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: IL6016901 B. WING 08/10/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1200 N ARLINGTON HEIGHTS RD **HEALTHBRIDGE OF ARLINGTON HTS ARLINGTON HEIGHTS, IL 60004** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 Initial Comments S 000 **Annual Licensure 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 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 initiate resident background checks via the Illinois State Police (ISP) website within 24 hours of admission. This applies to 7 of 10 residents (R250, R251, R150, R151, R152, R28, R252) reviewed for background checks in the sample of 13. Attachment A Statement of Licensure Violations

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

TITLE

(X6) DATE

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PRINTED: 09/26/2022 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 B. WING IL6016901 08/10/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1200 N ARLINGTON HEIGHTS RD **HEALTHBRIDGE OF ARLINGTON HTS** ARLINGTON HEIGHTS, IL 60004 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) S9999 Continued From page 1 S9999 The findings include: 1. R250's Admission Record showed R250 was admitted to the facility on July 19, 2022. R250's ISP background check was dated July 22, 2022 (3 days later). 2. R251's Admission Record showed R251 was admitted to the facility on July 19, 2022. R251's ISP background check was dated July 22, 2022 (3 days later). 3. R150's Admission Record showed R150 was admitted to the facility on July 19, 2022. R150's ISP background check was dated July 22, 2022 (3 days later). 4. R151's Admission Record showed R151 was admitted to the facility on July 20, 2022. R151's ISP background check was dated July 22, 2022 (2 days later). 5. R152's Admission Record showed R152 was admitted to the facility on July 26, 2022. R152's ISP background check was dated July 29, 2022 (3 days later). 6. R28's Admission Record showed R28 was admitted to the facility on June 14, 2022. R28's ISP background check was dated June 17, 2022 (3 days later). 7. R252's Admission Record showed R252 was admitted to the facility on July 20, 2022. R252's ISP background check was dated July 22, 2022 (2 days later). On August 9, 2022, at 1:24 PM, V17 Admissions Director stated, "Once we have confirmation a

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resident is being admitted, background checks

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 IL6016901 B. WING _ 08/10/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1200 N ARLINGTON HEIGHTS RD **HEALTHBRIDGE OF ARLINGTON HTS ARLINGTON HEIGHTS, IL. 60004** 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 2 S9999 are supposed to be initiated at that time, within 24 hours of the resident's admission ... ' The facility's Admission Process policy dated March 16, 2020, showed, "Purpose: To ensure that (facility) admits residents that are appropriate for skilled level of care and ensure background checks are performed per state and federal regulations ... 6. Once an admission is confirmed/accepted, then Admissions runs background check (ISP) and notifies Administrator of any abnormal results..." (C)