(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		
		IL6014955	B. WING		09/20/2024		
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
BROOKI	DALE PLAZA LISLE S	NF 1800 ROB					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPERTION OF THE APPROPERTIES OF THE A	.D BE	(X5) COMPLETE DATE	
S 000	Initial Comments		S 000				
	Annual Licensure S	Survey					
S9999	9 Final Observations		S9999				
	Statement of Liensure Violations:						
	300.615 e) 300.615 f)						
	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) f) 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. These requirements are not met as evidenced by: Based on interview and record review, the facility failed to do resident background checks for new admissions on the CHIRP (Criminal History Information Response Process) website and						

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

10/04/24 **Electronically Signed**

TITLE

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	
		IL6014955	B. WING 09		09/2	0/2024
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 00/2	0/2024
BROOKI	DALE PLAZA LISLE S	1800 ROE				
		LISLE, IL				
(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 CORRECTI (EACH CORRECTIVE ACTION SHOU! CROSS-REFERENCED TO THE APPRO DEFICIENCY)	SHOULD BE COMPLETE	
S9999	Continued From page 1		S9999			
	check the Illinois Sex Offender Registry.					
	R251, R252, R301,	of 10 residents (R46, R101, , R302, R351, R353, R354, d for background checks in a				
	The findings include: On 9/17/2024 at 3:30 PM, V9 (Admissions Director) said the facility was not using the Criminal History Information Response Process (CHIRP) website to do background checks for new admissions. V9 said the facility was unaware they needed to use the CHIRP website to initiate background checks for new admissions within 24 hours of their admission. On 9/19/2024 at 9:30 AM, V9 said the Illinois Sex Offender Registry had not been checked for new admissions within 24 hours from their admission date.					
	have a CHIRP done Registry was check facility's Admission	30 AM, V9 said R46 did not e and the Illinois Sex Offender ked on 9/17/2024. The /Discharge To/From Report, howed the admission date for I.				
	have a CHIRP done Registry was not ch Admission/Dischar	30 AM, V9 said R101 did not e and the Illinois Sex Offender necked. The facility's ge To/From Report, dated the admission date for R101				
	have a CHIRP done	30 AM, V9 said R251 did not e and the Illinois Sex Offender sed on 9/17/2024. The				

Illinois Department of Public Health

STATE FORM R2E011 If continuation sheet 2 of 4

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				X3) DATE SURVEY COMPLETED	
		IL6014955	B. WING		09/2	0/2024	
	PROVIDER OR SUPPLIER	1800 ROB		STATE, ZIP CODE	-		
BROOKI	DALE PLAZA LISLE S	INF LISLE, IL					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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 APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
S9999	Continued From pa	nge 2	S9999				
	facility's Admission/Discharge To/From Report, dated 9/17/2024, showed the admission date for R251 was 9/19/2024.						
	On 9/19/2024 at 9:30 AM, V9 said R252 did not have a CHIRP done and the Illinois Sex Offender Registry was checked on 9/17/2024. The facility's Admission/Discharge To/From Report, dated 9/17/2024, showed the admission date for R252 was 9/13/2024. On 9/19/2024 at 9:30 AM, V9 said R301 did not have a CHIRP done and the Illinois Sex Offender Registry was checked on 9/17/2024. The facility's Admission/Discharge To/From Report, dated 9/17/2024, showed the admission date for R301 was 9/11/2024.						
	have a CHIRP done Registry was check facility's Admission	30 AM, V9 said R302 did not e and the Illinois Sex Offender ked on 9/17/2024. The /Discharge To/From Report, nowed the admission date for e4.					
	have a CHIRP done Registry was check facility's Admission	30 AM, V9 said R351 did not e and the Illinois Sex Offender ked on 9/17/2024. The //Discharge To/From Report, howed the admission date for 24.					
	CHIRP done. V9 s CHIRP done. The To/From Report, da	30 AM, R353 did not have a aid R353 did not have a facility's Admission/Discharge ated 9/17/2024, showed the R353 was 9/16/2024.					
		30 AM, V9 said R354 did not e and the Illinois Sex Offender					

Illinois Department of Public Health STATE FORM

R2E011 If continuation sheet 3 of 4

Illinois Department of Public Health

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMPLETED	
		IL6014955	B. WING		09/2	0/2024
NAME OF PROVIDER OR	SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 00.2	
BROOKDALE PLAZA LISLE SNF 1800 ROBIN LANE LISLE, IL 60532						
PREFIX (EACH	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
Admission 9/17/2024 was 9/9/20 On 9/19/20 have a Chregistry was 9/12/20 On 9/19/20 the facility backgrour currently the facility backgrour currently the seded to ensure evaluate. The facility Exploitation to maintaity visitors, and details the and Exploit b. Training b. Training	vas not charman vas not charman vas not charman vas checked vas	necked. The facility's ge To/From Report, dated the admission date for R354 30 AM, V9 said R355 did not e and the Illinois Sex Offender and the Illinois Sex Offender and the admission date for R355 15 AM, V1 (Administrator) said the admission date for R355 15 AM, V1 (Administrator) said the access to the CHIRP roper background checks and for all new admissions to safety and to prevent potential titled Abuse, Neglect & 10/2022, said, "is committed fe environment for residents, ates3. Contents. This policy at make up the Abuse, Neglect officy, as follows: a. Screening ention of Resident Abuse d. tential Abuse, Neglect and	S9999			

6899

Illinois Department of Public Health STATE FORM

R2E011 If continuation sheet 4 of 4