PRINTED: 08/13/2024 FORM APPROVED

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED							
		IL6010110	B. WING		06/28/2024							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
BERKELEY NURSING & REHAB CENTER OAK PARK, IL 60302												
(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 (XE (EACH CORRECTIVE ACTION SHOULD BE COMPI CROSS-REFERENCED TO THE APPROPRIATE DAT DEFICIENCY)								
S 000	Initial Comments		S 000									
	Annual Licensure and	l Certification										
S9999	Final Observations		S9999									
	Statement of Licensul	re Violation										
	Section 300.615 e.)											
	Section 300.615 Dete Screening and Reque History Record Inform	est for Resident Criminal										
	2-201.5(a) of the Act a shall, within 24 hours resident, request a cricheck pursuant to the Information Act for all admission to the facilic check was initiated by Hospital Licensing Act be based on the resid and other identifiers a Department of State F of the Act)f) The facilit individual's name on the Registration website at the Illinois Department registrant search page	minal history background Uniform Conviction persons 18 or older seeking ty, unless a background a hospital pursuant to the t. Background checks shall tent's name, date of birth, is required by the Police. (Section 2-201.5(b) ty shall check for the the Illinois Sex Offender at www.isp.state.il.us and										
	This requirement is no	ot met as evidenced by:										
	failed to follow the Fa	nd record review the facility cility Policy on Screening on of Identified Offenders spected Criminal History										

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

07/17/24 **Electronically Signed**

TITLE

STATE FORM 6899 If continuation sheet 1 of 3 KY2Q11

Illinois Department of Public Health

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED				
		IL6010110	B. WING		06	6/28/2024			
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6909 WEST NORTH AVENUE OAK PARK, IL 60302								
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE			
\$9999	Policy by not checkir Corrections and Illing This failure affected R10, and R44) of tot reviewed for backgrous Findings Include: Facility Policy on Scradmission of Identification of Identific	reening and Potential ed Offenders and Persons iminal History Policy re: 5. A component of the ning includes checking the list of registered sex the Police website and the ctions website. Ty V1 (Administrator), and V3 and R8, R26, R28, R43, R12, and reverifications done. ing Illinois Department of ons and Illinois Sex Offender unable to tell surveyor iffications due to limitations of	S9999						

Illinois Department of Public Health

STATE FORM 6899 KY2Q11 If continuation sheet 2 of 3

Illinois Department of Public Health

IL6010110 B. WING	06/28/2024											
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
BERKELEY NURSING & REHAB CENTER OAK PARK, IL 60302												
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE COMPLETE											
S9999 Continued From page 2 dated 6-26-24 and verified these selected residents against the Illinois State Sex Offender registry. V1 said cooperate is sending an IT person to facility to assist with printing screen captures of verification sites. State Form (section 300.615) dated 3-22-2024 documents citation given for CHRPS/background checks not done. On 6-26-24 at 10:00 AM, V3 (Admission Director) said she was asked to direct admissions with social service duties. Said she did not receive enough training on background checks. Admission said she would request CHRPS and background checks to be started by cooperate office. V3 said she is unable to show Illinois Department of Corrections verification and Illinois Sex Offender Registry verification was completed upon admission. (C)												

Illinois Department of Public Health

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