(X6) DATE

Illinois Department of Public Health

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE	
		IL6000251	B. WING		09/1	9/2024
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
PEARL (OF NAPERVILLE, THE		'IN AVENUE LLE, IL 6054			
(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)	D BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Annual Licensure S	urvey				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations:				
	300.615 e) 300.615 f) 300.625 c)2)					
	Screening and Req History Record Info e) In addition to the Section 2-201.5(a) facility shall, within a check pursuant to the Information Act for admission to the factheck was initiated Hospital Licensing Abe based on the result of the Act) f) The facility shall conthe Illinois Sex on the Illinois Sex on	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, as required by the e Police. (Section 2-201.5(b) check for the individual's name offender Registration website as and the Illinois Department registrant search page at a to determine if the individual ered sex offender.				

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

10/01/24 **Electronically Signed**

TITLE

Illinois Department of Public Health

ILEGOUZEST STREET ADDRESS, CITY, STATE, ZIP CODE 200 MARTIN AVENUE NAME OF PROVIDER OR SUPPLIER 200 MARTIN AVENUE NAME OF NAPERVILLE, THE 200 MARTIN AVENUE NAPERVILLE, IL 60840 PREPAR SECULATION OF LISE DENTEFAND OF DEPTICIBACIES RECOLLATION OF LISE DENTEFAND HISTORY PROCESSED THAN OF CORRECTION RECOLLATION OF LISE DENTEFAND HISTORY PROPERATE S9999 Continued From page 1 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 subjects 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 are not met as evidenced by: Based on interview and record review, the facility failed to ensure resident criminal background checks one completed within 24 to 48 hours of admission for 4 newly admitted residents (R3, R42, R82, R82, R82, R83, laided to check the Illinois Sex Offender and/or the Department of Corrections sex registrant for criminal background checks on new admissions to the facility for 2 residents (R3, R53), and failed to arrange to have finger-print based criminal history completed on 3 residents who were labeled identified offenders within 72 hours of receiving a residents (R1RP C/minal History) Information Response Process) which identified offender (R12, R42, and R53) in the sample reviewed for criminal background checks in the sample of 18. The findings include:	STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
PRETIX SUMMARY STATEMENT OF DEFICIENCIES ID PRETIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL IL BOSTAN ID PRETIX TAG ID PRETIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PRETIX TAG ID PRETIX TAG ID PRETIX TAG ID PRETIX ID PRETIX TAG ID PRETIX			IL6000251	B. WING		09/1	9/2024
PACK DR PAPENULLE, THE NAPERVILLE, IL 60540	NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
QUI_ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDERS PLAN OF CORRECTION CIRCH DEFICIENCY WIST BE RECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE COMPLETE DATE	PEARL C	OF NAPERVILLE, THE	i				
