	T OF DEFICIENCIES OF CORRECTION			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6004352	B. WING		05/16/2024	
IAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST	ATE, ZIP CODE	1 00.00.00	
ICKOR	YVLG NRSG & RHB		TH ROBERTS HILLS, IL 60			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE COMPLET E APPROPRIATE DATE	
S 000	Initial Comments		S 000			
	Annual Licensure S	Survey				
S9999	Final Observations		S9999			
	Statement of Licensure Violations:					
	300.615e) 300.615f) 300.615g)					
		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	o the 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)				
	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.				
	inconclusive, the fa	s of the background check are cility shall initiate a neck, unless the fingerprint				
ORATORY	tment of Public Health / DIRECTOR'S OR PROVIE ically Signed	DER/SUPPLIER REPRESENTATIVE'S SIGN	IATURE	TITLE	(X6) DATE 06/07/2	

Illinois Department of Public Hea           STATEMENT OF DEFICIENCIES           AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED 05/16/2024	
		IL6004352	B. WING			
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
HICKOR	Y VLG NRSG & RHB		TH ROBERTS HILLS, IL 60			
(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 ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
\$9999	check is waived by based on verificatio resident is complete resident meets othe resident's health or the existence of a s medical, or mental potential risk preser 2-201.5(b) of the Ac These regulations v by: Based on interview failed to have recom- residents in their ide Findings include: On 5/15/2024 arour requested backgrou (R6, R11, R43, R45 the facility identified (Administrator). On 5/15/2024 at 1:3 Director) presented above residents to s Upon review of the the following: R6 was admitted to criminal history info (CHIRP) was done national sex offende department of correct	the Director of Public Health n by the facility that the ely immobile or that the er criteria related to the lack of potential risk, such as evere, debilitating physical, condition that nullifies any need by the resident. (Section et) were NOT MET as evidenced and record review, the facility ds of background checks for entified offenders list.	S9999			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 05/16/2024	
		IL6004352				
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	TATE, ZIP CODE		
HICKOR	Y VLG NRSG & RHB		UTH ROBERTS Y HILLS, IL 60			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
S9999	CHIRP was dated 9 and Illinois departm were dated 5/15/20 verification was dor R43 was admitted t CHIRP, Illinois sex department of corre 5/9/2023, request for 10/03/2023. R45 was admitted t CHIRP was dated 3 provide any docume and Illinois departm for the resident. His dated 9/29/2022. R65 was admitted t CHIRP was dated 1 as well as Illinois departed	o the facility on 01/02/2013, 0/23/2019, Illinois sex offender ent of corrections screening 24 and his fingerprint				
	request for fingerpri On 5/14/2024 at 3:0 Director) stated, the has for the resident presented that have and there is no way them. V19 added th some changes from some of the docum the old system. On 5/15/2024 at 3:4 Manager) stated, sh the background che	20PM, V19 (Social Service ese are the only documents he s, the previous documents he e no dates just prints like that the can get the dates on the facility went through n one system to another and ents cannot be retrieved from 25PM V20 (Business Office he is responsible for some of ecks for residents and always mission. V20 stated, the				

STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:         IL6004352         NAME OF PROVIDER OR SUPPLIER       STRE			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		II 6004352	B. WING		05/16/2024	
					05/	10/2024
			DRESS, CITY, ST JTH ROBERTS			
IICKOR	Y VLG NRSG & RHB		HILLS, IL 60			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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 pa	ge 3	S9999			
	explain why.					
	abuse prevention p 2/2020, states in pa of our residents to b exploitation The p assure that the facil control to prevent o exploitation, misapp mistreatment of res Under pre-admission residents, the docut shall check the crim any resident seekin identify previous co Request a criminal within 24 hours afte Check for the reside department sex offe Check for the reside department of corre- page. While the backgrout /or identified offend recommendations a	on screening of potential ment states that the facility ninal history background on g admission to the facility to nvictions. The facility will: history background check er admission of a new resident. ent's name on the Illinois ender registration website. ent's name on the Illinois ections sex registrant search and or fingerprint checks and er report and are pending, the facility will ssary to ensure the safety of				

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