STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6014856	B. WING		01	14012024
IAME OF PF	ROVIDER OR SUPPLIER		RESS, CITY, STATE,	ZIP CODE		/19/2024
	WINDSOR PARK	2649 EAST	75TH ST			
		CHICAGO,				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLET DATE
S 000	Initial Comments		S 000			
	Annual Licensure and	d Certification				
S9999	Final Observations		S9999			
	Statement of Licensure Violations (1 of 2)					
	300.615e)					
	Section 300.615 Det Screening and Reque History Record Inform	est for Resident Criminal				
	Section 2-201.5(a) of facility shall, within 24 resident, request a cr check pursuant to the Information Act for a seeking admission to background check wa pursuant to the Hosp Background checks s resident's name, data	Il persons 18 or older the facility, unless a as initiated by a hospital ital Licensing Act. shall be based on the of birth, and other d by the Department of State				
	failed to request and CHIRP (criminal histo process) within 24 ho	and record review the facility review the results of the ory information response ours of admission for 9 (R36, 0, R138, R152, R153, R186) eviewed for Identified				
	The findings include:					
		am, V11 (SSD/Social Service ssion director is doing				
	nent of Public Health	SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE
	cally Signed	SOLI LIEN NEI NEGENTATIVE 5 SIGNATURE		IIILE		02/08/24

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6014856	B. WING		01	1/19/2024	
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE			
/ILLA AT	WINDSOR PARK		ST 75TH ST 0, IL 60649				
(X4) ID PREFIX TAG	(EACH DEFICIENC		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE	
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39999	REFIX       (EACH DEFICIENCY MUST BE PRECEDED BY FULL         REGULATORY OR LSC IDENTIFYING INFORMATION)         S9999       Continued From page 1         background check for all residents. Stated that if         CHIRP is +HIT then it is given to SSD for finger         printing request and IO (Identified Offender)         program notification.         Stated that there are several IO residents in the         facility and there are 2 residents that are currently         in a private room due to being identified as Sex         offender.         V11 stated that notification is posted by         the reception area.         At 10:36 am, V17 (Admission Director) stated that         she runs a background check upon admission.         Stated that corporate office run CHIRP and if with         "HIT" result then it is given to SS (Social Service)         for further actions.       V17 stated that background         check is done within 24 hours upon admission         except for weekend admission.         Reviewed EHR (electronic health record) with         V17 for the following residents:         1.       R36 - V17 stated admission date 9/17/21         and CHIRP was done on 2/28/23 with         "MULTIPLE HITS" result.       R4 - V17 stated admission date 5/19/19         and CHIRP (Criminal History Informatio						
	"MULTIPLE HITS" re	was done on 3/3/23 with sult. tated admission date 5/23/18					
	and CHIRP was done on 3/23/23 with "MULTIPLE HITS" result. No record found for						
		registry, National Sex I Illinois Department of					
	5. R120 V17 st and CHIRP was done	tated admission date 5/11/22 e on 7/18/23 with "MULTIPLE					
	HITS" result. No reco Department of Correc 6. R138 - V17						

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6014856	B. WING		01	/19/2024
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			110/2024
VILLA AT	WINDSOR PARK		ST 75TH ST 60, IL 60649			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
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	<ul> <li>S9999 Continued From page 2</li> <li>1/28/22 and CHIRP was done on 3/16/23 with "MULTIPLE HITS" result.</li> <li>7. R 152 - V17 stated admission date</li> <li>12/2/22 and CHIRP was done on 3/17/23 with "MULTIPLE HITS" result.</li> <li>8. R153 - V17 stated admission date</li> <li>5/19/23 and CHIRP was done on 5/22/23 with "HIT" result.</li> <li>9. R186 - V17 stated admission date</li> <li>8/19/23 and CHIRP was done on 8/22/23 with "HIT" result.</li> <li>9. R186 - V17 stated admission date</li> <li>8/19/23 and CHIRP was done on 8/22/23 with "HIT" result.</li> <li>Facility's administrative policy dated 6/29/11 documented in part:</li> <li>In addition to the screening required, a facility shall, within 24 hours after admission of a resident, request a criminal history background check.</li> <li>The facility shall check for the individual's name on the Illinois sex offender registration website and the Illinois department of corrections sex registrant search to determine if the individual is listed as a registered sex offender.</li> <li>(C)</li> </ul>					
	Statement of Licensure Violations (2 of 2)					
	300.625c)1)2) Section 300.625 Ide	ntified Offenders				
	history background c is an identified offend	of a resident's criminal heck reveal that the resident ler as defined in Section he facility shall do the				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING				
	ROVIDER OR SUPPLIER	IL6014856	ADDRESS, CITY, STATE		01	/19/2024
			ST 75TH ST	, 211 0002		
VILLAAI	WINDSOR PARK	CHICAG	O, IL 60649			
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	<ol> <li>Immediately notify the Department of State Police, in the form and manner required by the Department of State Police, that the resident is an identified offender.</li> <li>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 (c)(2), any criminal history record information contained in its files.</li> <li>Based on interview, and record review the facility failed to arrange or order fingerprint within 72 hours for residents that criminal history background check reveled "HIT" result for 9 (R36, R74, R84, R89, R120, R138, R152, R153, R186) out of 10 residents reviewed for Identified Offender Protocol.</li> </ol>					
	Director) stated admi background check fo CHIRP is +HIT then i	am V11 (SSD/Social Service ission director is doing r all residents. Stated that if it is given to SSD for finger IO (Identified Offender)				
		am, Reviewed records with Director/SSD) for fingerprint				

