

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000137</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/11/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FOSTER HEALTH &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2840 WEST FOSTER AVENUE CHICAGO, IL 60625</b>
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S 000	Initial Comments  Annual Licensure Survey  Complaint Investigation 2488136/IL178991	S 000		
S9999	Final Observations  Statement of Licensure Violations (1 of 4)  300.1810l) 300.3210v)  Section 300.1810 Resident Record Requirements  l) All Cook County facilities with Colbert Class Members shall submit to the Colbert Lead Defendant Agency, or successor Colbert Lead Defendant Agency, on a monthly basis, an accurate census of all Medicaid-eligible residents, the previous month's voluntary and involuntary discharges conducted under Section 300.3300, including any voluntary and involuntary discharges scheduled to be conducted within 48 hours after the end of the reporting month. This monthly census must be submitted on the form prescribed by the Colbert Lead Defendant Agency using secure (encrypted) email, no later than the fifth business day of each month.  Section 300.3210 - General  v) All Cook County facilities with Colbert Class Members shall provide educational materials and information to all newly admitted Colbert Class Members within one to three days of admission, informing them of their rights and services under the Colbert Consent Decree, as prescribed by the Colbert Lead Defendant Agency. All Cook County facilities shall provide verification that the	S9999		

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

TITLE

(X6) DATE  
10/25/24

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S9999	<p>Continued From page 1</p> <p>educational materials and information were given to the Colbert Class Members, as requested by a Colbert Defendant Agency.</p> <p>These regulations were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to submit accurate monthly census of all Medicaid eligible residents to Colbert Agency and provide educational materials and information to all Colbert Class Members. These failures affected 30 residents reviewed who are Medicaid eligible as of census dated 10/8/24.</p> <p>Findings include:</p> <p>On10/8/24 at 10am V1 (Administrator) stated V1 has been working in the facility for 5 years. She (V1) said "I think, it is V3 (Director of Nursing/DON) doing/responsible for Colbert Program." She does not have any information regarding the Colbert Program.</p> <p>At 10:32am V3 (DON) said she is not responsible for the Colbert program.</p> <p>On 10/9/24 at 11:13am V2 (Administrator Assistant) said he started submitting facility census every month in the assessment pro but unable to recall when. V2 stated there is no resident in the facility under Colbert program currently. He (V2) said no Colbert representative came to the facility to assess the residents yet. V2 stated the facility did not have any discharged resident that was on Colbert program. V2 stated he was not able to provide education or information for the residents upon admission or any resident in the facility who are eligible for the Colbert program. V2 stated he received an email from the state agency that the facility is not in</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>compliance with the Colbert program.</p> <p>On 10/10/24 at 12:34pm V1 (Administrator) said she is not sure if census is submitted to the Colbert agency every month. V1 stated she is not sure if information/education is provided to newly admitted residents or any resident in the facility who are eligible for the Colbert program.</p> <p>Facility provided email from Maximus Smartsheet sent date on 12/13/23 requested facility to provide documentation of residents by 12/26/23.</p> <p>Facility provided email from state agency dated 9/3/24 documented in part: As of September 3, 2004, it was found that facility did not report ALL of their reporting requirements to Maximus Assessment Pro for the Colbert Consent Decree Dementia Reviews.</p> <p>Facility census dated 10/8/24 showed 30 Medicaid eligible residents.</p> <p>(C) Statement of Licensure Violations (2 of 4)</p> <p>300.650c) 300.650d)</p> <p>Section 300.650 Personnel Policies</p> <p>c) Prior to employing any individual in a position that requires a State license, the facility shall contact the Illinois Department of Financial and Professional Regulation to verify that the individual's license is active. A copy of the license shall be placed in the individual's personnel file.</p> <p>d) The facility shall check the status of all applicants with the Health Care Worker Registry prior to hiring.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>These regulations were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to perform a Health Care Worker Registry check prior to hiring for 3 out of 5 CNAs (Certified Nurses Assistants) and failed to verify a nurse with the Illinois Department of Financial and Professional Regulation (IDFPR) prior to hire date and keep copy of license on file for 2 of 3 nurses reviewed for health care worker background check.</p> <p>Findings include:</p> <p>On 10/9/24 at 2:35PM V2 (Assistant Administrator) stated after applicant interview and obtaining the information we (the facility) run a background check against health care registry within 10 days after their hired. The facility do a license look up immediately after hiring. V2 said he is trying to get the background check and license look up as fast as he can on the day of hire or prior to, but at times it is done after the hire date. He (V2) said the purpose of running a background check is for safety of the resident and well-being of the resident. V2 stated background checks will determine if an applicant is eligible to work or have disqualification in criminal background check.</p> <p>Reviewed the 10 employees with V2 and revealed the following:</p> <ol style="list-style-type: none"> <li>V22 (Certified Nursing Assistant / CNA) - Hire date on 3/27/24. Checked health care worker registry on 3/29/24.</li> <li>V23 (Certified Nursing Assistant / CNA) - Hire date on 9/10/24. Checked health care worker</li> </ol>	S9999		

