PRINTED: 10/16/2024 FORM APPROVED

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '			3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		BENTI IO NI ON NOMBER.	A. BUILDING:		00.00		
		IL6009732	B. WING		09/1	9/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
SMITH V	ILLAGE	2320 WES CHICAGO	ST 113TH PLACE D. IL 60643				
(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 SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE	
S 000	Initial Comments		S 000				
	Annual Licensure S	Survey					
S9999	Final Observations		S9999				
	Statement of Licensure Violations:						
	300.615e)						
		etermination of Need uest for Resident Criminal rmation					
	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 requirement by:	s were NOT met as evidenced					
	failed to conduct re background checks Information Respor hours after admissi R60, R266, and R2	and record review, the facility sident criminal history via Criminal History use Process (CHIRP) within 24 on for four residents (R59, 70). This failure has the Il residents residing in the					

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

10/07/24 **Electronically Signed** 

TITLE

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Illinois Department of Public Health

IL 6009732  B. WING	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
SMITH VILLAGE   SUMMARY STATEMENT OF DEFICIENCIES   CHICAGO, IL. 60643			IL6009732	B. WING		09/	19/2024	
CHICAGO, IL 60643   SUMMARY STATEMENT OF DEFICIENCIES   ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   TAG   CROSS-REFERENCE ACTION SHOULD BE CROSS-REFERENCE.  SS9999  COMPLETE TAGE  REGULATORY ACTION TO ACTION THE CROSS-REFERENCE ACTION SHOULD BE CROSS-REFERENCE.  REGULATORY ACTION TO ACTION THE CROSS-REFERENCE ACTION SHOULD BE CROSS-REFERENCE.  REGULATORY ACTION THE CROSS-REFERENCE ACTION SHOULD BE CRO	NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  S9999  Continued From page 1  Findings include:  R59 is 89 year old with diagnosis including but not limited to: Acute respiratory failure with hypoxia, essential hypertension, hyperglycemia, elevate white blood cell count and type 2 diabetes mellitus.  R266 is 82 year old with diagnosis including but not limited to: Essential hypertension, hyperglycemia, elevated white blood cell count and type 2 diabetes mellitus.  R266 is 82 year old with diagnosis including but not limited to: Hypotension, hyperglycemia, elevated white blood cell count and type 2 diabetes mellitus.  R266 is 82 year old with diagnosis including but not limited to: Venous insufficiency, unspecified osteoarthritis and psoriasis.  R270 is 82 year old with diagnosis including but not limited to: Venous insufficiency, unspecified osteoarthritis, benign prostatic hyperplasia without lower urinary tract symptoms and acute post hemorrhagic anemia.  On 09/17/2024 at 12-45 PM V16 (Admissions Director) and Surveyor reviewed background checks of the above-mentioned residents and discovered that these residents were not submitted via CHIRP within 24 hours of admission to the facility.  Surveyor inquired about when the CHIRPs are supposed to be conducted.  At that time, V16 said, "The CHIRPs should be done within 24 hours of admission to the facility. I am not the person that usually does the background checks. The person that usually does	SMITH V	ILLAGE			ACE			
Findings include:  R59 is 89 year old with diagnosis including but not limited to: Acute respiratory failure with hypoxia, essential hypertension, type 2 diabetes mellitus without complications and chronic kidney disease.  R60 is 77 year old with diagnosis including but not limited to: Essential hypertension, hyperglycemia, elevated white blood cell count and type 2 diabetes mellitus.  R266 is 82 year old with diagnosis including but not limited to: Hypotension, mixed hyperlipidemia, unspecified osteoarthritis and psoriasis.  R270 is 82 year old with diagnosis including but not limited to: Hypotension, mixed hyperlipidemia, unspecified osteoarthritis, benign prostatic hyperplasia without lower urinary tract symptoms and acute post hemorrhagic anemia.  On 09/17/2024 at 12:45 PM V16 (Admissions Director) and Surveyor reviewed background checks of the above-mentioned residents and discovered that these residents were not submitted via CHIRP within 24 hours of admission to the facility.  Surveyor inquired about when the CHIRPs are supposed to be conducted.  At that time, V16 said, "The CHIRPs should be done within 24 hours of admission to the facility. I am not the person that usually does the background checks. The person that usually does	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	OULD BE	COMPLETE	
company. I am not sure what happened or why	\$9999	Findings include:  R59 is 89 year old voot limited to: Acute hypoxia, essential homellitus without condisease.  R60 is 77 year old voot limited to: Essentyperglycemia, elevand type 2 diabetes.  R266 is 82 year old not limited to: Hyporunspecified osteoar.  R270 is 82 year old not limited to: Venorosteoarthritis, benigwithout lower urinar post hemorrhagic a.  On 09/17/2024 at 1. Director) and Survechecks of the above discovered that the submitted via CHIR admission to the fact Surveyor inquired a supposed to be conducted.  At that time, V16 sadone within 24 hour am not the person to background checks the background checks the background checks.	with diagnosis including but a respiratory failure with appertension, type 2 diabetes inplications and chronic kidney with diagnosis including but intial hypertension, wated white blood cell count is mellitus.  with diagnosis including but itension, mixed hyperlipidemia, thritis and psoriasis.  with diagnosis including but itension, mixed hyperlipidemia, thritis and psoriasis.  with diagnosis including but itension, mixed hyperlipidemia, thritis and psoriasis.  with diagnosis including but itension, mixed hyperplasia by tract symptoms and acute in prostatic hyperplasia by tract symptoms and acute in prostati	S9999	DEFICIENCY			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6009732	B. WING		09/19/2024		
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
SMITH V	ILLAGE		T 113TH PL , IL 60643	ACE			
(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	HOULD BE COMPLETE		
S9999	Continued From page 2		S9999				
	Surveyor inquired a conducting resident On 09/18/2024 at 1 Nursing) said, "The criminal background determine whether admit to the facility R59's Admission readmission date of 0 dated and submitte R60's Admission readmission date of 0 dated and submitte R266's Admission readmission date of 0 was dated and submitte R270's Admission radmission radmission radmission radmission radmission radmission r	about the purpose for t background checks.  1:05 AM, V2 (DON/ Director of purpose of conducting d checks would be to or not the patient is safe to for the safety of all residents."  cord documents an original 08/14/2024. R59's CHIRP was d on 08/21/2024. cord documents an original 08/19/2024. R60's CHIRP was					

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