STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
IL6015671		B. WING		04/1	2/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BELMON	IT VILLAGE GLENVIE	EW 2200 GOL GLENVIE	.F ROAD W, IL 60025			
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Annual Licensure S	Survey				
S9999	Final Observations		S9999			
	Statement of Licen	sure Violations 1 of 2:				
	Section 330.715a) Section 330.715b)					
	Section 330.715 Re History Record Info	equest for Resident Criminal ormation				
	a) 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)					
	name on the Illinois website at www.isp Department of Corr page at www.idoc.s	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 is a registered sex offender.				
	This regulation was	NOT MET as evidenced by:				
	failed to perform co background check for five of five resid	and record review, the facility omplete criminal history for newly admitted residents ents (R18, R19, R20, R21, criminal history background				

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	IL6015671		B. WING		04/	12/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BELMON	IT VILLAGE GLENVIE	W 2200 GOI GLENVIE	F ROAD W, IL 60025			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 1	S9999			
	check in a sample of	of 10.				
	background check, check with Criminal Response Process Department of Corr					
	On 04/10/2024 at 1:00PM during interview with V1 (Administrator), V1 stated that the third-party vendor that does their resident's background checks said that they did not check R18's CHIRP and Illinois Department of Corrections.					
	Review of R18's third-party vendor report requested 03/12/2024 indicated the following: Criminal Traffic Ordinance Records Criminal Traffic Ordinance Coverage Details This section consists of criminal/traffic/ordinance records obtained from public record sources and are not guaranteed to be accurate. No criminal records found in the database. A no record means that the third-party vendor has been unable to locate a criminal record in its database. Criminal records may exist on this subject, but may not be contained in the database or may not be able to be accessed based upon the information that the user provides.					
		ocument entitled Five Most indicated R18 moved-in the 24.				
	Criminal Records p	document entitled Illinois rinted on 4/9/2024 did not Ilinois Department of nois State Police.				
	2. During record rev	view of R19's criminal history				

Illinois Department of Public Health

STATE FORM 6899 1FUN11 If continuation sheet 2 of 9

PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 2 background check, it did not indicate background check with Criminal History Information Response Process (CHIRP) and Illinois Department of Corrections. On 04/10/2024 at 1:00PM during interview with V1 (Administrator), V1 stated that the third-party vendor that does their resident's background checks said that they did not check R19's CHIRP and Illinois Department of Corrections. Review of R19's third-party vendor report requested 03/19/2024 indicated the following: Criminal Traffic Ordinance Records Criminal Traffic Ordinance Coverage Details This section consists of criminal/traffic/ordinance records obtained from public record sources and are not guaranteed to be accurate. No criminal records found in the database. A no record means that the third-party vendor has been unable to locate a criminal record in its database. Criminal records may exist on this subject, but may not be able to be accessed based upon	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
Summary Statement of Deficiencies ID PROVIDER'S PLAN OF CORRECTION CEACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) CEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DEFICIENCY DEFICIENCE DEFICIEN			IL6015671	B. WING		04/	12/2024
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 2 background check, it did not indicate background check with Criminal History Information Response Process (CHIRP) and Illinois Department of Corrections. On 04/10/2024 at 1:00PM during interview with V1 (Administrator), V1 stated that the third-party vendor that does their resident's background checks said that they did not check R19's CHIRP and Illinois Department of Corrections. Review of R19's third-party vendor report requested 03/19/2024 indicated the following: Criminal Traffic Ordinance Records Criminal Traffic Ordinance Coverage Details This section consists of criminal/traffic/ordinance records obtained from public record sources and are not guaranteed to be accurate. No criminal records found in the database. A no record means that the third-party vendor has been unable to locate a criminal record in its database. Criminal records may exist on this subject, but may not be able to be accessed based upon			-w 2200 GOI	_F ROAD	TATE, ZIP CODE		
background check, it did not indicate background check with Criminal History Information Response Process (CHIRP) and Illinois Department of Corrections. On 04/10/2024 at 1:00PM during interview with V1 (Administrator), V1 stated that the third-party vendor that does their resident's background checks said that they did not check R19's CHIRP and Illinois Department of Corrections. Review of R19's third-party vendor report requested 03/19/2024 indicated the following: Criminal Traffic Ordinance Records Criminal Traffic Ordinance Coverage Details This section consists of criminal/traffic/ordinance records obtained from public record sources and are not guaranteed to be accurate. No criminal records found in the database. A no record means that the third-party vendor has been unable to locate a criminal record in its database. Criminal records may exist on this subject, but may not be contained in the database or may not be able to be accessed based upon	PRÉFIX	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
the information that the user provides. Review of facility document entitled Five Most Recent Admissions indicated R19 moved-in the facility on 03/18/2024. Review of facility's document entitled Illinois Criminal Records printed on 4/9/2024 did not indicate data from Illinois Department of Corrections and Illinois State Police. 3. During record review of R20's criminal history background check, it did not indicate background check with Criminal History Information	S9999	background check, check with Criminal Response Process Department of Corn On 04/10/2024 at 1 V1 (Administrator), vendor that does the checks said that the and Illinois Department Review of R19's this requested 03/19/20 Criminal Traffic Coriminal Traffic Co	it did not indicate background I History Information (CHIRP) and Illinois rections. :00PM during interview with V1 stated that the third-party eir resident's background by did not check R19's CHIRP ment of Corrections. rd-party vendor report 124 indicated the following: Ordinance Records Ordinance Coverage Details ts of criminal/traffic/ordinance om public record sources and to be accurate. It is found in the database of that the third-party vendor has ate a criminal record in its records may exist on this of be contained in the database to be accessed based upon to the user provides. Document entitled Five Most indicated R19 moved-in the 124. document entitled Illinois rinted on 4/9/2024 did not llinois Department of nois State Police. View of R20's criminal history it did not indicate background				

