STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013684	A. BUILDING: _____ B. WING _____	09/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY HEALTHCARE & REHAB CTR	3919 WEST FOSTER AVENUE CHICAGO, IL 60625

(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 Violations (1 of 2) 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) These requirements were not met as evidenced by: Based on interview, and record review the facility failed to request and review the results of the Criminal History Information Response Process (CHIRP) within 24 hours of admission for 1 (R164) out of 10 residents reviewed for Identified Offender Protocol. Findings Include:	S9999		

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S9999	Continued From page 1	S9999		

The residents' clinical records and background checks were reviewed and revealed the following:
1. R164 was admitted to the facility on 08/05/24. R164's Criminal History Information Response Process (CHIRP) was completed on 08/21/24.

On 09/04/24 at 12:13 PM, V30 (Admissions Director) stated as soon as the referral for admission is accepted background checks are done including CHIRP, Illinois Department of Corrections, Illinois Sex Offender Registry. V30 stated these are all run prior to the resident coming to the facility. V30 stated if the resident arrives at night or on the weekend the background checks are submitted within 24 hours of admission. V30 stated the purpose of the background checks is for the facility to identify offenders at the facility.

The facility's policy titled Resident Background Check dated 08/19/24 documents in part:
1.) It is the facility's policy to comply with the state's requirement for background checks of the resident.
2.) 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.

(C)

Statement of Licensure Violations (2 of 2)

300.625c)2)

Section 300.625 Identified Offenders

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S9999	Continued From page 2	S9999		

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:

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 Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files.

These requirements were not met as evidenced by:

Based on interview, and record review the facility failed to notify Identified Offender Program (IOP) within 24 hours after fingerprint appointment was done for 1 (R373) out of 10 residents reviewed for Identified Offender Protocol. This failure resulted in IOP not having fingerprinting information timely.

Findings Include:

The residents' clinical records and background checks were reviewed and revealed the following:

R373's CHIRP dated 05/23/24 result came back with a "HIT". R373's fingerprint was ordered on

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S9999	Continued From page 3 05/23/24 and obtained on 05/28/24. Illinois Department of Health was notified 06/03/24. On 09/03/24 at 2:30 PM, V4 (Social Service Director) stated as soon as V4 is notified about the HIT V4 meets with the resident and have them sign the Nursing Home Fingerprint Consent Form. V4 stated the company that does the fingerprinting comes to the facility to do the fingerprinting and gives V4 a receipt. V4 stated on the same day of the fingerprinting appointment V4 uploads the background check, the consent form and the receipt to Illinois Department of Health. V4 stated this is done the same day of the fingerprinting appointment. V4 stated V4 receives a confirmation via email from IDPH within the same business day to confirm receipt. On 09/04/24 at 12:30 PM, V4 stated V4 was on vacation 05/29/24, 05/30/24, 05/31/24, 06/01/24, 06/02/24, returning 06/03/24. V4 stated V4 would have done submitted the information to IDPH on 05/29/24 had V4 not been on vacation that day. V4 stated V4 did it when V4 returned from vacation on 06/03/24. The facility's policy titled Resident Background Check dated 08/19/24 documents in part: 1.) It is the facility's policy to comply with the state's requirement for background checks of the resident. (C)	S9999		