(X6) DATE

Illinois Department of Public Health

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6005193	B. WING		07/11	1/2024
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S LAWRENC	STATE, ZIP CODE		
ALDEN I	AKELAND REHAB &	HCC), IL 60640	=		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Annual Licensure a	nd Certification				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations:				
	ONE OF TWO 300.625f)					
	name on the Illinois website at www.isp Department of Corr page at www.idoc.s	entified Offenders shall check for the individual's Sex Offender Registration .state.il.us and the Illinois rections sex registrant search .tate.il.us to determine if the s a registered sex offender.				
	These requirement by:	s were not met as evidenced				
	failed to follow their resident's name wh facility on the requir websites to determ offender. This failur	and record review, the facility facility policy to check a o is potentially admitting to the red sexual offender registry ine if the resident is a sex e affected R25, R31, R91, the total sample of 62				
	This REQUIREMEN	NT is not met as evidenced by:				
	Findings include:					
	dated 7/8/24 (by V1	tled "Identified Offender/s" and , Administrator) documents, in sted as current identified				

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

07/26/24 **Electronically Signed**

TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	IL6005193	B. WING		07/1	1/2024	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	-		
I ALDEN LAKELAND REHAR & HCC		ΓLAWRENC), IL 60640	E			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUNDS OF THE APPRINCE O	JLD BE	(X5) COMPLETE DATE	
and R141. 1) Facility document prospective resident documents, in part, state that on behalf checked the Dru Signer Public Website, Illin Sex Registered Sex Offer Police Missing Sex State Police Child Magainst Youth Regist name of the followir (R25)" with V34's signer Record review of R2 documents show "R25's Census List of "Actual Admit Date" a current resident in 2) Facility document prospective resident documents, in part, of (facility), I person National Sex Offender Registry, Illinois State Offender Registry, Illinois State Offender Registry, Illinois State Offender Registry, Illinois State Offender Registry on 7/10/20 following prospective signature and title/p R31's sex offender "Registry Search on R31's Census List of the state of the sidner of the state of the sidner of the sidne	lude: R25, R31, R91, R109, It titled "AFFIDAVIT regarding t" and revised on 6/2011 "I (V34, Admissions Director), of (facility), I personally odin National Sex Offender ois Department of Corrections istry, Illinois State Police ender Registry, Illinois State Offender Registry and Illinois Murder and Violet Offender stry on 7/10/2024, for the ng prospective resident: gnature and title/position. 25's sex offender registry Registry Search on 7/10/24." documents, in part, that R25's is 3/15/2023 and that R25 is a the facility. It titled "AFFIDAVIT regarding t" and revised on 6/2011 "I (V34), state that on behalf ally checked the Dru Sjodin der Public Website, Illinois ections Sex Registrant te Police Registered Sex Illinois State Police Missing stry and Illinois State Police Missing stry and Illinois State Police iolet Offender Against Youth 24, for the name of the resident: (R31)" with V34's osition. Record review of registry documents show a 7/10/24." Idocuments, in part, that R31's is 12/20/2021 and that R31 is	S9999				

