

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007140	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/06/2024
NAME OF PROVIDER OR SUPPLIER LITTLE VILLAGE NRSG & RHB CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 2320 SOUTH LAWDALE CHICAGO, IL 60623		
(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 and Certification Survey Complaint Investigation: 2489821/IL181817- 300.1810I) cited	S 000		
S9999	Final Observations Statement of Licensure Violation 1 of 5: 300.650c) Section 300.650 Personnel Policies c) Prior to employing any individual in a position that requires a State license, the facility shall contact the Illinois Department of Financial and Professional Regulation to verify that the individual's license is active. A copy of the license shall be placed in the individual's personnel file. This Requirement was NOT MET as evidenced by: Based on interviews and record reviews, the facility failed to provide proof that they verified whether two nurses' (V17 and V18) licenses were active prior to employment and failed to place copies of their nursing licenses in their personnel files. This had the potential to affect all 105 residents in the facility. Findings include: On 12/04/2024 at 10:29 AM, surveyor reviewed employee files with V7 (Human Resources Coordinator). V7 stated facility hired V17 (Nurse) on 4/15/2024 and V18 (Nurse) on 9/02/2024. Surveyor inquired about V17 and V18's licenses. Copies of their licenses were not in their	S9999		

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

12/23/24

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007140	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/06/2024
NAME OF PROVIDER OR SUPPLIER LITTLE VILLAGE NRSG & RHB CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 2320 SOUTH LAWDALE CHICAGO, IL 60623		
(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
S9999	<p>Continued From page 1</p> <p>personnel files. V7 also stated [V7] did not have the Illinois Department of Financial and Professional Regulation (IDFPR) check on file for the two nurses. V7 stated V2 (Director of Nursing) kept the nurses' licenses in a separate binder. V7 left the interview to retrieve the binder.</p> <p>At 10:39 AM, V7 returned to the interview and stated V17 and V18's licenses were not in the binder. V7 stated V2 did not have copies of V17 and V18's nursing licenses. V7 stated there were only IDFPR checks for their license in the binder. When surveyor reviewed the IDFPR checks for V17 and V18, there were no dates/timestamps as to when facility ran the verifications.</p> <p>Facility's "Employment Policy" (effective 1/01/2024) documents in part: "The organization will abide by all appropriate Local, State and Federal requirements specified regarding employment practices, as well as any additional requirements mandated by the governing body of the corporation. Employment records will be maintained for all persons employed." "The facility will abide by all appropriate regulations specified by the state or federal government regarding licensure and required experience in employing personnel for facility positions." "11. A current copy of any required license and/or certification for the position applied for will be required." "All license and certifications referred to in item #11 will be verified with the appropriate licensing agency and only those individuals with current license and/or certifications in good standing will be considered for employment." "The organization will maintain current and accurate employment records for all persons employed. Records will include: ... A copy of current license, registration or certification and documentation in writing of verifications received from licensing</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007140	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/06/2024
NAME OF PROVIDER OR SUPPLIER LITTLE VILLAGE NRSG & RHB CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 2320 SOUTH LAWDALE CHICAGO, IL 60623		
(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
S9999	<p>Continued From page 2</p> <p>agencies which includes date, person contacted, and signature of individual who receives the verification or a copy of information received via the internet." (C)</p> <p>Statement of Licensure Violation 2 of 5: 300.615e) 300.615f) 300.615g)</p> <p>Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information</p> <p>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)</p> <p>f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender.</p> <p>g) If the results of the background check are inconclusive, the facility shall initiate a fingerprint-based check, unless the fingerprint check is waived by the Director of Public Health</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007140	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/06/2024
NAME OF PROVIDER OR SUPPLIER LITTLE VILLAGE NRSG & RHB CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 2320 SOUTH LAWNSDALE CHICAGO, IL 60623		
(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
