

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005235	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/24/2024
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NAME OF PROVIDER OR SUPPLIER LAKWOOD NRSNG & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 14716 S EASTERN AVENUE PLAINFIELD, IL 60544
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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 Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.615e) 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) This requirement was NOT met as evidenced by: Based on interview and record review, the facility failed to obtain resident background checks within 24 hours of admission to the facility and failed to provide documentation of resident finger printing for 5 of 10 residents sampled (R300, R301, R302, R303 and R304. R300 face sheet documents an admission date of 3/2/19. R300's CHIRP and Illinois sex offender was run on 3/15/19. R300's Illinois department of	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 06/11/24
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S9999	<p>Continued From page 1</p> <p>corrections were run but did not have a date on the forms. There was no documentation of finger printing provided.</p> <p>R301 face sheet documents an admission date of 5/18/18. R301's CHIRP and Illinois Department of corrections was run on 3/23/19. The facility did not provide documentation of finger printing for R301.</p> <p>R302 face sheet documents an admission date of 3/6/19. R 302' had background checks run on 3/14/19. The facility did not provide documentation of finger printing for R302.</p> <p>R303 face sheet documents an admission date of 8/4/15. The facility did not provide documentation that background checks or fingerprinting was completed for R303. The facility did not provide documentation for fingerprinting for R303.</p> <p>R304 face sheet documents an admission date of 5/12/17. The facility did not provide documentation that background checks or fingerprinting was completed for R304. The facility did not provide documentation for fingerprinting for R304.</p> <p>On 05/22/24 at 3:21 PM, V5 Admission Director stated the facility checks resident background with check Illinois sex offender, CHIRP (Criminal History Information Response Process), Illinois department of corrections. V5 stated the facility does resident background checks the backgrounds when we get the referral from the hospital except the CHIRP. The CHIRP is done on the day of admission. V5 did not know the time frame in which resident background checks</p>	S9999		

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S9999	Continued From page 2 should be completed. The facility did not provide a policy for resident background checks. (C)	S9999		