STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005003			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING		03/	03/20/2024	
IAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE	00/	20/2024
ARKSH	ORE ESTATES NURS	ING & REHAB	UTH KENWOO O, IL 60637	D		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S 000	Initial Comments		S 000			
	Annual Licensure S	Survey				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations 1 of 2				
	300.615e) 300.615f) 300.615j)					
		etermination of Need uest for Resident Criminal rmation				
	Section 2-201.5(a) facility shall, within resident, request a check pursuant to t Information Act for admission to the fa check was initiated Hospital Licensing be based on the res and other identifiers	te screening required by of the Act and this Section, a 24 hours after admission of a criminal history background he Uniform Conviction all persons 18 or older seeking cility, unless a background by a hospital pursuant to the Act. Background checks shall sident's name, date of birth, s as required by the e Police. (Section 2-201.5(b)	3			
	name on the Illinois website at www.isp Department of Com page at www.idoc.s	shall check for the individual's Sex Offender Registration .state.il.us and the Illinois rections sex registrant search state.il.us to determine if the s a registered sex offender.				
	all steps necessary	shall be responsible for taking to ensure the safety of results of a name-based				
ORATORY	tment of Public Health / DIRECTOR'S OR PROVIE ically Signed	DER/SUPPLIER REPRESENTATIVE'S SIC	GNATURE	TITLE		(X6) DATE 04/12/2

Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6005003	B. WING		03/	20/2024
IAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S			
PARKSH	ORE ESTATES NURS	SING & REHAB	UTH KENWOC O, IL 60637	D		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From page 1		S9999			
	background check or a fingerprint-based background check are pending; while the results of a request for waiver of a fingerprint-based check are pending; and/or while the Identified Offender Report and Recommendation is pending.					
	These requirements were NOT met as evidenced by:					
	failed to conduct re background checks admission for 3 res failed to check the corrections registry the National Sex O Sex Offenders Reg R112, R123) and d fingerprint-based b after receiving resu background check R28, R29, R30). Th	and record review, the facility esident criminal history s within 24 hours after sidents (R86, R112, R123), state department of a for two residents (R86, R123) offender Registry and Illinois gistry for 3 residents (R86, id not arrange for a ackground check within 5 days ults of a name-based for 5 residents (R26, R27, his failure has the potential to ents residing in the facility.	,			
	Findings include:					
		ed R86's face sheet that inal admission date of				
		tory Record (CHIRP) by the ocuments a date of				
	Consent Form that	ne Resident Fingerprint was dated 1/20/2015. R86's a date of 1/13/2015.				
		R112's face sheet that				
ois Depar	tment_of Public Health M		6899 10			

		Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6005003	B. WING		03/	20/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	ATE, ZIP CODE		
PARKSH	ORE ESTATES NURS	ING & REHAB	UTH KENWOO O, IL 60637	D		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
S9999	Continued From pa	ge 2	S9999			
	documents an origi 09/08/2020.	nal admission date of				
	2. R112's Criminal History Record (CHIRP) by the local state police does not document a date of when it was checked.		,			
		ne Resident Fingerprint was dated 7/28/2022.				
	3. Surveyor reviewed R123's face sheet that documents an original admission date of 02/12/2024.					
	R123's Criminal His local state police do 02/16/2024.	story Record (CHIRP) by the ocuments a date of				
		me Resident Fingerprint was dated 2/26/2024.				
	Director) stated the 24 hours of a new r	:17am V20 (Social Service CHIRPS should be ran within esident's admission and if the back with a hit than be done right away.				
	Program document within 24-hours of t facility, and you mu admission/new adm sites and you must Check through the	is for Identified Offender s, in part, run the CHIRP he resident coming into the st screen every prospective hission on the free internet submit the UCIA Background Illinois State Police and check Police-Sex Offender Registry,				
	Offender Public We	orrections and National Sex absite. Within 72-hours a scheduled as soon as				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6005003	B. WING		03/2	20/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
PARKSH	IORE ESTATES NURS	SING & REHAB	UTH KENWOO O, IL 60637	D		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
S9999	Continued From page 3		S9999			
		(C)				
	State Licensure Vic	plations 2 of 2				
	300.626c)					
	Section 300.626 - Discharge Planning for Identified Offenders					
		who is an identified offender discharging facility shall notify				
	These requirement by:	s were NOT met as evidenced	i			
	failed to report to th Program that 4 res	eview and interview the facility ne Identified Offenders idents (R220, R221, R222, ged from the facility.				
	Findings include:					
	Point Click Care ce was discharged on	ensus screen documents R220 5/30/2014.				
		s Program Facility Report list ssion date of 8/23/2013.				
	Point Click Care ce was discharged on	ensus screen documents R221 5/11/2018.				
		s Program Facility Report list ssion date of 12/24/16.				
	Point Click Care ce was discharged on	ensus screen documents R222 1/23/2018.	2			
		s Program Facility Report list ssion date of 10/17/2016.				

If continuation sheet 4 of 5

		Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6005003	B. WING		03/	20/2024
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
	ORE ESTATES NUR	SING & REHAB 6125 SO	UTH KENWOO O, IL 60637			
(X4) ID	SUMMARY ST			PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	age 4	S9999			
	Point Click Care ce was discharged on	ensus screen documents R223 5/25/2018.	,			
	Identified Offenders Program Facility Report list R223 with an admission date of 4/21/2016.					
	Director) stated res discharged out of t):30am V33 (Liaison Marketing sidents are supposed to be he Identified Offenders y discharge from the facility.				
	documents, in part (Identified Offende	Offender Procedure/Protocol , you may notify the IO r) program of the resident's the State Agency web portal.				
	discharge through	(C)				
	tment of Public Health					

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