Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6008825 03/01/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1725 SOUTH WABASH WARREN BARR SOUTH LOOP CHICAGO, IL 60616 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S 000 Initial Comments S 000 Annual Licensure Survey S9999 Final Observations S9999 Statement of Licensure Violations: 1 of 2 300.615e) 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 is not met as evidenced by: Based on interview and record review, the facility failed to request facility failed to request, within 24 hours after admission, criminal history background checks for three of ten residents (R120, R90, R9) reviewed for criminal history in the sample of 36. Findings include: Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

03/23/24

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLE		
IL6008825 B. WING 03/01	/2024	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		
WARREN BARR SOUTH LOOP 1725 SOUTH WABASH CHICAGO, IL 60616		
DOMESTIC DE ALLOS CONTROLLOS		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE	
Segon Continued From page 1 2.27.2024 at 4:11 PM V8 (Director of Admissions) said, R120 was admitted to the facility on 9.28.2022 and CHIRP (Criminal History Information Response Process) was obtained on 1.21.2023. V8 said R90 was admitted to the facility on 8.28.2020 and CHIRP was obtained on 4.14.2022. V8 said, R9 was admitted to the facility on requested for R120, R90, and R9 within 24 hours of admission. R120's face sheet documents R120 was admitted to the facility on 9.28.2022. CHIRP documents date of 1.10.2023. R90's face sheet documents R90 was admitted to the facility on 8.28.2020. CHIRP documents date of 4.14.2022. R9s face sheet documents R9 was admitted to the facility on 4.3.2020. CHIRP documents date of 9.12.2023. Resident Background Check policy (Adopted 1.1.2027, Reviewed/Revised 7.28.2023) documents: Procedures 1. The 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. (C) 2 of 2 Section 300.625 Identified Offenders		

Illinois Department of Public Health STATE FORM

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6008825 03/01/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1725 SOUTH WABASH WARREN BARR SOUTH LOOP CHICAGO, IL 60616 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 2 S9999 300.625c)1)2) c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following: 1) 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. 2) 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. Based on interview and record review, the facility failed to: a) notify Department of State Police (DSP) that a resident is an identified offender for five of five residents (R120, R90, R9, R169, R236) and b) arrange for fingerprints of identified offenders, within 72 hours, for five of five residents (R120, R90, R169, R9, R236), in the sample of 36. These requirements are not met as evidenced by: Findings include:

Illinois Department of Public Health

Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 03/01/2024 IL6008825 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1725 SOUTH WABASH WARREN BARR SOUTH LOOP CHICAGO, IL 60616 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 3 2.27.2024 at 4:11 PM V8 (Director of Admissions) said. R120 was admitted to the facility on 9.28.2022, resident does have hits, and is scheduled to be fingerprinted on 3.4.2024. V8 said R90 was admitted to the facility on 8.28.2020, resident does have hits, and resident was fingerprinted on 2.5.2024. V8 said, R169 was admitted to the facility on admitted to the facility on 1.10.2024, resident does have hits, fingerprints were not obtained. and resident is scheduled to be fingerprinted on 3.4.2024. V8 said, R9 was admitted to the facility on R9 was admitted to the facility on 4.3.2020, resident does have hits, fingerprints were not obtained. and resident is scheduled to be fingerprinted on 3.4.2024. V8 said, R236 was admitted to the facility on 2.20.24, fingerprints were not obtained, and resident is scheduled to be fingerprinted on 3.4.2024. V8 was unable to provide dates that facility reported to DSP that R120, R90, R169, R9 and R236 are identified offenders. V8 said she cannot explain why R120, R169, and R9 were not fingerprinted or why R90 was not fingerprinted until 2.5.2024. R120's face sheet documents R120 was admitted to the facility on 9.28.2022. R90's face sheet documents R90 was admitted to the facility on 8.28.2020. R169's face sheet documents R169 was admitted to the facility on 1.10.2024. R9's face sheet documents R9 was admitted to the facility on 4.3.2020. R236's face sheet documents R236 was admitted to the facility on 20.20.2024.

Illinois Department of Public Health

STATE FORM

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6008825 03/01/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1725 SOUTH WABASH WARREN BARR SOUTH LOOP CHICAGO, IL 60616 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 (C)