PRÉFIX TAG REGULATORY OR ISC IDENTIFYING INFORMATION) S9999 Continued From page 1 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 to an inquiry under this subsection (c)(2), any criminal history record information contained in its files. These requirements are not met as evidenced by: Based on interview and record review, the facility failed to ensure resident criminal background checks were completed within 24 to 48 hours of admission for 4 newly admitted residents (R3, R42, R82, R294), failed to check the Illinois Sex Offender and/or the Department of Corrections sex registrant for criminal background checks on new admissions to the facility for 2 residents (R3, R53), and failed to arrange to have finger-print based criminal history completed on 3 residents without of receiving a resident's CHIRP (Criminal History Information Response Process) which identified the resident as being an identified offender (R12, R42, and R53) in the sample reviewed for criminal background checks in the sample of 18.	0(4) ID	CLIMMA DV CTA		-		ONI	()(5)
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 (o/(2), any criminal history record information contained in its files. These requirements are not met as evidenced by: Based on interview and record review, the facility failed to ensure resident criminal background checks were completed within 24 to 48 hours of admission for 4 newly admitted residents (R3, R42, R82, R294), failed to check the Illinois Sex Offender and/or the Department of Corrections sex registrant for criminal background checks on new admissions to the facility for 2 residents (R3, R53), and failed to arrange to have finger-print based criminal history completed on 3 residents who were labeled identified offenders within 72 hours of receiving a resident's CHIRP (Criminal History Information Response Process) which identified the resident as being an identified offender criminal background checks in the sample reviewed for criminal background checks in the sample of 18.	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	.D BE	COMPLETE
The findings include:	\$9999	2) Within 72 had fingerprint-based or be requested on the The inquiry shall be sex, race, date of bother identifiers req State Police. The inthrough the files of Police and the Fedelocate any criminal may exist regarding Bureau of Investiga Department of State inquiry under this substory record inform. These requirements Based on interview failed to ensure reschecks were compliadmission for 4 new R42, R82, R294), for Offender and/or the sex registrant for crimew admissions to R53), and failed to based criminal history Information identified the reside offender (R12, R42 reviewed for criminal control of the sex registrant of the sex registrant for criminal dentified the reside offender (R12, R42 reviewed for criminal control of the sex registrant of the sex registrant for criminal control of the sex registrant for criminal dentified the reside of the sex registrant for criminal control of the sex registrant for crim	cours, arrange for a ciminal history record inquiry to be identified offender resident. It based on the subject's name, irth, fingerprint images, and uired by the Department of inquiry shall be processed the Department of State eral Bureau of Investigation to history record information that if the subject. The Federal tion shall furnish to the eral Police, pursuant to an aubsection (c)(2), any criminal mation contained in its files. It is are not met as evidenced by: and record review, the facility ident criminal background eted within 24 to 48 hours of only admitted residents (R3, alled to check the Illinois Sex in Department of Corrections in the facility for 2 residents (R3, arrange to have finger-print or completed on 3 residents dentified offenders within 72 a resident's CHIRP (Criminal Response Process) which ent as being an identified, and R53) in the sample	S9999			
1. R3's EMR (Electronic Medical Record) showed		-					

