PRINTED: 10/31/2024 FORM APPROVED

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
			7. BOILDING.					
		IL6006332	B. WING		10/1	8/2024		
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
PEARL OF HINSDALE, THE 600 WEST OGDEN AVENUE HINSDALE, IL 60521								
(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)	SHOULD BE COMPLETE			
S 000	Initial Comments		S 000					
	Annual Health Surv	rey						
S9999	Final Observations		S9999					
	Statement of Licens 300.615e)	sure Violations:						
	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)							
	This requirement w	as NOT met as evidenced by:						
	failed to do residen	and record review, the facility t background checks within 24 and arrange for fingerprinting ers within 72 hours.						
		10 residents (R14, R123, 06, & R6) in a sample of 28.						
	Findings include:							

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

(X6) DATE TITLE **Electronically Signed** 10/29/24

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				DATE SURVEY COMPLETED	
		IL6006332	B. WING		10/1	8/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
DEADL (SELUNCOALE THE	600 WEST	OGDEN AV	ENUE			
PEARL	OF HINSDALE, THE	HINSDALI	E, IL 60521				
(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
S9999	Continued From page 1		S9999				
	On 10/17/24 at 12:5 resident backgroun (Administrator) and	58 PM a review of the facility's d checks were done with V1 the state surveyor.					
	The findings include	9:					
	1. R14 was admitted to the facility on 8/24/2022, the CHIRP (Criminal History Information Response Process) was done on 8/25/22, no documentation was provided showing that the Illinois Sex Offender Registry was done & no documentation was provided showing that the Illinois Department of Correction was done. 2. R123 was admitted to the facility on 7/25/2024, the CHIRP was done on 7/29/24 and the document showed that he had a hit, showing that he is an identified offender, but the facility did not order fingerprints for him, the was no documentation for the Illinois Sex Offender Registry was provided & no documentation for the Illinois Department of Correction was provided.						
	the CHIRP was dor documentation was look up was done for Registry or the Illinot 4. R91 was admitted the CHIRP was dor Illinois Sex Offended Department of Corrol 8/24/2024. 5. R69 was admitted the facility provided the CHIRP was dor provided document Offender Registry at Corrections was do 6. R106 was admitted to the CHIRP was dor provided document Offender Registry at Corrections was do 6. R106 was admitted to the chiral provided document Offender Registry at Corrections was do 6. R106 was admitted to the chiral provided document of t	d to the facility on 4/28/2023, ne on 3/29/2023, and no provided showing that the per the Illinois Sex Offender on 5 Department of Correction. In the facility on 8/13/2024, ne on 8/26/2024, and the per Registry and the Illinois rection look ups were done on the d to the facility on 9/6/2024, documentation showing that the on 9/15/24, and the facility ation showing that Illinois Sex and the Illinois Department of the on 8/27/2024. The documentation showing that the documentation showing that documentation showing that documentation showing that					

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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER:

IL6006332 B. WING ______ (X3) DATE SURVEY COMPLETED

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

600 WEST OGDEN AVENUE

NAME OF	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE			
I PEARL OF HINSDALE THE			ST OGDEN AVENUE ALE, IL 60521				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY I REGULATORY OR LSC IDENTIFYING INFORMATION OF LSC IDENTIFY	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE		
	· ·	e Illinois done on 1/2022, ving that no at the bis done. It he does esident's uired. It policy dent is e based in 24 facility Offender, to		CROSS-REFERENCED TO THE APPROPRIATE			
III:	tment of Public Health						

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Illinois Department of Public Health STATE FORM

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