Illinois Department of Public Health

STATE FORM 5899 5B4F11 If continuation sheet 2 of 8

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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ALDEN LAKELAND REHAR & HCC			T LAWRENC), IL 60640	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ige 2	S9999			
	prospective resider documents, in part, of (facility), I person National Sex Offen Department of Corn Registry, Illinois Sta Offender Registry, Sex Offender Registry, Sex Offender Registry on 7/10/20 following prospective signature and title/pregistry Sex offender "Registry Search of R91's Census List of R91's Census List of Rocal Part of R91's Census List of Rocal Part of R91's Census List of R91's Censu	documents, in part, that R91's " is 1/27/2023 and that R91 is				
	prospective resider documents, in part, of (facility), I persor National Sex Offen Department of Corn Registry, Illinois State Offender Registry, Sex Offender Registry, Sex Offender Registry on 7/10/20 following prospective signature and title/propersor R109's sex offender Registry Search of R109's Census Lister R109's "Actual Adn R109 is a current resident res	nt titled "AFFIDAVIT regarding nt" and revised on 6/2011 ,"I (V34), state that on behalf nally checked the Dru Sjodin der Public Website, Illinois rections Sex Registrant ate Police Registered Sex Illinois State Police Missing stry and Illinois State Police Missing stry and Illinois State Police Violet Offender Against Youth 0/24, for the name of the ve resident: (R109)" with V34's position. Record review of er registry documents show in 7/10/24." It documents, in part, that nit Date" is 4/21/2023 and that resident in the facility.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				E SURVEY PLETED			
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ALDEN I	AKELAND REHAB &	HCC), IL 60640	=		
(VA) ID	CLIMMA DV CTA	TEMENT OF DEFICIENCI			PROVIDER'S PLAN OF C	ODDECTION	(УБ)
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	prospective resident documents, in part, of (facility), I person National Sex Offend Department of Corr Registry, Illinois Sta Offender Registry, I Sex Offender Registry, I Sex Offender Registry on 7/10/20 following prospective signature and title/pR141's sex offende "Registry Search or R141's Census List R141's "Actual Adm R141 is a current results on 7/10/24 at 2:49 Director) stated that	"I (V34), state that ally checked the Drader Public Website, ections Sex Registrate Police Registere Illinois State Police Istry and Illinois State iolet Offender Again 24, for the name of the resident: (R141)" cosition. Record revier registry document of 7/10/24." Indocuments, in part of the part of the facility pm, V34 (Admission to one of V34's response	on behalf u Sjodin Illinois ant d Sex Missing e Police ast Youth the with V34's ew of s show , that 3 and that .				
	as an Admissions Director includes ensuring that V34 checks the required sexual offender registry websites once "they (prospective residents) have chosen us." When asked the process of checking the sexual offender registries, V34 stated that V34 will type in the name of potential resident, the						
	date of birth and the address if available all individual sexual with V34 listing thes When asked when	. V34 stated that V3 offender registry we se websites to this s	34 checks ebsites urveyor.				
	offender registry ch performs them befo here to the facility o to the facility. When checking the sexua	ecks, V34 stated the pre the potential resi r the same date of a n asked the purpose	at V34 dent gets admission of				
	potential residents, is a sexual offender admission to facility potential resident in	V34 stated that if th t, the facility may de and where to place	e resident ny the				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					3) DATE SURVEY COMPLETED	
		IL6005193	B. WING		07/	11/2024
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
		820 WES	T LAWRENCE	· =		
ALDEN	LAKELAND REHAB &	HCC CHICAG	O, IL 60640			
(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 (EACH CORRECTIVE ACTION (EACH) (EA	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
\$9999	check shows a sext the facility's corpora sexual offender reg but does perform the response process (admission. This surreviewing the sexual requested residents facility since 2021, in this position of Acfacility for only three cannot speak on whemployment. V34 at that V34 did perform R141 sexual registrobecause they had n7/10/24. V34 stated checks are only dorwhich is stated in VON 7/10/24 at 3:58 that resident criminal performing the sexual checks and the CH facility's corporate so check due to the fin Admission Director background check" offender website rethe resident criminal performed, V1 state of the day of admission purpose of perform background checks know about the resisex offender, the reform. We need to know residents and we residents and residents and residents and residents and re	ual offender. V34 stated that ate staff does not run the istry checks via the websites the criminal history information CHIRP) within 24 hours of oveyor informed V34 about all offender registry checks for as, some who have been in the v34 stated that V34 has been dimissions Director in the emonths (April 2024) and that occurred prior to V34's cknowledged to this surveyor of R25, R31, R91, R109, and by checks only today, 7/10/24, not been performed prior to do that the sexual registry the by the Admissions Director 34's job description. The property website that the staff performs the CHIRP trancial cost of the check, and "is responsible rest of with checking the sexual gistries. When asked when all background check should be add, "It should be done by end sion." When asked the ing these resident criminal asked the ing the property know where they				