S9999	<p>Continued From page 3</p> <p>based on verification by the facility that the resident is completely immobile or that the resident meets other criteria related to the resident's health or lack of potential risk, such as the existence of a severe, debilitating physical, medical, or mental condition that nullifies any potential risk presented by the resident. (Section 2-201.5(b) of the Act) The facility shall arrange for a fingerprint-based background check or request a waiver from the Department within 5 days after receiving inconclusive results of a name-based background check. The fingerprint-based background check shall be conducted within 25 days after receiving the inconclusive results of the name-based check.</p> <p>This Requirement was NOT MET as evidenced by:</p> <p>Based on record review and interview, the facility [A] failed to obtain Criminal History Information Response Process (CHIRP) reports within 24 hours of admission for seven [R12, R15, R16, R21, R74, R82, R306] out of seven residents reviewed, [B] failed to complete assessment of the Illinois Sex Offender Registry for seven residents [R12, R15, R16, R21, R74, R82, R306] out of seven residents, [C] The facility failed review the Illinois Department of Corrections database for seven residents [R12, R15, R16, R21, R74, R82, R306] out of seven residents in the sample of seven residents.</p> <p>Findings Include,</p> <p>On 4/16/12, R12 was admitted to the facility. On 12/5/24, V8 [Director of Social Services] provided records for R12 including a CHIRP completed 11/11/14, which was a positive HIT for multiple</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007140	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/06/2024
NAME OF PROVIDER OR SUPPLIER LITTLE VILLAGE NRSG & RHB CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 2320 SOUTH LAWNSDALE CHICAGO, IL 60623		
(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
S9999	<p>Continued From page 4</p> <p>offenses. Fingerprinting was not ordered nor completed. R12 was not reviewed in the Illinois Department of Corrections data base nor Illinois Sex Offender Registry.</p> <p>On 10/27/22 R15 was admitted to the facility. On 12/5/24, V8 [Director of Social Services] provided records for R15 including a CHIRP completed 10/27/22, which was a positive HIT for multiple offenses. Fingerprinting was not ordered nor completed. R15 was not reviewed in the Illinois Department of Corrections data base nor Illinois Sex Offender Registry.</p> <p>On 9/8/17 R16 was admitted to the facility. On 12/5/24, V8 [Director of Social Services] provided records for R16 including a CHIRP completed 12/4/24, which was a positive HIT for multiple offenses. Fingerprinting was not ordered nor completed. R16 was not reviewed in the Illinois Department of Corrections data base nor Illinois Sex Offender Registry.</p> <p>On 5/26/23 R21 was admitted to the facility. On 12/5/24, V8 [Director of Social Services] provided records for R21 including a CHIRP completed 6/7/23, which was a positive HIT for multiple offenses. Fingerprinting was ordered on 7/20/23. R21 was not reviewed in the Illinois Department of Corrections data base nor Illinois Sex Offender Registry.</p> <p>On 12/2/22 R74 was admitted to the facility. On 12/5/24, V8 [Director of Social Services] provided records for R21 including a CHIRP completed 12/5/22, which was a positive HIT for multiple offenses. Fingerprinting was ordered on 3/15/23. R21 was not reviewed in the Illinois Department of Corrections data base nor Illinois Sex Offender Registry.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007140	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/06/2024
NAME OF PROVIDER OR SUPPLIER LITTLE VILLAGE NRSG & RHB CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 2320 SOUTH LAWNSDALE CHICAGO, IL 60623		
(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
S9999	<p>Continued From page 5</p> <p>On 9/28/23 R82 was admitted to the facility. On 12/5/24, V8 [Director of Social Services] provided records for R82 including a CHIRP completed 3/6/24, which was a positive HIT for multiple offenses. Fingerprinting was not ordered nor completed. R82 was not reviewed in the Illinois Department of Corrections data base nor Illinois Sex Offender Registry.</p> <p>On 12/2/24, R306 was admitted to the facility. On 12/5/24, V8 [Director of Social Services] provided records for R306 including a CHIRP completed 12/4/24 without any hits.</p> <p>On 12/5/24, at 10:28 AM, V8 [Director of Social Services] stated, "I started working here on 9/2004. I came from a hospital, and now getting familiar with the policies and regulations of the long-term facility. The top the CHIRP [Criminal History Information Response Process] is the date requested and date received. Now I know the CHIRP must be completed within 24-hours of admission, it a positive hit comes back, then I have 72-hours to obtain fingerprint consent and order the fingerprints. Also, the resident must be reviewed in the Illinois Sex Offender Registry and Illinois Department of Corrections. V6 [Admission Coordinator] review the resident in the Illinois Sex Registry and Illinois Department of Correction, and V1 [Administrator] run the CHIRP on all the admitted residents. If the CHIP come back with a HIT, then I am to order their fingerprints and obtain consent."</p> <p>On 12/5/10:45 AM, V6 [Admission Coordinator] stated, "I been the admission coordinator for two years. Before the resident is admitted into the facility, I run the resident through the National Sex Offender. If there are any positives, I notify the</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007140	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/06/2024
NAME OF PROVIDER OR SUPPLIER LITTLE VILLAGE NRSG & RHB CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 2320 SOUTH LAWNSDALE CHICAGO, IL 60623		
(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