Illinois Department of Public Health

STATE FORM 6899 WUQN11 If continuation sheet 2 of 5

Illinois Department of Public Health

NAME OF PROVIDER OR SUPPLIER PEARL OF NAPERVILLE, THE ((A4) ID PREEIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 2 R3 was admitted to the facility on July 3, 2023. The facility did not have documentation to show R42's CHIRP was dated September 10, 2024. R81's EMR showed R81 was admitted to the facility of August 19, 2024. The facility did not have documentation to show R81's CHIRP was dated September 10, 2024. R 294's EMR showed R294 was admitted to the facility of August 19, 2024. The facility did not have documentation to show R81's CHIRP was requested within 24 to 48 hours of admission to the facility. R42's CHIRP was dated September 10, 2024. R 294's EMR showed R8294 was admitted to the facility of August 19, 2024. The facility did not have documentation to show R81's CHIRP was requested within 24 to 48 hours of admission to the facility. R42's CHIRP was dated September 10, 2024. R 294's EMR showed R294 was admitted to the facility on September 7, 2024. The facility of not have documentation to show R294's CHIRP was requested within 24 to 48 hours of admission to the facility. R42's CHIRP was dated September 10, 2024. R 294's EMR showed R294 was admitted to the facility on September 7, 2024. The facility of not have documentation to show R294's CHIRP was requested within 24 to 48 hours of admission to the facility. R294's CHIRP was requested within 24 to 48 hours of admission to the facility. R294's CHIRP was requested within 24 to 48 hours of admission to the facility on September 7, 2024.		NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
Summary statement of Deficience Summary statement Summary statement			IL6000251	B. WING		09/	19/2024
(A) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCIES) (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 2 R3 was admitted to the facility on July 3, 2023. The facility did not have documentation to show R3's CHIRP (Criminal History Information Response Process) was requested within 24 to 48 hours of admission to the facility. R3's CHIRP was requested within 24 to 48 hours of admission to the facility. R42's CHIRP was dated September 6, 2019. 3. R81's EMR showed R81 was admitted to the facility. R42's CHIRP was requested within 24 to 48 hours of admission to the facility on August 19, 2024. The facility did not have documentation to show R81's CHIRP was requested within 24 to 48 hours of admission to the facility. R81's CHIRP was dated September 10, 2024. 4. R294's EMR showed R294 was admitted to the facility on September 7, 2024. The facility did not have documentation to show R294's CHIRP was requested within 24 to 48 hours of admission to the facility. R81's CHIRP was requested within 24 to 48 hours of admission to the facility. R81's CHIRP was requested within 24 to 48 hours of admission to the facility. R81's CHIRP was requested within 24 to 48 hours of admission to the facility. R81's CHIRP was requested within 24 to 48 hours of admission to the facility. R81's CHIRP was requested within 24 to 48 hours of admission to the facility. R81's CHIRP	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DATE	PEARL (OF NAPERVILLE, THE		_	0		
R3 was admitted to the facility on July 3, 2023. The facility did not have documentation to show R3's CHIRP (Criminal History Information Response Process) was requested within 24 to 48 hours of admission to the facility. R3's CHIRP was dated July 11, 2023. 2. R42's EMR showed R42 was admitted to the facility on August 28, 2019. The facility did not have documentation to show R42's CHIRP was requested within 24 to 48 hours of admission to the facility. R42's CHIRP was dated September 6, 2019. 3. R81's EMR showed R81 was admitted to the facility on August 19, 2024. The facility of the three documentation to show R81's CHIRP was requested within 24 to 48 hours of admission to the facility. R81's CHIRP was dated September 10, 2024. 4. R294's EMR showed R294 was admitted to the facility on September 7, 2024. The facility did not have documentation to show R294's CHIRP was requested within 24 to 48 hours of admission to the facility. R81's CHIRP was dated September 7, 2024.	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	SHOULD BE	COMPLETE
was dated September 10, 2024. On September 17, 2024, at 10:17 AM, V1 (Administrator) provided CHIRPS for R3, R42, R81, and R294. On August 18, 2024, at 1: 27 PM, V1 was made aware the CHIRPS were not completed within 24 to 48 hours of admission. V1 said he requested them, but there was processing time. V1 was unable provide any documentation to show he had requested the CHIRP for any of these residents. Facility policy titled, "Resident Background Checks" with a revision date of June 20, 2022	\$9999	R3 was admitted to The facility did not have completed within 24 the facility on August 28 have documentation requested within 24 the facility. R42's C 2019. 3. R81's EMR show facility on August 18 The facility did not have facility on August 18 The facility did not have good facility on August 18 The facility did not have good facility on August 18 The facility did not have good facility on September 17, and R294's CHIRP was hours of admission was dated September 17, and R294's CHIRP was hours of admission was dated September 17, and R294. On V1 was made awar completed within 24 said he requested the processing time. Valocumentation to saility policy titled, Facility policy titled,	the facility on July 3, 2023. have documentation to show hal History Information) was requested within 24 to ion to the facility. R3's CHIRP 2023. Wed R42 was admitted to the 3, 2019. The facility did not in to show R42's CHIRP was to 48 hours of admission to HIRP was dated September 6, wed R81 was admitted to the 20, 2024. have documentation to show requested within 24 to 48 to the facility. R81's CHIRP per 10, 2024. have documentation to show requested within 24 to 48 to the facility. R294's CHIRP per 10, 2024. have documentation to show requested within 24 to 48 to the facility. R294's CHIRP per 10, 2024. 2024, at 10:17 AM, V1 wided CHIRPS for R3, R42, August 18, 2024, at 1: 27 PM, et the CHIRPS were not 4 to 48 hours of admission. V1 hem, but there was 1 was unable provide any how he had requested the rese residents. "Resident Background"				