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S9999	<p>Continued From page 4 registry on 9/12/24.</p> <p>3. V24 (Certified Nursing Assistant / CNA) - Hire date on 7/19/24. Checked health care worker registry on 7/23/24.</p> <p>4. V25 Registered Nurse / RN) - Hire date on 7/31/24. Checked IDFPR on 8/1/24. Copy of license not in file.</p> <p>5. V3 (Registered Nurse / RN) - Hire date on 7/25/24. Checked IDFPR on 7/26/24. Copy of license not in file.</p> <p>(C) Statement of Licensure Violations (3 of 4)</p> <p>300.610a) 300.615e) 300.615f)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>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)</p> <p>f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at <a href="http://www.isp.state.il.us">www.isp.state.il.us</a> and the Illinois Department of Corrections sex registrant search page at <a href="http://www.idoc.state.il.us">www.idoc.state.il.us</a> to determine if the individual is listed as a registered sex offender.</p> <p>Based on interview, and record review the facility failed to check and review the results of the Criminal History Information Response Process (CHIRP), Illinois Sex Offender Registry (ISOR), and Illinois Department of Corrections (IDOC) within 24 hours of admission for 10 (R14, R23, R29, R34, R35, R36, R38, R39, R140, R240) out of 10 residents reviewed for Identified Offender Protocol. This failure resulted in R14, R23, R29, R34, R35, R36, R38, R39, R140, R240 not having a background check submitted to the Identified Offender Program timely.</p> <p>Findings Include:</p> <p>The residents' clinical records and background checks were reviewed and revealed the following:</p> <ol style="list-style-type: none"> <li>1. R14 was admitted on 09/06/24. R14's CHIRP was completed on 09/06/24. R14's Illinois</li> </ol>	S9999		