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AND DUAN OF CORRECTION \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IL6015671	B. WING		04/	12/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BELMON	IT VILLAGE GLENVIE	W 2200 GOL GLENVIE	F ROAD W, IL 60025			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 3	S9999			
	V1 (Administrator), vendor that does th checks said that the and Illinois Departn					
	Review of R20's third-party vendor report requested 03/19/2024 indicated the following: Criminal Traffic Ordinance Records Criminal Traffic Ordinance Coverage Details This section consists of criminal/traffic/ordinance records obtained from public record sources and are not guaranteed to be accurate.					
	No criminal records A no record means been unable to loca database. Criminal subject, but may no	s found in the database. that the third-party vendor has ate a criminal record in its records may exist on this at be contained in the database to be accessed based upon				
	Review of facility document entitled Five Most Recent Admissions indicated R20 moved-in the facility on 03/18/2024.					
	Criminal Records p	document entitled Illinois rinted on 4/9/2024 did not Ilinois Department of nois State Police.				
	background check, check with Crimina	view of R21's criminal history it did not indicate background I History Information (CHIRP) and Illinois ections.				
	V1 (Administrator),	:00PM during interview with V1 stated that the third-party eir resident's background				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
IL6015671		B. WING		04/12/2024		
NAME OF PF	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BELMONT	Γ VILLAGE GLENVIE	:W 2200 GOL GLENVIEN	F ROAD N, IL 60025			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
	and Illinois Department Review of R21's thi requested 03/30/20 Criminal Traffic Criminal records obtained from the cord of the c	ey did not check R21's CHIRP nent of Corrections. rd-party vendor report 24 indicated the following: Ordinance Records Ordinance Coverage Details its of criminal/traffic/ordinance om public record sources and to be accurate. It found in the database. It that the third-party vendor has ate a criminal record in its records may exist on this of the contained in the database to be accessed based upon the user provides. Cocument entitled Five Most indicated R21 moved-in the 24. Indocument entitled Illinois rinted on 4/9/2024 did not illinois Department of nois State Police. View of R22's criminal history it did not indicate background I History Information (CHIRP) and Illinois rections. COPM during interview with V1 stated that the third-party eir resident's background and on the cock R22's CHIRP	S9999			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6015671	B. WING		04/	12/2024
BELMONT VILLAGE GLENVIEW 2200 GOL			DRESS, CITY, ST LF ROAD W, IL 60025	TATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) REGULATORY OR LSC IDENTIFYING INFORMATION) BY PROVIDER'S PLAN OF CORRECT PROFITS ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIES ACTION SHOULD CROSS-REFERENCED			N SHOULD BE	(X5) COMPLETE DATE
S9999	requested 03/30/20 Criminal Traffic C Criminal Traffic C Criminal Traffic C This section consis records obtained from the section consistency	ordinance Records Ordinance Records Ordinance Coverage Details Its of criminal/traffic/ordinance om public record sources and to be accurate. Is found in the database. Ithat the third-party vendor has ate a criminal record in its records may exist on this of be contained in the database to be accessed based upon Ithe user provides. Document entitled Five Most indicated R22 moved-in the 24. document entitled Illinois rinted on 4/9/2024 did not Illinois Department of	S9999			
	Statement of Licens	sure Violations 2 of 2:				
		Hygiene of Dietary Staff				
		onnel shall be in good health, nic food handling techniques, grooming.				
	This REQUIREMEN	NT is NOT MET as evidenced				
	review, the facility fa	on, interview, and record ailed to use proper hand lling food during lunch. This				