S9999	<p>Continued From page 6</p> <p>administrator and director of nursing. I did not review the residents in the Illinois Sex Registry, I though the National Sex Registry covered Illinois as well. I did not review the residents in Illinois Department of Corrections."</p> <p>On 12/5/24 at 11:10 AM, V1 [Administrator] stated, "I been the administrator since 12/22. First V6 run the resident through the sex offender registry and notify me of the results. If the resident is a sex offender, he/she will not be admitted into the facility. I am responsible to complete the CHIRPS. I was not made aware the CHIRP need to be completed within 24-hours. I was not made if the CHIRP comes back with a HIT, we have 72-hours to obtain consent and to request and fingerprint appointment. I always believed the National Sex Offender Registry covered Illinois; I did not know the Illinois Sex Offender Registry needed to check as well. The information from the CHIRP I thought gave information about incarnations, I did not know the Illinois Department of Corrections needed to be reviewed for each resident as well."</p> <p>Policy documents in part: Identified Offender Facility Policy and Procedure [No Date] CHIRP [criminal history background check] need to be completed within 24 hours of admission. Once the facility determined the resident is an identified offender the facility must request in 72 hours for the resident to undergo a live scan state and Federal Bureau of investigation fingerprint check. Immediately complete and submit the Illinois Department of Public Health Identified Offender information form and fax it to the IDPH Identified Offender Program IOP. The facility will not wait for the fingerprint results to send the identified</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007140	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/06/2024
NAME OF PROVIDER OR SUPPLIER LITTLE VILLAGE NRSG & RHB CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 2320 SOUTH LAWNSDALE CHICAGO, IL 60623		
(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
S9999	<p>Continued From page 7</p> <p>offender information form to IDPH. After the confirmation from the Identified Offender Program the facility will receive a call from the Illinois State Police division of internal investigation within three business days scheduling an on-site facility interview with the resident and administrator. Once the investigator has completed the investigation portion a forensic psychologist, they will review all documentation to complete the risk assessment. The facility will receive an unidentified offender report and recommendations within four to six weeks. The Identified Offender report and recommendations shall be sent to the long-term care facility, the chief of police, Illinois Department of public health and the ombudsman. (C)</p> <p>Statement of Licensure Violation 3 of 5: 300.625c)2) 300.625g)</p> <p>Section 300.625 Identified Offenders</p> <p>c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following: 2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007140	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/06/2024
NAME OF PROVIDER OR SUPPLIER LITTLE VILLAGE NRSG & RHB CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 2320 SOUTH LAWDALE CHICAGO, IL 60623		
(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
S9999	<p>Continued From page 8</p> <p>locate any criminal history record information that may exist regarding the subject. The Federal Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files.</p> <p>g) Facilities shall maintain written documentation of compliance with Section 300.615 of this Part.</p> <p>This Requirement was NOT MET as evidenced by:</p> <p>Based on interviews and record reviews, the facility failed to arrange fingerprinting within 72 hours of the positive Criminal History Information Response Process (CHIRP) for six [R12, R15, R16, R21, R74, R82] residents out of seven [R306] residents who had a positive CHIRP in a total sample of seven residents.</p> <p>Findings include:</p> <p>On 4/16/12, R12 was admitted to the facility. On 12/5/24, V8 [Director of Social Services] provided records for R12 including a CHIRP completed 11/11/14, which was a positive HIT for multiple offenses. Fingerprinting was not ordered nor completed.</p> <p>On 10/27/22 R15 was admitted to the facility. On 12/5/24, V8 [Director of Social Services] provided records for R15 including a CHIRP completed 10/27/22, which was a positive HIT for multiple offenses. Fingerprinting was not ordered nor completed.</p> <p>On 9/8/17 R16 was admitted to the facility. On 12/5/24, V8 [Director of Social Services] provided</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007140	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 12/06/2024
NAME OF PROVIDER OR SUPPLIER LITTLE VILLAGE NRSG & RHB CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 2320 SOUTH LAWNSDALE CHICAGO, IL 60623		
(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
S9999	<p>Continued From page 9</p> <p>records for R16 including a CHIRP completed 12/4/24, which was a positive HIT for multiple offenses. Fingerprinting was not ordered nor completed.</p> <p>On 5/26/23 R21 was admitted to the facility. On 12/5/24, V8 [Director of Social Services] provided records for R21 including a CHIRP completed 6/7/23, which was a positive HIT for multiple offenses. Fingerprinting was ordered on 7/20/23.</p> <p>On 12/2/22 R74 was admitted to the facility. On 12/5/24, V8 [Director of Social Services] provided records for R21 including a CHIRP completed 12/5/22, which was a positive HIT for multiple offenses. Fingerprinting was ordered on 3/15/23.</p> <p>On 9/28/23 R82 was admitted to the facility. On 12/5/24, V8 [Director of Social Services] provided records for R82 including a CHIRP completed 3/6/24, which was a positive HIT for multiple offenses. Fingerprinting was not ordered nor completed.</p> <p>On 12/5/24, at 10:28 AM, V8 [Director of Social Services] stated, "I started working here on 9/2004. I came from a hospital, and now getting familiar with the policies and regulations of the long-term facility. The top the CHIRP [Criminal History Information Response Process] is the date requested and date received. Now I know the CHIRP must be completed within 24-hours of admission, it a positive hit comes back, then I have 72-hours to obtain fingerprint consent and order the fingerprints. V1 [Administrator] run the CHIRP on all the admitted residents. If the CHIP come back with a HIT, then I am to order their fingerprints and obtain consent."</p>	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007140	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/06/2024
