

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003594</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/07/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ELEVATE CARE CHICAGO NORTH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2451 WEST TOUHY AVENUE CHICAGO, IL 60645</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments  Annual Health Survey	S 000		
S9999	Final Observations  Statement of Licensure Violations:  1 of 2  300.615 e)  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)  Based on interview and record review, the facility failed to check and review the results of the Criminal History Information Response Process (CHIRP) within 24 hours of admission for 2 (R76, R418) out of 10 residents reviewed for the Identified Offender Protocol. This failure resulted in R76 and R418 not having a background check submitted to the Identified Offender Program in a timely manner.  Findings Include:	S9999		

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

TITLE

(X6) DATE  
06/20/24

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S9999	<p>Continued From page 1</p> <p>The residents' clinical records and background checks were reviewed and revealed the following:</p> <ol style="list-style-type: none"> <li>1. R76 was admitted on 02/17/2023. R76's CHIRP was completed on 02/20/23.</li> <li>2. R418 was admitted on 06/01/24. R418's CHIRP was completed on 06/03/24.</li> </ol> <p>On 06/06/24 at 9:25 AM, V34 (Admissions Director) stated V34 receives a preadmission email, which lets V34 know if the facility is getting a new admission, and V34 submits background checks for CHIRP, Illinois Sex Offender Registry, National Sex Offender Registry, and Illinois Department of Corrections. V34 said, "They are supposed to be done within 72 hours of their admission date or is it 48 hours? I try to run the background checks as quickly as possible." V34 stated it is important to do this as soon as V34 can so the facility knows who they are admitting, so they can keep the facility safe for our residents. V34 stated we don't want to accept a sex offender or admit anyone who could be potentially harm to our residents and/or staff. V34 stated V34 does not work on the weekends.</p> <p>On 06/06/24 at 9:32 AM, V34 stated R76 was readmitted on 02/17/23, and the CHIRP was submitted on 02/20/23. V34 stated R76's CHIRP was not done within 24 hours. V34 stated R76's admission occurred on a weekend, and V34 thought V34 had between 48-72 hours to do the CHIRP.</p> <p>On 06/06/24 at 11:28 PM, V34 stated V34 is the only one who submits the CHIRPS at the facility. V34 stated R418 was admitted over the weekend on Saturday and stated, "That may have been</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>another case of the resident coming in over the weekend and I don't work on the weekends." V34 stated V34 was the one who submitted R418's CHIRP on Monday, 06/03/24.</p> <p>(C)</p> <p>2 of 2</p> <p>300.610 a) 300.625 c)2)</p> <p>Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.625 Identified Offenders 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: 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</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>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.</p> <p>Based on interview and record review, the facility failed to order fingerprints if any of the Criminal History Information Response Process (CHIRP) or registry background results come back with a HIT for qualifying offense for 1 (R107) out of 10 residents reviewed for Identified Offender Protocol. This failure resulted in R107 not having a background check submitted to the Identified Offender Program timely.</p> <p>Findings Include:</p> <p>The residents' clinical records and background checks were reviewed and revealed the following:</p> <ol style="list-style-type: none"> <li>1. R107's CHIRP dated 3/13/24 result came back with a "HIT". R107's fingerprint was ordered on 03/21/24.</li> </ol> <p>On 06/06/24 at 8:55 AM, V30 (Social Service Consultant) stated, "The CHIRP comes back with a HIT within 72 hours of getting the CHIRP results back, we then reach out to either FEEAPP or UCIA and work with an outside vendor to do the fingerprinting." V30 stated R107 was admitted 03/12/24 and had all four background checks completed on 03/12/24, but R107's fingerprinting request was not completed until 03/21/24, and the actual fingerprinting was not completed until 03/27/24. V8 (Social Service</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>Director) stated fingerprinting was not requested earlier because the vendor they use for fingerprinting does not like to come out for only one resident; they only want to come when there is a group of residents which need to be fingerprinted. V8 stated knowing this, V8 did not request a fingerprinting order within 72 hours of the CHIRP results for R107 which is why it was done later. V30 stated the purpose of the system to ensure the safety to the residents and staff and provide any specialized services as requested by the state police.</p> <p>The facility provided a copy of the Administrative Code Section 300.625 Identified Offenders which documents if the results of a residence criminal history background check revealed that the resident is an identified offender the facility shall do the following: within 72 hours of range of fingerprint based criminal history record inquiring to be requested on the identified offender resident.</p> <p>(C)</p>	S9999		