(X6) DATE

Illinois Department of Public Health

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	IL6009930		B. WING		09/2	6/2024
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BRIA OF	WESTMONT	6501 SOU WESTMO	TH CASS NT, IL 60559	9		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Annual Licensure a	nd Certification				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violaitons				
	1 of 2					
	300.615 e)					
		etermination of Need uest for Resident Criminal rmation				
	Section 2-201.5(a) facility shall, within a resident, request a check pursuant to the Information Act for a admission to the face check was initiated Hospital Licensing abe based on the resund other identifiers	e screening required by of the Act and this Section, a 24 hours after admission of a criminal history background he Uniform Conviction all persons 18 or older seeking cility, unless a background by a hospital pursuant to the Act. Background checks shall sident's name, date of birth, is as required by the e Police. (Section 2-201.5(b)				
	This requirement w	as not met as evidenced by:				
	failed to ensure res checks were compl	and record review, the facility ident criminal background eted within 24 hours of admitted residents.				
		10 residents (R304, R305) al background checks in the				

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

TITLE **Electronically Signed** 10/07/24

Illinois Department of Public Health

STATEMEN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	IL6009930		B. WING		09/2	6/2024
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BRIA OF	WESTMONT	6501 SOU WESTMOI	ITH CASS NT, IL 60559	9		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ige 1	S9999			
	The finding include	:				
		ectronic Medical Record) admitted to the facility on				
	The facility did not have documentation to show R304's CHIRP (Criminal History Information Response Process) was requested within 24 hours of admission.					
	2. R305's EMR showed R305 was admitted to the facility on September 6, 2024.					
	The facility did not have documentation to show CHIRP was requested within 24 hours of admission.					
	On September 25, 2024 at 9:54 AM V15 (Admission Director) said she will run the CHIRP once the resident is in the facility and the date on the form is the date they were run.					
	Facility Provided Policy, "Abuse Policy and Prevention Program 2022" dated OCtober 2022, showed."ProceduresII Pre-Admission Screening of Potential Resident- Illinois Only" showed"This facility shall check the criminal history background for any resident seeking admission to the facility in order to identify previous criminal convictions. This facility will: request a Criminal History Background Check within 24 hours of admission of a new resident While the background or fingerprint checks, and/or Identified Offender Report and Recommendations are pending, the facility shall take all steps necessary to ensure the safety of residents. "					

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Illinois Department of Public Health

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6009930	B. WING 0		09/26/2024	
BRIA OF WESTMONT 6501 SOU			, ,	STATE, ZIP CODE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRICIENCY)	D BE	(X5) COMPLETE DATE
S9999	(C) 2 of 2 300.625 b) 300.625c) 1) 2) 3) 7 300.625j) 300.625j) 300.625 Identified (b) The facility shall steps necessary to while the results of check or a fingerpri while the results of fingerprint-based of the Identified Offen Recommendation is c) If the results of a background check identified offender a of the Act, the facility 1) Immediately not police, in the form a Department of Statidentified offender. 2) Within 72 hour fingerprint-based or be requested on the The inquiry shall be sex, race, date of bother identifiers required the sex of the police. The intrough the files of Police and the Fedelocate any criminal	Diffenders be responsible for taking all ensure the safety of residents a name-based background nt-based check are pending; a request for a waiver of a neck are pending; and/or while der Report and sepending. a resident's criminal history reveal that the resident is an as defined in Section 1-114.01 by shall do the following: otify the Department of State and manner required by the ere Police, that the resident is an and the same series of the	S9999			

Illinois Department of Public Health

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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6009930	B. WING		09/2	26/2024
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BRIA OF WESTMONT 6501 SOU' WESTMON			ITH CASS NT, IL 60559	9		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
\$9999	Bureau of Investigate Department of Statinquiry under this sinistory record information. 3) Every licensed prospective and current guardian, and to evenotice, prescribed to the resident, guardiright to ask whether are identified offacility. A) The notice posted within every B) The notice information regarding persons are mandatory supervisites from the Illinois Department of the side offenders, the facility measures listed in and Recommendate Department of the side offender in a facility with the medical direction.	ation shall furnish to the e Police, pursuant to an subsection (c)(2), any criminal mation contained in its files. facility shall provide to every rent resident and resident's rery facility employee, a written by the Department, advising fan, or employee of his or her rany residents of the facility ders. The facility shall confirm offenders are residing in the shall also be prominently elicensed facility. shall include a statement that any registered sex offenders om the Illinois State Police tate.il.us, and that information serving terms of parole or sed release may be obtained partment of Corrections state.il.us. (Section 2-216 of ents who are identified ty shall review the security the Identified Offender Report ion provided by the	\$9999			

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Illinois Department of Public Health

