

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004725	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/02/2023
--------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER WARREN BARR GOLD COAST	STREET ADDRESS, CITY, STATE, ZIP CODE 66 WEST OAK STREET CHICAGO, IL 60610
-------------------------------------------------------------------	------------------------------------------------------------------------------------------

(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
S 000	Initial Comments Annual Licensure and Certification	S 000		
S9999	Final Observations Statement of Licensure Findings 300.615e) 300.615j) 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) j) The facility shall be responsible for taking all steps necessary to ensure the safety of residents while the results of a name-based background check or a fingerprint-based background check are pending; while the results of a request for waiver of a fingerprint-based check are pending; and/or while the Identified Offender Report and Recommendation is pending.	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004725	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/02/2023
--------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER WARREN BARR GOLD COAST	STREET ADDRESS, CITY, STATE, ZIP CODE 86 WEST OAK STREET CHICAGO, IL 60610
-------------------------------------------------------------------	------------------------------------------------------------------------------------------

(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
--------------------	------------------------------------------------------------------------------------------------------------------------	---------------	-----------------------------------------------------------------------------------------------------------------	--------------------

S9999	<p>Continued From page 1</p> <p>These Requirements were NOT MET as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure that background checks for 3 (R43, R477, R481) out of 6 residents were initiated within 24 hours of admission, and failed to verify that they notified Illinois Department of Public Health's Identified Offender Program Office via Identified Offender Program Management Information System (IOPMIS) for R43.</p> <p>Findings include:</p> <p>On 10/31/23, surveyor requested background checks from V42 (Admissions Director) for R477 and R481 selected from the Identified Offenders Program (IOP) Facility Report.</p> <p>Review of documents provided showed R477 who had an admission date of 06/06/2020 had a criminal background check dated 07/09/2020. R481 admission date 01/19/2021, criminal background not provided.</p> <p>Illinois Sex Offender Registry, National Sex Offender Registry and Illinois Department of Corrections checks for R477 and R481 were not presented. V42 stated that V28 (Social Service Director) was responsible for those checks.</p> <p>Review of records document that R477, admitted 06/06/2020, BIMS of 15, discharged 10/01/2020; R481, admitted 01/19/2021, BIMS 09, discharged 03/06/2021.</p> <p>On 11/01/2023 at 2:30 PM, V28 (Social Service Director) stated that the background checks are</p>	S9999		
-------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004725	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 11/02/2023
NAME OF PROVIDER OR SUPPLIER WARREN BARR GOLD COAST		STREET ADDRESS, CITY, STATE, ZIP CODE 66 WEST OAK STREET CHICAGO, IL 60610		
(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
S9999	<p>Continued From page 2</p> <p>run prior to her. V28 said she thought admissions run the background checks. She stated that when there is a hit, admission notifies her. V28 then reviews the criminal history background check (CHIRP) to see if there is a qualifying offense. If so, she arranges to have the finger printing done at the facility and submits to the Identified Offender Program (IOP) portal online. V28 stated that majority of their residents are short term. She said that R43 is the only active resident in the facility with a criminal background check hit. V28 stated that she is also not responsible for running the Illinois Sex Offender checks, the National Sex Offender checks or the Illinois Department of Corrections checks.</p> <p>Review of R43 records shows a 04/04/2019 admission date, a criminal background check dated 06/20/2019, and a BIMS of 15. R43 is not listed on the IOP Facility Report. Illinois Sex Offender Registry, National Sex Offender Registry and Illinois Department of Corrections checks were not presented.</p> <p>On 11/01/2023 at 3:30 PM, V42 stated that she runs the Criminal Background checks (CHIRP) but had been under the impression that Social Services conduct the other checks (Illinois Sex Offender checks, the National Sex Offender checks or the Illinois Department of Corrections checks). She stated that they are run by a third party prior to admissions. V42 said she would contact the third party to provide the documents.</p> <p>On 11/02/2023 V42 provided undated Illinois Sex Offender Registry, National Sex Offender Registry and Illinois Department of Corrections checks printouts for R477, R481 and R43.</p> <p>Facility policy dated 06/10/2023 and titled</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004725	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/02/2023
--------------------------------------------------	---------------------------------------------------------------------	-----------------------------------------------------------------------	----------------------------------------------

NAME OF PROVIDER OR SUPPLIER WARREN BARR GOLD COAST	STREET ADDRESS, CITY, STATE, ZIP CODE 66 WEST OAK STREET CHICAGO, IL 60610
------------------------------------------------------------	----------------------------------------------------------------------------------

(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
S9999	<p>Continued From page 3</p> <p>"Identified Offender" documents, in part, Policy Statement The facility will comply with the state regulations in addressing residents who are identified offenders.</p> <p>Facility policy dated 07/28/2023 and titled "Resident Background Check" documents, in part, Policy Statement It is the facility's policy to comply with the state's requirement for background checks of the resident.</p> <p>Procedures</p> <ol style="list-style-type: none"> 1. The 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. 2. 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. <p>(C)</p>	S9999		