Illinois D	epartment of Public	Health				APPROVE	
STATEMENT OF DEFICIENCIES (X1) PI AND PLAN OF CORRECTION ID		(X1) PROVIDER/SUPPLIER/CLIA (X2) MUL		IULTIPLE CONSTRUCTION (X		(3) DATE SURVEY COMPLETED	
		IL6007991	B. WING		04/	19/2024	
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST T 26TH STREI				
BRIA OF	CHICAGO HEIGHTS		CHICAGO HEIO				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE	
S 000	Initial Comments		S 000				
	Annual Licensure S	urvey					
S9999	Final Observations		S9999				
	Statement of Licensure Violations:						
	Section 300.615e)						
		etermination of Need uest for Resident Criminal rmation					
	2-201.5(a) of the Ad shall, within 24 hour resident, request a check pursuant to t Information Act for a admission to the fac check was initiated Hospital Licensing A be based on the res and other identifiers	screening required by Section et and this Section, a facility rs 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, as required by the e Police. (Section 2-201.5(b)	9				
	This requirement w by:	as NOT MET as evidenced					
	failed to initiate bac hours for four of five	and record review, the facility kground checks within 24 e residents (R148, R149, ved for background checks in					
	Findings include:						
	1. On 04/19/2024 a	t 11:50AM during record					
	tment of Public Health / DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIG	BNATURE	TITLE		(X6) DATE	
	ically Signed					05/08/24	

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6007991	B. WING		04/	19/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
BRIA OF	CHICAGO HEIGHTS		ST 26TH STREI CHICAGO HEI			
(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 ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ge 1	S9999			
	review, R250 was noted with admission date of 04/15/2024 and background check was initiated on 04/19/2024.					
	On 04/19/2024 at 12:45PM during interview with V29 (Admissions Director), V29 stated that R250's background check should have been done on the day R250 was admitted in the facility.					
	V1 (Administrator),	2:50PM during interview with V1 stated that all residents' should be done within 24				
	04/19/2024 indicate 04/15/2024. Review checks with Illinois Illinois Sex Offende	dmission record printed ed admission date of v of R250's background Department of Corrections, er and Criminal History nse Process were dated				
	review, R249 was r	t 11:50AM during record noted with admission date of ckground check was initiated				
	V29 (Admissions D R249's background	2:45PM during interview with irector), V29 stated that check should have been 249 was admitted in the facility				
	V1 (Administrator),	2:50PM during interview with V1 stated that all residents' s should be done within 24				
	04/19/2024 indicate	dmission record printed ed admission date of v of R249's background				

U89N11

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED 04/19/2024	
		II 6007991				
						14/15/2024
	CHICAGO HEIGHTS		T 26TH STRE			
	CHICAGO HEIGHTS	SOUTH	CHICAGO HEI	GHT, IL 60411		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From page 2		S9999			
	 checks with Illinois Department of Corrections, Illinois Sex Offender were dated 04/11/2024, and Criminal History Information Response Process were dated 04/16/2024. 3. On 04/19/2024 at 11:50AM during record review, R149 was noted with admission date of 04/06/2024 and background check was initiated on 04/09/2024. 					
	V29 (Admissions D R149's background	2:45PM during interview with irector), V29 stated that I check should have been I49 was admitted in the facility.				
	V1 (Administrator),	2:50PM during interview with V1 stated that all residents' s should be done within 24				
	04/19/2024 indicate 04/06/2024. Review checks with Illinois Illinois Sex Offende	dmission record printed ed admission date of v of R149's background Department of Corrections, er were dated 04/09/2024, and ormation Response Process 024.				
	review, R148 was r	t 11:50AM during record noted with admission date of ckground check was initiated				
	V29 (Admissions D R148's background	2:45PM during interview with irector), V29 stated that I check should have been I48 was admitted in the facility.				
		2:50PM during interview with V1 stated that all residents'				

U89N11

AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING T ADDRESS, CITY, STATE, ZIP CODE		(X3) DATE SURVEY COMPLETED 04/19/2024	
		11 6007004				
			ST 26TH STREE			
	CHICAGO HEIGHTS	SOUTH	CHICAGO HEIO	GHT, IL 60411		
(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
S9999	Continued From page 3		S9999			
	background checks should be done within 24 hours. Review of R148's admission record printed 04/19/2024 indicated admission date of 04/02/2024. Review of R148's background checks with Illinois Department of Corrections, Illinois Sex Offender, and Criminal History Information Response Process were dated 04/09/2024.					
	(C)					

U89N11