Illinois Department of Public Health

STATE FORM 6899 WUQN11 If continuation sheet 3 of 5

Illinois Department of Public Health

NAME OF PROVIDER OR SUPPLIER PEARL OF NAPERVILLE, THE NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 200 MARTIN AVENUE NAPERVILLE, IL 60540 [K41]D SEMMARY STATEMENT OF DEFICIENCIES REGULATORY OR LSC IDENTIFYING INFORMATION) Sequence of the provide action in the provide documentation they had checked the Illinois Sex Offender or the Department of corrections websites for R3's name. 6. R53's EMR showed R53 was admitted to the facility September 28, 2023. The facility failed to provide documentation they had checked the Illinois Sex Offender or the Department of corrections websites for R3's name. 7. R12's EMR showed R12 was admitted to the facility on July 2, 2020. The facility did not have documentation to show they had arranged to have this resident. Right showed this resident fingerprinted within 72 hours of receiving information to show they had arranged to have this resident. Right showed January 7, 2020. 9. R47's EMR showed B12 was admitted to be fingerprinted was dated January 7, 2020. 9. R47's EMR showed B12 was admitted to be fingerprinted was dated January 7, 2020.		NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
NAME OF PROVIDER OR SUPPLIER PEARL OF NAPERVILLE, THE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG CROSS-REFERENCE TO THE APPROPRIATE Showed the general purpose of the policy was to "provide guidelines for running backgrounds on all new admissions" Guidelines: 1. When a resident is admitted to the facility, on July 3, 2023. The facility was unable to provide documentation they had checked the Illinois Sex Offender or the Department of Corrections websites for R53's name. 6. R53's EMR showed R53 was admitted to the facility falled to provide documentation they had checked the Illinois Sex Offender or the Department of corrections websites for R53's name. 7. R12's EMR showed R12 was admitted to the facility on Juny 2, 2020. The facility falled to provide documentation they had checked the Illinois Sex Offender or the Department of corrections websites for R53's name. 7. R12's EMR showed R12 was admitted to the facility on January 2, 2020. The facility did not have documentation to show they had arranged to have this resident fingerprinted within 72 hours of receiving information that this resident was an identified offender. R12's consent to be fingerprinted was dated January 7, 2020.				A. BUILDING.			
Summary Statement of Deficiencies Dentifying Information Provide Building Statement Provided Building Building Statement Provided Building Buil			IL6000251	B. WING		09/1	9/2024
CALL DEPARTMENT DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE OF T	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SUMMARY STATEMENT OF DEFICIENCIES PREVIOUS PREFIX TAG PROVIDER'S PLAN OF CORRECTION PREFIX TAG PROVIDER'S PLAN OF CORRECTION PREFIX TAG PROVIDER'S PLAN OF CORRECTION CACHO CORRECTIVE ACTION SHOULD BE COMPLETE DATE	PEARL (OF NAPERVILLE, THE					
showed the general purpose of the policy was to "provide guidelines for running backgrounds on all new admissions"Cuidelines: 1. When a resident is admitted to the facility, an electronic name based UCIA (Uniform Conviction Information Forms) background check must be ordered within 24 hours" 5.R3's EMR (Electronic Medical Record) showed R3 was admitted to the facility on July 3, 2023. The facility was unable to provide documentation they had checked the Illinois Department of Corrections website for R3's name. 6. R53's EMR showed R53 was admitted to the facility September 28, 2023. The facility failed to provide documentation they had checked the Illinois Sex Offender or the Department of corrections websites for R53's name. 7. R12's EMR showed R12 was admitted to the facility on January 2, 2020. The facility did not have documentation to show they had arranged to have this resident fingerprinted within 72 hours of receiving information that this resident was an identified offender. R12's consent to be fingerprinted was dated January 7, 2020.	PRÉFIX	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE
8. R42's EMR showed R42 was admitted to the facility August 28, 2019. The facility did not have documentation to show they had arranged to have this resident fingerprinted within 72 hours of receiving information that this resident was an identified offender. R42's consent to be fingerprinted was dated September 9, 2019. 9. R53's EMR showed R53 was admitted to the facility September 28, 2023. The facility did not have documentation to show they had arranged	\$9999	showed the general "provide guidelines all new admissions resident is admitted name based UCIA Information Forms) ordered within 24 h 5.R3's EMR (Electr R3 was admitted to The facility was unathey had checked the Corrections website of the facility September 2 provide documental Illinois Sex Offender corrections website of receiving information to have this resider of receiving information identified offender. Ingerprinted was described of the service	Il purpose of the policy was to for running backgrounds on"Guidelines: 1. When a die to the facility, an electronic (Uniform Conviction background check must be ours" In onic Medical Record) showed the facility on July 3, 2023. The facility of the facility failed to the facility failed to the facility had checked the facility had checked the facility of the facility o	S9999			

Illinois Department of Public Health

STATE FORM 6899 WUQN11 If continuation sheet 4 of 5

Illinois Department of Public Health

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:	COMPLETED						
A. Bolizbirg.							
IL6000251 B. WING	09/19/2024						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
200 MARTIN AVENUE							
PEARL OF NAPERVILLE, THE NAPERVILLE, IL 60540							
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE AT AG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO DEFICIENCY TO	CTION SHOULD BE COMPLÉTE O THE APPROPRIATE DATE						
S9999 Continued From page 4 S9999							
S9999 Continued From page 4 of receiving information that this resident was an identified offender. R53's consent to be fingerprinted was dated October 6, 2023. On September 18, 2024, V1 was given multiple chances to provide documentation that fingerprinting had been set up with in 72 hours of receiving notification these residents were identified offenders. V1 was unable to provide such documentation. (C)							

Illinois Department of Public Health

STATE FORM 6899 WUQN11 If continuation sheet 5 of 5