STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015101			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY PLETED
		IL6015101	B. WING		05/	30/2024
	ROVIDER OR SUPPLIER	ООК) 3240 MIL	WAUKEE AVE	INUE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		BROOK, IL 60062 ID PROVIDER'S PLAN OF CORRECTION PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLET DATE
S 000	Initial Comments		S 000			
	Annual Licensure S	Survey				
		cility Reported Incident of 172646 - No Deficiency				
	Investigation of Fac 19, 2024/IL172640	cility Reported Incident of April - No Deficiency				
S9999	Final Observations		S9999			
	Statement of Licen 330.715a) 330.715b)	sure Violations:				
	Section 330.715 R History Record Info	Request for Resident Criminal prmation				
	of a resident, reque background check Conviction Informa older seeking admi background check pursuant to the Hos Background check resident's name, da identifiers as requir	vithin 24 hours after admission est a criminal history pursuant to the Uniform tion Act for all persons 18 or ssion to the facility, unless a was initiated by a hospital spital Licensing Act. s shall be based on the ate of birth, and other red by the Department of State 201.5(b) of the Act)				
	name on the Illinois website at www.isp Department of Com page at www.idoc.s	I 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.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015101			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		B. WING		05/3	05/30/2024		
AME OF I	PROVIDER OR SUPPLIEF	R STREET AL	DDRESS, CITY, STATE, ZIP CODE				
RDEN (	COURTS (NORTHBR	ROOK)	WAUKEE AVE				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLET DATE	
S9999	Continued From p	bage 1	S9999				
	This REQUIREM	ENT is not met as evidenced by:					
	facility failed to con checks for 5 (R8, residents reviewed	w and record reviews, the onduct criminal background R9, R10, R12 and R13) of 10 of for admission screening.			Ţ		
	Findings include:	Findings include:				-	
	on 05/10/24 with d Chronic Obstructiv Criminal History In (CHIRP) was chec his admission. His local state sex offe department of corr 13 days after adm						
	on 05/18/24 with d	d, male, admitted in the facility diagnoses of Dementia and CHIRP was checked on s after admission.					
	facility on 04/30/24	old, female, admitted in the with diagnoses of Dementia R10's CHIRP was done on after admission.					
	on 04/05/24 with d R12's CHIRP was	old, male, admitted in the facility diagnosis of Vascular Dementia. conducted on 04/16/24, which admission in the facility.					
	facility on 03/29/24 Dementia. R13's n	-old, female, admitted in the 4 with diagnosis of Vascular name was searched in the local websites on 04/11/24, which					

STATE FORM

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If continuation sheet 2 of 4

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		IL6015101	B. WING		05/30/2024	
NAME OF I	PROVIDER OR SUPPLIEF	R STREET A	ADDRESS, CITY, S	TATE, ZIP CODE		
ARDEN (	COURTS (NORTHBR	ROOKI	LWAUKEE AVE BROOK, IL 600			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLE DATE	
S9999	Continued From p	Continued From page 2				
	On 05/29/24 at 1:35 PM, V5 (Administrative Services Coordinator) was asked regarding background checks on residents who are newly admitted in the facility. V5 replied, "For residents who are just admitted in the facility or for admission, background check is done before the person moves in or within the 24 hours of admission. Background checks for national and local state sex offender registry, the CHIRP and Department of Corrections, inmate search." V5 was asked why background checks on R8, R9, R10, R11, R12 and R13 were not conducted upon their admission in the facility. V5 verbalized, "I missed it, sometimes I don't have access to the corporate credit cards to run it. And I run it when I have the time. For R11, the name was wrong when we do the search. We searched her under a different name."		n			
	was interviewed re residents. V1 state have to do it before day they are admit	egarding background checks on ed, "For background checks, we re residents' admission or the tted."	n			
	02/2024 document following: Procedure: 1. The community move-ins to detern	ed "Resident Protection" dated ited in part but not limited to the screens potential new mine if the resident has a f or is at risk for developing				
	abusive actions or others. If the reside presents such a ris resident's status to	aggressive behaviors toward ent has such a history or sk, the community reviews the o determine if the resident is ove in and the community can				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6015101	B. WING		05/	30/2024
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
ARDEN	COURTS (NORTHBR		LWAUKEE AVE BROOK, IL 600			
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLE DATE
S9999	Continued From page 3		S9999			
	"C"					1.10
						1
						1
12						
					1.1.1	
s Departm	nent of Public Health					

If continuation sheet 4 of 4