STATEMEN	STATEMENT OF DEPICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
	IL6009930		B. WING		09/2	26/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BRIA OF	WESTMONT		ITH CASS NT, IL 60559)		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 4	S9999			
	These requirements by:	s were not met as evidenced				
	failed to take the ne protect the resident an Identified Offend facility also failed to of the Identified Offend arrange a fingeran Identified Offend admission, to notify residents/ resident facility of an Identification and develop with interventions for This applies to 5 of R304, R305) review	and record review, the facility ecessary steps needed to so residing in the facility when the facility when the facility the Illinois State Police ender(s) residing in the facility, printing background check on the facility of all current and potential representatives residing in the ear of an individualized care plan for an Identified Offender. 5 residents (R52, R64, R114, wed for Identified Offenders lity in the sample of 33.				
	The finding include: 1. R52's EMR (Electronic Medical Record) showed R52 was admitted to the facility on January 23, 2020.					
	On January 10, 202 History Information R52 was an identification provide docume State Police) were identified offender reprovide the security Identified Offender provided by the Dep	24, R52's CHIRP (Criminal Response Process) showed ed offender. The facility could entation that the ISP (Illinois notified of an residing in the facility or measures listed in the Report and Recommendation partment of the State Police.				

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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			B. WING			
		IL6009930	B. WING		09/2	6/2024
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BRIA OF	WESTMONT	6501 SOU WESTMO	TH CASS NT, IL 60559	9		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 5	S9999			
	Identified Offender status until (State Aency) was in the facility.					
	2. R64's EMR show facility on June 14,	ved R64 was admitted to the 2019.				
	On January 10, 2024, R64's CHIRP showed R64 was an identified Offender. The facility could not provide documentation that the ISP (Illinois State Police) were notified of the Identified Offender residing in the facility or provide the security measures listed in the Identified Offender Report and Recommendation provided by the Department of the State Police.					
	R64's care plans were reviewed; there was no individualized care plan addressing R64's Identified Offender status.					
	On September 25, 2024, at 9:54 AM, V1 (Administrator) said that R64 refused to be finger-printed. The facility was unable to provide documentation that R64 had refused and there was no documentation that the ISP had been notified.					
	3. R114's EMR showed R114 was admitted to the facility on October 26, 2022.					
	On October 30, 2022, R114's CHIRP showed R114 was an identified offender. The facility could not provide documentation that the ISP was notified that an identified offender was residing in the facility or provide the security measures listed in the Identified Offender Report and Recommendation provided by the Department of the State Police.					
	4. R304's EMR sho facility on September	wed R304 was admitted to the er 7, 2024.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
BRIA OF WESTMONT 6501 SOU WESTMOI			JTH CASS NT, IL 60559			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 6	S9999			
	R304 was an identi unable to provide a fingerprinting.					
	5. R305's EMR sho facility on September	wed R305 was admitted to the er 6, 2024.				
	was an identified of	R305's CHIRP showed R305 fender. Consent for lated September 24, 2024				
	(Admissions Director referred for admiss the Illinois Sex Offe Department of Corr new admission is owalks through the distribution (Criminal History In and if there is a 'Hit information to V1 (AV1 reviews the information Social Services to bresident, get the cocontact the compar	2024, at 9:45 AM, V15 or) said when a resident is ion to the facility, she will run nder and the Illinois ection reports to see if the n either list. Once the resident loor, she will run the CHIRP formation Response Process) V15 said she will take the Administrator) for review. Once mation, she will speak with have them meet with the insent for finger-printing, and by to set up a day and time for e facility to finger print the				
	gets notified when the background check is to arrange for them resident. V1 said or she will report to ID Public Health). V1 vidocumentation that that the residents a	2024, at 9:54 AM, V1 said she here is a "Hit" on a resident's and she will call the company to come fingerprint the nce all the data is collected, PH (Illinois Department of was unable to provide any the ISP had been notified or nd/or representatives had ntified offender(s) residing in				

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Illinois Department of Public Health

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	
AND PLAN	TOF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COMPLETED	
		IL6009930	B. WING		09/2	6/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
INAIVIL OI	FROVIDER OR SOFFLIER			STATE, ZIF GODE		
BRIA OF	WESTMONT	6501 SOU	NT, IL 6055	n		
	T		1			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 7	S9999			
	the building.					
	Prevention Program showed."Proced Screening of Poten showed"This fact history background admission to the fact previous criminal correquest a Criminal within 24 hours of aWhile the background/or Identified Of Recommendations	olicy, "Abuse Policy and n 2022" dated OCtober 2022, JuresII Pre-Admission tial Resident- Illinois Only" cility shall check the criminal for any resident seeking cility in order to identify onvictions. This facility will: History Background Check admission of a new resident ound or fingerprint checks, fender Report and are pending, the facility shall ssary to ensure the safety of				

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