Illimois 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 IL6006332 12/08/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **600 WEST OGDEN AVENUE** PROMEDICA SKILLED NURSING HIN HINSDALE, IL 60521 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION 1D (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (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 and certification survey. S9999 Final Observations S9999 Statement of Licensure Violation 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 is not met as evidenced by: Based on interview and record review the facility failed to do a criminal history background check for residents within 24 hours of admission to the facility for 1 of 1 residents (R395) in the sample of 26 residents and 6 residents (R258, R397, R252, R388, R255 & R391) outside the sample. The findings include: The Face Sheets dated 12/8/22 for R258, R395. R397 & R252 showed they were admitted to the facility on 12/3/22. The facility's Batch Id form

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

TITLE

(X6) DATE

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patient's status to determine if the patient is

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PRINTED: 01/19/2023 FORM APPROVED

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