STATEMEN	epartment of Public T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,			(X3) DATE SURVEY COMPLETED	
IL6010136			A. BUILDING:		C		
		B. WING		10/11/2024			
	PROVIDER OR SUPPLIER	309 MCH	DDRESS, CITY, S IENRY AVENU FOCK, IL 6009	E			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE	
S 000	Initial Comments		S 000				
	Facility Report Incid IL179096	dent Investigation of 10/1/24					
S9999	Final Observations		S9999				
	Statement of Licensure Violations						
	300.615e) 300.615f) 300.615g) 300.615j)						
		etermination of Need uest for Resident Criminal rmation					
	2-201.5(a) of the Ad shall, within 24 hou resident, request a check pursuant to t Information Act for seeking admission background check pursuant to the Hos Background checks resident's name, da identifiers as requir	e screening required by Section ct and this Section, a facility rs after admission of a criminal history background he Uniform Conviction all persons 18 or older to the facility, unless a was initiated by a hospital spital Licensing Act. s shall be based on the ate of birth, and other ed by the Department of State 201.5(b) of the Act).					
	on the Illinois Sex (at www.isp.state.il.u of Corrections sex	check for the individual's name Offender Registration website us and the Illinois Department registrant search page at s to determine if the individual ered sex offender.					
	g) If the results of t	he background check are					
BORATORY		ER/SUPPLIER REPRESENTATIVE'S SIG	GNATURE	TITLE		(X6) DATE	
Electroni	cally Signed		6899 31	NUP11	If continu	11/07/24	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010136				CONSTRUCTION ((3) DATE SURVEY COMPLETED
		B. WING		10/11/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE	
HIGHLIG	HT HLTHCR OF WOC	DSTOCK	IENRY AVENU TOCK, IL 6009		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	
S9999	Continued From pa	ge 1	S9999		
	check is waived by based on verification resident is completer resident is completer resident's health or the existence of a simedical, or mental potential risk present 2-201.5(b) of the Act for a fingerprint-based request a waiver from days after receiving name-based backg fingerprint-based b	neck, unless the fingerprint the Director of Public Health on by the facility that the ely immobile or that the er criteria related to the lack of potential risk, such as severe, debilitating physical, condition that nullifies any nted by the resident. (Section ct) The facility shall arrange sed background check or om the Department within 5 g inconclusive results of a round check. The ackground check shall be 5 days after receiving the s of the name-based check. be responsible for taking all ensure the safety of residents a name-based background int-based background check the results of a request for int-based check are pending; entified Offender Report and			

Illinois D	epartment of Public	Health			FORM	APPROVED
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	IL6010136		B. WING			C 11/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
HIGHLIG	HT HLTHCR OF WOO	DDSTOCK				
			OCK, IL 600			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ige 2	S9999			
	The findings include	e:				
	investigating sexua requested criminal R1-R5 from V1 (Ad On 10/11/24 at 9:16 criminal history back and R4. The facility history background V1 (Administrator) were for R1-R5, wh documents, and wh was. V1 replied, "I o out." The surveyor needs to provide tir the website checks R4's criminal histor stated, "I understar additional backgrou 10:52 AM, the surveyor regarding the crimin V1 stated, "The fac doesn't have the do Business Office Ma was the person res pre-admission scree said he understood finger-print based s completed after R4 "HIT" on 5/24/22. V	7 PM, the surveyor was I abuse allegations and history background checks for lministrator) 6 AM, the surveyor reviewed kground checks for R2, R3, or did not provide R1's criminal check. The surveyor asked where the website checks by he had not provided R1's here the follow-up to R4's "HIT" don't know. I will have to find informed V1 that the facility mestamped documentation for and follow-up to the "HIT" on y background check. V1 nd." The surveyor requested und checks for R12-R16. At eyor checked with V1 nal history background checks. t of the matter is the facility pocuments." V1 said the anager (BOM) resigned and ponsible for completing the ening for the residents. V1 that R4 should have had a search and evaluation 's name search resulted in a '1 said the facility hadn't admission screenings on R1,				
	facesheets have be they are going to ru us. The BOM resign	1 stated, "It is what it is. All the een sent to a sister facility and in the background checks for ned 10/3/24 and no one was ete these checks before you				
	brought this to our	attention." V1 said the resident				
lineia Donos	criminal history bac tment of Public Health	kground checks should be				

