STATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION		E SURVEY PLETED
		11 6000442	B. WING		0.4/00/00004	
	PROVIDER OR SUPPLIER	IL6009443	DDRESS, CITY, S		04/	26/2024
	TE VILLAGE NRSG &	2500 FA	ST 175TH STF			
	TE VILLAGE NRSG &	LANSIN	G,IL 60438			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE
S 000	Initial Comments		S 000			
	Annual Licensure a	nd Certification				
S9999	Final Observations		S9999			
	Statement of Licensure Violations (1 of 3) 300.626c)					
	Section 300.626 Discharge Planning for Identified Offenders		ł			
	/	ent who is an identified ged, the discharging facility artment.				
	This requirement w by:	as NOT MET as evidenced				
	failed to report disc Offenders to the St	and record review, the facility harges of the Identified ate Agency for two of two 172) reviewed for Discharging s.				
	Findings include:					
	review, the State A Program Facility Re R171's admission of indication of discha	tt 9:30AM during record gency Identified Offender eport indicated R171's name, date of 03/27/2020 and no rge date. R171's face sheet was discharged 03/24/2022.				
	V2 (Assistant Admi cannot find any info	2:56PM during interview with nistrator), V2 stated that she ormation whether the State Offender Program (IOP) was R171's discharge.				
iois Depar 30RATOR	tment of Public Health / DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SI	GNATURE	TITLE		(X6) DATE
Electron	ically Signed					05/19/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6009443	B. WING		- 04/26/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
TRI-STA	TE VILLAGE NRSG &	RHB	ST 175TH STR G, IL 60438	EET		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLETE DATE
S9999		at 9:30AM during record	S9999			
	review, the State Agency Identified Offender Program Facility Report indicated R172's name, R172's admission date of 11/14/2022 and no indication of discharge date. R172's face sheet indicated that R172 was discharged 07/19/2023.					
	V5 (Director of Soc she did not inform t	9:50AM during interview with ial Services), V5 stated that the State Agency Identified that R172 was discharged				
	Statement of Licens 300.650c)	(C) sure Violations (2 of 3)				
	Section 300.650 Pe	ersonnel Policies				
	that requires a Stat contact the Illinois I Professional Regul individual's license	ying any individual in a position e license, the facility shall Department of Financial and ation to verify that the is active. A copy of the license he individual's personnel file.				
	This regulation was	NOT MET as evidenced by:				
	failed to obtain cop reviewed for persor	and record review, the facility ies of licenses of nurses nnel files. This failure has the II 67 residents currently ity.				
	Findings include:					
	and V19 (RN) were	/18 (Registered Nurse/RN) reviewed, and no copy of ofessional licenses were				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		II 6000442	B. WING		04/26/2024	
	PROVIDER OR SUPPLIER	IL6009443	DDRESS, CITY, ST		04/.	20/2024
		2500 EA	ST 175TH STR			
RI-STAI	E VILLAGE NRSG &	LANSING	G, IL 60438			
(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 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
S9999	Continued From pa	ige 2	S9999			
	On 04/23/2024 at 11:43AM during interview with V2 (Assistant Administrator/Director of Human Resources), V2 stated that she does not get copies of the nurses' licenses and only checks it on the Illinois Department of Financial and Professional Regulation website to verify.					
	Statement of Licen 300.615e) 300.615f)	(C) sure Violations (3 of 3)				
		etermination of Need Juest for Resident Criminal prmation				
	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 re- and other identifiers	he screening required by of the Act and this Section, a 24 hours after admission of a criminal history background the 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)				
	name on the Illinois website at www.isp Department of Com page at www.idoc.s	all check for the individual's s Sex Offender Registration state.il.us and the Illinois rections sex registrant search state.il.us to determine if the as a registered sex offender.				
	This requirement w by: tment of Public Health	as NOT MET as evidenced				

STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6009443	B. WING		04/	04/26/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	ATE, ZIP CODE			
TRI-STA	TE VILLAGE NRSG &	RHB	ST 175TH STR 3, IL 60438	EET			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
S9999	Continued From pa	ige 3	S9999				
	failed to perform cr checks within 24 ho five residents (R17	and record review, the facility iminal history background ours of admission for five of 0, R173, R174, R175, R269) al history background checks ir	I				
	Findings include:						
	review, R269 was r 04/02/2024 and Illir	t 10:50AM during record noted with admission date of nois Sex Offender and Illinois rections background check I/24/2024.					
	V2 (Assistant Admi was not aware that checks of R269 on Registration and Illi Corrections until las checks on Illinois S	1:00AM during interview with nistrator), V2 stated that she she has to do background Illinois Sex Offender nois Department of st week so no background ex Offender Registration and of Corrections were done on ning.					
		ace Sheet indicated R269 facility on 04/02/2024.					
	review, R174 was r 04/10/2024 and Illir	tt 10:50AM during record noted with admission date of nois Sex Offender and Illinois rections background check 1/24/2024.					
	V2 (Assistant Admi was not aware that	1:00AM during interview with nistrator), V2 stated that she she has to do background Illinois Sex Offender nois Department of					