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S9999	<p>Continued From page 6</p> <p>Sex Offender Registry (ISOR) and Illinois Department of Corrections (IDOC) were not completed. Facility could not provide any documentation to show R14's ISOR and IDOC were completed.</p> <p>2. R23 was admitted on 05/14/24. R23's CHIRP was completed on 10/09/24. R23's ISOR, and IDOC were not completed. Facility could not provide any documentation to show R23's ISOR and IDOC were completed.</p> <p>3. R29 was admitted on 09/22/23. R29's CHIRP was completed on 09/22/23. R29's ISOR and IDOC were not completed. Facility could not provide any documentation to show R29's ISOR and IDOC were completed.</p> <p>4. R34 was admitted on 05/14/24. R34's CHIRP was completed on 10/09/24. R34's ISOR and IDOC were not completed. Facility could not provide any documentation to show R34's ISOR and IDOC were completed.</p> <p>5. R35 was admitted on 04/22/24. R35's CHIRP was completed on 04/22/24. R35's ISOR and IDOC were not completed. Facility could not provide any documentation to show R35's ISOR and IDOC were completed.</p> <p>6. R36 was admitted on 05/01/24. R36's CHIRP was completed on 05/02/24. R36's ISOR and IDOC were not completed. Facility could not provide any documentation to show R36's ISOR and IDOC were completed.</p> <p>7. R38 was admitted on 05/08/24. R38's CHIRP was completed on 05/09/24. R38's ISOR and IDOC were not completed. Facility could not provide any documentation to show R38's ISOR and IDOC were completed.</p> <p>8. R39 was admitted on 05/23/24. R39's CHIRP was completed on 05/24/24. R39's ISOR and IDOC were not completed. Facility could not provide any documentation to show R39's ISOR and IDOC were completed.</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>9. R140 was admitted on 09/06/24. R140's CHIRP was completed on 09/06/24. R140's ISOR and IDOC were not completed. Facility could not provide any documentation to show R140's ISOR and IDOC were completed.</p> <p>10. R240 was admitted on 09/26/24. R240's CHIRP was completed on 09/26/24. R240's ISOR was completed 09/26/24. R240's IDOC was not completed. Facility could not provide any documentation to show R240's IDOC was completed.</p> <p>On 10/09/24 at 9:56 AM, V9 (Social Service Director) stated via phone interview that the facility should be running the ISOR, IDOC and CHIRP background checks prior to or upon admission within the first 24 hours. V9 stated all three background checks should be done because not all offenses will show up on the CHIRP. V9 stated sometimes sex offenses do not show up on the CHIRP, if different alias or social security numbers are used. V9 stated running all three background checks it is like a check and balance system to make sure all the facility bases are covered. V9 stated if all three background checks are not all being done the facility could have a resident living in the facility who poses a risk to the other residents, staff and families.</p> <p>The facility's "CRIMINAL HISTORY BACKGROUND INSTRUCTIONAL" with no date documents in part: When you have a brand-new admission to the facility run the CHIRP within 24 hours of the resident coming into the facility, but preferably before the resident ever comes into the facility so that it is known what the criminal history contains and then there is a chance to reject the referral.</p> <p>(C) Statement of Licensure Violations (4 of 4)</p>	S9999		



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S9999	<p>Continued From page 8</p> <p>300.610a) 300.625c)2)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.625 Identified Offenders</p> <p>c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following:</p> <p>2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal Bureau of Investigation shall furnish to the</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files.</p> <p>These regulations were not met as evidenced by:</p> <p>Based on interview, and record review the facility failed to order fingerprints if any of the Criminal History Information Response Process (CHIRP) or registry background results come back with a HIT for qualifying offense for 1 (R38) out of 10 residents reviewed for Identified Offender Protocol. This failure resulted in R38 not having a background check submitted to the Identified Offender Program timely.</p> <p>Findings Include:</p> <p>The residents' clinical records and background checks were reviewed and revealed the following:</p> <p>R38's CHIRP dated 05/09/24 result came back with "MULTIPLE HITS, FINGERPRINTS REQUESTED". R38's fingerprint was ordered on 10/10/24 per V2 (Assistant Administrator).</p> <p>On 10/09/24 at 9:56 AM, V9 (Social Service Director) stated during phone interview that if a resident has a HIT on the CHIRP the facility initiates the fingerprinting process and schedules an appointment within 24 hours. V9 stated not all HITS require fingerprints only those that are qualifying offenses. V9 stated the fingerprinting is scheduled for within 72 hours of an initiation process. V9 stated the resident needs to consent to the fingerprinting and then the fingerprinting company send us a receipt with a confirmation number which is what we need to complete the submission process in the Illinois Department of Public Health portal for the Identified Offender</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>Program.</p> <p>On 10/10/24 at 8:21 AM, V2 (Assistant Administrator) stated we do have a resident (R38) who is an identified offender based on their CHIRP results. V2 stated R38 was admitted to the facility 05/08/24 and R38's CHIRP was completed 05/09/24 which came up with multiple HITS. V2 stated R38 still needs to get fingerprinted. V2 stated the fingerprinting company will be notified today so R38 can get fingerprinted. V2 stated it is important to get fingerprinting done if there is HIT on one of the background checks to identify what the HITS are to determine the severity of the offense(s).</p> <p>The facility's "CRIMINAL HISTORY BACKGROUND INSTRUCTIONAL" with no date documents in part: When you have a brand-new admission to the facility run CHIRP within 24 hours. Within 48 hours if the CHIRP comes back as a "HIT" and is determined to have qualifying hit, then the resident has to sign the fingerprint consent form and be fingerprinted only if there is a qualifying offense that was committed. Within 72 hours set up a time for the fingerprint vendor to come in to the facility to take the fingerprints of the resident.</p> <p>(C)</p>	S9999		