If continuation sheet 3 of 6

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED	
		B. WING			C 11/2024	
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, ST			
HIGHLIG	GHT HLTHCR OF WOO	DSTOCK	ENRY AVENU OCK, IL 6009			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC\	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
\$9999	completed before the the facility. V1 said each residents receiption can ensure the safe V1 said the facility of the proper measures stated, "I take full res R1's Facesheet data admitted to the facility unable to provide a Checks, Illinois Sex Department of Corro R2's Facesheet data admitted to the facilit History Background showed a "HIT." R1 Security Recomments showed he was corro and was not a convo offender. The facilit Offender website of Corrections website R3's Facesheet data admitted to the facil not provide Illinois S and Department of R3. R4's Facesheet data admitted 5/24/22. R Criminal History Ba showed he had a "H provide evidence of report. The facility of	he residents are admitted to the purpose it to ensure that eives the proper care and we ety of our residents and staff. heeds to ensure it can provide es for all residents' safety. V1 esponsibility." red 10/11/24 showed she was lity on 9/18/24. The facility was Criminal History Background a Offender website check, and rections website check for R1. red 10/11/24 showed he was lity on 1/17/23. R2's Criminal a check was dated 3/7/23 and 's Criminal History Analysis indations Report dated 3/27/23 hisdered a "Low Risk" offender icted or registered sex y did not provide Illinois Sex heck, and Department of e check for R2. red 10/11/24 showed she was lity on 2/19/21. The facility did Sex Offender website check, Corrections website check for ed 10/11/24 showed he was lity on 2/19/21. The facility did Sex Offender website check for ed 10/11/24 showed he was lity on 2/19/21. The facility did Sex Offender website check for ed 10/11/24 showed he was lity on 2/19/21. The facility did Sex Offender website check for ed 10/11/24 showed he was lity on 2/19/21. The facility did Sex Offender website check for ed 10/11/24 showed he was lity on 2/19/21. The facility did Sex Offender website check for ed 10/11/24 showed he was lity on 2/19/21. The facility did Sex Offender website check for ed 10/11/24 showed he was lity on 2/19/21. The facility did Sex Offender website check for ed 10/11/24 showed he was lity on 2/19/21. The facility did Sex Offender website check for				

If continuation sheet 4 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010136				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		B. WING		C 10/11/2024		
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
HIGHLIG	HT HLTHCR OF WOO	DDSTOCK	IENRY AVENU TOCK, IL 6009			
(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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	ON SHOULD BE	(X5) COMPLET DATE
S9999	Continued From pa	ige 4	S9999			
	R5's Facesheet dated 10/11/24 showed she was admitted to the facility on 10/1/24. The facility was unable to provide a Criminal History Background Checks, Illinois Sex Offender website check, and Department of Corrections website check for R5. R12's Facesheet dated 10/11/24 showed she was admitted to the facility on 9/27/24. The facility was unable to provide a Criminal History Background Checks, Illinois Sex Offender website check, and Department of Corrections website check for R12. R13's Facesheet dated 10/11/24 showed she was admitted to the facility on 9/14/24. The facility was unable to provide a Criminal History Background Checks, Illinois Sex Offender website check for R12.					
	admitted to the faci unable to provide a Checks, Illinois Sex	ated 10/11/24 showed he was lity 10/2/24. The facility was Criminal History Background Offender website check, and rections website check for				
	admitted to the faci unable to provide a Checks, Illinois Sex	ated 10/11/24 showed he was lity on 10/4/24. The facility was Criminal History Background Offender website check, and rections website check for				
	admitted to the faci unable to provide a Checks, Illinois Sex	ated 10/11/24 showed he was lity on 9/7/24. The facility was Criminal History Background Offender website check, and rections website check for				

STATE FORM

3WUP11

If continuation sheet 5 of 6

Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION ILL6010136			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NOMBER.	A. BUILDING:			
		IL6010136	B. WING			C 10/11/2024
IAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
IIGHLIG	HT HLTHCR OF WOO	DDSTOCK	IENRY AVENU TOCK, IL 6009			
(X4) ID		SUMMARY STATEMENT OF DEFICIENCIES		ID PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	age 5	S9999			
	Policy dated 2/16/2 his facility to provid welfare, and rights and implementing welfare, and rights and implementing welfare, and rights and implementing welfare exploitation, and melfare prohibition are disc. B. Prospective resided termine whether and capacity to pro- services for each rest and mood/behavior special needs will be 2. The facility will melfare in consideration of qualifications, comp clinical resources, pelfare and mood/behavior special needs will be and mood/behavior special needs will be and mood/behavior special needs will be and mood needs	e, Neglect, and Exploitation 2 showed, "It is the policy of e protections for the health, of each resident by developing written policies and procedures event abuse, neglect, isappropriation of resident uponents of the facility abuse ussed herein: 1. Screening dents will be screened to the facility has the capability vide the necessary care and esident admitted to the facility. of the individual's functional ral status, medical acuity, and be reviewed prior to admission nake individual determinations current staffing patters, staff petency and knowledge, physical environment, and g pre-admission screening of lude the appropriate websites y background checks was received.				