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ALDEN L	AKELAND REHAB &	HCC	LAWRENC	E		
(V4) ID	STIMMA DV STA		, IL 60640	PROVIDER'S PLAN OF CORRECTION	ON.	(VE)
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S9999	Continued From pa	ge 5	S9999			
	individuals name's admission against to Offender Registry, Sex Offender Regist Murder and Violet (Registry, Illinois De Registrant Registry Sex Offender Registry	licy of this facility to check all making an application for the Illinois State Police Sex Illinois State Police Missing stry, Illinois State Police Child Offender Against Youth partment of Corrections - Sex and the Dru Sjodin National stry websites.				
	(C)					
	TWO OF TWO 300.626c) Section 300.626: Discharge Planning for Identified Offenders c) When a resident who is an identified offender is discharged, the discharging facility shall notify the Department.					
	This REQUIREMEN	NT is not met as evidenced by:				
	Based on interview and record review, the facility failed to notify the Identified Offenders Program Department when an identified offender resident is discharged from the facility for two residents (R162 and R163) in the sample of 62 residents.					
	Findings include:					
	Identified Offenders Program document, dated 7/3/24 and titled "Facility Report," documents, in part, a list of "Identified Offenders - Current Residents" with a total of 57 residents which includes R162 and R163.					
	Facility document to	tled "Identified Offender/s" and				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			SURVEY PLETED	
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NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
		820 WES	T LAWRENCE			
ALDEN LAKELAND REHAB & HCC CHICAGO		O, IL 60640				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
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	dated 7/8/24 (by V1 part, 14 residents li	, Administrator) documents, in sted as current identified not include R162 and R163.				
	was admitted to the	documents, in part, that R162 facility on 11/10/2021 and te from the facility of				
	was admitted to the	documents, in part, that R163 facility on 11/11/2016 and has om the facility of 1/5/2017.				
	Director, SSD) state Director receives the information response corporate staff where resident's criminal is the admission procession and get the finger esident and schedinger printing. V12 the State Identified portal website to residentified offender. is an identified offer facility, are there are makes, and V12 statem (identified offer IDPH (Illinois Departhe IOP (Identified portal." This survey current identified of provided by V1 (Ad V12 verified that the identified offenders	am, V12 (Social Services ed that the Social Services ed that the Social Services ee CHIRP (criminal history se process) from the facility's in there is a "hit" on a packground check as part of ess. V12 stated that V12 will erprint consent from the ule an appointment for the stated that V12 then notifies Offender's Program via the gister the resident as an When asked if a resident who inder is discharged from the my notifications that V12 ender, "Yes, I (V12) discharge ender residents) from the rement of Public Health) portal. Offenders Program) for the yor showed V12 the list of the fenders residing in the facility ministrator) on 7/8/24, and ender the surveyor showed V12 intresidents on the list from				
	IOP portal which ha	is 57 current residents with thave been discharged up to				

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMPLETED	
	IL6005193	B. WING		07/1	11/2024
NAME OF PROVIDER OR SUPPLIE		DRESS, CITY, S	STATE, ZIP CODE	•	
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ALDEN LANCEAND NETAL	CHICAGO	D, IL 60640			
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can't speak upor started this job a December 2023. they (identified of the facility, there ask where there reoffend. So, alo offender is movin matters." On 7/10/24 at 3:5 that when identified discharged from supposed to discontinuous transposed trans	the facility. V12 stated that V12 activity prior to when V12 is the SSD at the end of V12 stated, "I (V12) know when fender residents) discharge from an area on the IDPH portal to are going to, so in case they not those lines, where the sexual g to and what location still 8 pm, V1 (Administrator) stated and offender residents are the facility, "the SSD is harge through IDPH that they discharge to."	\$9999			

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