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AND BLAN OF CORRECTION \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	IL6015671		B. WING	B. WING		2/2024
NAME OF PROVIDER (OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BELMONT VILLAC	SE GLENVIE	EW 2200 GOL GLENVIE	.F ROAD W, IL 60025			
PREFIX (EAC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
failure a mealtim Findings On 4/10 observa Leader) nose. The observe R2, R12 sitting to observe and R17 On 4/10 observa observe preparate food in the hygiene On 4/10 with V10 washed food. On 4/10 with V8, or hand or before food. Visometim Review Safety F Section Hand W Remem does no	s include: /2024 at 11 tion at lunc was obsernen, V10 (E d with seve R13, R14 gether at a d serving R without pe /2024 at 11 tion at lunc d entering to tion area. V he kitchen /2024 at 11 V, V10 state or hand sa /2024 at 11 V8 stated to sanitizer us e preparing stated wh nes, she do of the facilit fundamenta 3: Persona fashing ber, just be t mean the	ge 6 134 residents exposed during :39AM during dining room h time, V10 (Enrichment ved touching her face and inrichment Leader) was ral meal trays to distribute to , R15, R16, and R17 who were round table. V10 was 12, R12, R13, R14, R15, R16, erforming hand hygiene. :50AM during dining room htime, V8 (Server) was the kitchen and food 8 began preparing drinks and without performing hand :39AM during the interview that hands should be anitizer used before distributing :50AM during the interview that hands should be anitizer used before distributing :50AM during the interview that hands should be washed, sed upon entering the kitchen food, and before distributing the she gets too busy esn't perform hand hygiene. ty's document entitled "Food als" copyrighted 2018 states: I Health and Hygiene cause your hands look clean y are clean. Petting a dog, or touching your face or nose	S9999			

Illinois Department of Public Health

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DA		(X3) DATE	3) DATE SURVEY	
	OF CORRECTION	DENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
IL6015671		B. WING		04/1	2/2024		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
DEI MOI	NT VILLAGE GLENVIE	2200 GOL	F ROAD				
BELINIO	NI VILLAGE GLENVIE	GLENVIE	W, IL 60025				
(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 pa	ge 7	S9999				
	can all contaminate	your hands.					
	Continued From page 7 can all contaminate your hands. When to Wash Your Hands There are a variety of instances when you should wash your hands. They include (FDA, 2017a; CMS 2017): upon entering the kitchen or food preparation area before preparing food or eating before putting on disposable gloves before touching clean kitchen utensils and after touching used utensils before distributing food Review of FDA Food Code 2017 states: Section 2-301.14 2-301.14 When to Wash. Food employees shall clean their hands and exposed portions of their arms as specified under § 2-301.12 immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles and: (A) After touching bare human body parts other than clean hands and clean, exposed portions of arms; (B) After using the toilet room; (C) After caring for or handling service animals or aquatic animals as specified in 2-403.11(B); (D) Except as specified in 2-401.11(B), after coughing, sneezing, using a handkerchief or disposable tissue, using tobacco, eating, or drinking; (E) After handling soiled equipment or utensils; (F) During food preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks;						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
IL6015671		B. WING		04/12/2024		
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BELMON	IT VILLAGE GLENVIE	EW 2200 GOL GLENVIE	.F ROAD W, IL 60025			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	(H) Before donning involves working wi	gloves to initiate a task that ith food; and n other activities that	S9999			

Illinois Department of Public Health

STATE FORM 6899 1FUN11 If continuation sheet 9 of 9