents residing in the facility. Attachment A Statement of Licensure Violations The findings include:

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

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:** A. BUILDING: COMPLETED 6016430 B. WING 08/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1150 EUCLID AVENUE PARKPLACE CHRISTIAN COMMUNITY ELMHURST, IL 60126 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 The CMS 672 dated 8/2/22 showed there were 31 residents residing in the facility. The facility's Daily Sheet provided 8/4/22 showed R182 was admitted on 7/29/22. R182's criminal background check was dated 8/3/22. The facility's Daily Sheet provided 8/4/22 showed R134 was admitted 7/28/22. R134's criminal background check was dated 8/3/22. The facility's Daily Sheet provided 8/4/22 showed R 130 was admitted on 7/28/22. R130's criminal background check was dated 8/3/22. The facility's Daily Sheet provided 8/4/22 showed R181 was admitted 7/27/22. R181's criminal background check was dated 8/3/22. The facility's Daily Sheet provided 8/4/22 showed R131 was admitted 7/25/22. R131's criminal background check was dated 8/3/22. The facility's Daily Sheet provided 8/4/22 showed R132 was admitted 7/23/22. R132's criminal background check was dated 8/3/22. On 8/4/22 at 12:18 PM, V14 (Admissions Director/Clinical Assessment Coordinator) said she is responsible for the residents' criminal background checks. V14 said, the criminal background checks should be completed for each resident within 24 hours of their admission for the safety of the residents and the staff. If a resident does have criminal offenses, then we need to know if they are violent offenses and there are more steps that need to be taken to ensure all residents and staff are safe. These

criminal background checks should have been

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED 6016430 B. WING 08/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1150 EUCLID AVENUE PARK PLACE CHRISTIAN COMMUNITY ELMHURST, IL 60126 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) \$9999 Continued From page 2 S9999 completed within 24 hours. The facility's Identified Offenders - Admission Screening, Ongoing Retention, and Transfer/Discharge Policy reviewed 8/22 showed, "In accordance with provisions of the Nursing Home Care Act, the facility checks the criminal background of all clients seeking admission to all its Skilled Nursing Facility/Long-term Care and Sheltered Care campuses in an effort to identify previous criminal convictions... Procedure: Identification of Offenders: ...3. The Admissions Director/designee within 24 hours of admission will request a name-based Uniform Convictions Information Act (UCIA) criminal history background check based on the client name, date of birth or any other identifiers required by the Department of State Police for any client seeking admission to the campus..." (C)

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