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						E SURVEY PLETED
		IL6009443	B. WING	· · · · · · · · · · · · · · · · · · ·	04/2	26/2024
NAME OF F	PROVIDER OR SUPPLIER					
TRI-STAT	TE VILLAGE NRSG &	RHB	ST 175TH STR 3, IL  60438	EET		
(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 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
S9999	Continued From pa	ge 4	S9999			
	checks on Illinois S	st week so no background ex Offender Registration and of Corrections were done on ning.				
		ace Sheet indicated R174 facility on 04/10/2024.				
	review, R173 was r 04/10/2024 and Illir	t 10:50AM during record noted with admission date of nois Sex Offender and Illinois rections background check 4/24/2024.				
	V2 (Assistant Admii was not aware that checks of R173 on Registration and Illi Corrections until las checks on Illinois S	1:00AM during interview with nistrator), V2 stated that she she has to do background Illinois Sex Offender nois Department of st week so no background ex Offender Registration and of Corrections were done on ning.				
		ace Sheet indicated R173 facility on 04/10/2024.				
	review, R173 was r 04/10/2024 and Illir	t 10:50AM during record noted with admission date of nois Sex Offender and Illinois rections background check 4/24/2024.				
	V2 (Assistant Admi was not aware that checks of R173 on Registration and Illi	1:00AM during interview with nistrator), V2 stated that she she has to do background Illinois Sex Offender nois Department of st week so no background				
		ex Offender Registration and				

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY PLETED	
		IL6009443	B. WING		04/	26/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
RI-STA	TE VILLAGE NRSG &	RHB	ST 175TH STR G, IL  60438	EET			
(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 HE APPROPRIATE	(X5) COMPLET DATE	
S9999	Continued From pa	ge 5	S9999				
	Illinois Department R173 until this mor	of Corrections were done on ning.					
		ace Sheet indicated R173 facility on 04/10/2024.					
	review, R170 was r 04/10/2024 and Illir	t 10:50AM during record noted with admission date of nois Sex Offender and Illinois rections background check 1/24/2024.					
	V2 (Assistant Admii was not aware that checks of R170 on Registration and Illi Corrections until las checks on Illinois S	1:00AM during interview with nistrator), V2 stated that she she has to do background Illinois Sex Offender nois Department of st week so no background ex Offender Registration and of Corrections were done on ning.					
		ace Sheet indicated R170 facility on 04/10/2024.					
	review, R175 was r 04/22/2024 and Illir	t 10:50AM during record noted with admission date of nois Sex Offender and Illinois rections background check 4/24/2024.					
	V2 (Assistant Admi was not aware that checks of R175 on Registration and Illi Corrections until las	1:00AM during interview with nistrator), V2 stated that she she has to do background Illinois Sex Offender nois Department of st week so no background					
		ex Offender Registration and of Corrections were done on ning.					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6009443	B. WING		04/	26/2024
IAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
RI-STAT	TE VILLAGE NRSG &	RHB	ST 175TH STR G, IL  60438	EET		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	age 6	S9999			
		Face Sheet indicated R175 a facility on 04/22/2024.				
	Review of facility's policy entitled Identified Offender Facility Policy and Procedure copyrighted 2011 indicated: Policy Statement: It is the policy of this facility to					
	establish a resident sensitive and resident secure environment. In accordance with the provisions of the Nursing Home Care Act, this facility shall check the criminal history background on any resident seeking admission to the facility in order to identify previous criminal convictions.		f			
	Sex Offender Regis www.isp.state.il.us	sident's name on the Illinois stration Web site.				
	Department of Corr page. www.idoc.sta 3. Conduct a Crimir Within 24 hours of	nal History Background Check admission, request a	:			
	(UCIA) criminal his on name, date of b required by the Dep any resident seekin the resident was ac the hospital notified	n Conviction Information Act tory background check based irth and other identifiers bartment of State Police for ng admission to the facility. If dmitted from the hospital AND the facility that the UCIA				
	ordered. However, initiated by the hos	rdered, it does not have to be if the name check response pital is not received within 3 the facility will order another				
		(C)				

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