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AND PLAN OF CORRECTION IDENT		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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NAME OF PI	ROVIDER OR SUPPLIER		.DDRESS, CITY, STATE <b>ST 75TH ST</b>	e, ZIP CODE			
VILLA AT	WINDSOR PARK		O, IL 60649				
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	and IO (Identified Off for the following resid 1. R36 - V11 stated "MULTIPLE HITS" re 6/1/23. No document notified. 2. R84 - V11 stated "MULTIPLE HITS" re 3/9/23. No document notified. 3. R89 V11 stated C "MULTIPLE HITS" re 3/30/23. No document was notified. 4. R120 - V11 stated "MULTIPLE HITS" re 7/25/23. No document was notified. 5. R138 - V11 stated with "MULTIPLE HITS" re 7/25/23. No document was notified. 5. R138 - V11 stated with "MULTIPLE HITS" re 7/17/23. No document was notified. 7. R152 - V11 stated "MULTIPLE HITS" re 7/17/23. No document was notified. 7. R171 - V11 stated "HIT" result and Fing Stated that IO program 8. R186 - V11 stated "HIT" result and Fing Stated that IO program 8. R186 - V11 stated "HIT" result and Fing Stated that IO program 8. R186 - V11 stated "HIT" result and Fing Stated that IO program 8. R186 - V11 stated "HIT" result and Fing Stated that IO program 8. R186 - V11 stated "HIT" result and Fing Stated that IO program Facility's administration documented in part: - If the results inconclusive, the facility is administration fingerprint-based character fingerprint-based cha	fender) program notification dents: CHIRP dated 2/28/23 with esult and Fingerprint ordered int found that IO program was that CHIRP dated 3/3/23 with esult and fingerprint ordered int found that IO program was CHIRP dated 3/23/23 with esult and Fingerprint ordered ent found that IO program d CHIRP dated 7/18/23 with esult and fingerprint ordered ent found that IO program d that CHIRP dated 3/16/23 S" result and fingerprint o document found that IO sult and fingerprint ordered ent found that IO program d that CHIRP dated 3/16/23 S" result and fingerprint o document found that IO d. CHIRP dated 3/17/23 with esult and fingerprint ordered ent found that IO program d CHIRP dated 8/30/23 with erprint ordered 9/12/23. am notified on 10/3/23. d CHIRP dated 8/22/23 with erprint ordered 9/8/23. am notified on 10/3/23. d CHIRP dated 6/29/11 of the background check are lity shall initiate a eck, unless the fingerprint					
linois Denartm	- If the results inconclusive, the faci fingerprint-based che check is waived by th	ility shall initiate a					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C			(X3) DATE SURVEY COMPLETED	
		IL6014856	•		01	1/19/2024
ME OF PROVIDER OR	UPPLIER		ADDRESS, CITY, STATE <b>.ST 75TH ST</b>	, ZIP CODE		
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	CH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
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resident r resident's the existe mental or potential facility sh backgrou departme	eets other health or I nce of a se mental con sk presen all arrange d check o nt within 5	ly immobile or that the r criteria related to the ack of potential risk, such as evere, debilitating physical, ndition that nullifies any ted by the resident. The for a fingerprint-based r request a waiver from the days after receiving of a name-based background				