NAME OF PROVIDER OR SUPPLIER LITTLE VILLAGE NRSG & RHB CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 2320 SOUTH LAWDALE CHICAGO, IL 60623		
(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
S9999	<p>Continued From page 10</p> <p>On 12/5/24 at 11:10 AM, V1 [Administrator] stated, "I been the administrator since 12/22. First V6 run the resident through the sex offender registry and notify me of the results. If the resident is a sex offender, he/she will not be admitted into the facility. I am responsible to complete the CHIRPS. I was not made aware the CHIRP need to be completed within 24-hours. I was not made if the CHIRP comes back with a HIT, we have 72-hours to obtain consent and to request and fingerprint appointment."</p> <p>Policy: Policy documents in part: Identified Offender Facility Policy and Procedure [No Date] CHIRP [criminal history background check] need to be completed within 24 hours of admission. Once the facility determined the resident is an identified offender the facility must request in 72 hours for the resident to undergo a live scan state and Federal Bureau of investigation fingerprint check. (C)</p> <p>Statement of Licensure Violation 4 of 5: 300.626a) 300.626b) 300.626c) 300.626d)1)2)3) 300.626e)</p> <p>Section 300.626 Discharge Planning for Identified Offenders a) If, based on the security measures listed in the Identified Offender Report and Recommendation, a facility determines that it cannot manage the identified offender resident</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007140	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/06/2024
NAME OF PROVIDER OR SUPPLIER LITTLE VILLAGE NRSG & RHB CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 2320 SOUTH LAWDALE CHICAGO, IL 60623		
(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
S9999	<p>Continued From page 11</p> <p>safely within the facility, it shall commence involuntary transfer or discharge proceedings pursuant to Section 3-402 of the Act and Section 300.3300 of this Part. (Section 2-201.6(g) of the Act)</p> <p>b) All discharges and transfers shall be pursuant to Section 300.3300 of this Part.</p> <p>c) When a resident who is an identified offender is discharged, the discharging facility shall notify the Department.</p> <p>d) A facility that admits or retains an identified offender shall have in place policies and procedures for the discharge of an identified offender for reasons related to the individual's status as an identified offender, including, but not limited to:</p> <p>1) The facility's inability to meet the needs of the resident, based on Section 300.625 of this Part and subsection (a) of this Section.</p> <p>2) The facility's inability to provide the security measures necessary to protect facility residents, staff and visitors; or</p> <p>3) The physical safety of the resident, other residents, the facility staff, or facility visitors.</p> <p>e) Discharge planning shall be included as part of the plan of care developed pursuant to Section 300.625(j).</p> <p>This Requirement was NOT MET as evidenced by:</p> <p>Based on interviews and record reviews the facility failed to notify Identified Offender Program</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007140	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 12/06/2024
NAME OF PROVIDER OR SUPPLIER LITTLE VILLAGE NRSG & RHB CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 2320 SOUTH LAWNSDALE CHICAGO, IL 60623		
(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
S9999	<p>Continued From page 12</p> <p>Portal of an identified offenders discharged for three [R302, R303, R304] of three residents reviewed for discharge in a sample of ten residents.</p> <p>Findings Include,</p> <p>On 6/26/18, R302 an identified offender was discharged home with family from the facility. On 12/5/24, R302 remains on the Identified Offenders Program Facility Report.</p> <p>On 6/10/21, R303 an identified offender expired in the facility. On 12/5/24, R303 remains on the Identified Offenders Program Facility Report.</p> <p>On 8/9/21, R304 an identified offender did not return from pass, family notified facility R304 will not return back to facility, R304 left against medical advice. On 12/5/24, R304 remains on the identified Offenders Program Facility Report.</p> <p>On 12/5/24 at 11:10 AM, V1 [Administrator] stated, "I been the administrator since 12/22. I did not know the facility needed to send information to the IOP portal regarding discharge of an identified offender. I will have social service input the information for all the discharged offenders."</p> <p>Policy document in part: Identified Offender Facility Policy and Procedure Discharge: If a resident is discharged or expires the facility must notify the identified offender program. Discharge includes when a resident is hospitalized more than 10 days and is not expected to return to the facility or if a resident leave the facility against medical advice. (C)</p>	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007140	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/06/2024
NAME OF PROVIDER OR SUPPLIER LITTLE VILLAGE NRSG & RHB CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 2320 SOUTH LAWDALE CHICAGO, IL 60623		
(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
S9999	<p>Continued From page 13</p> <p>Statement of Licensure Violation 5 of 5: 300.1810I)</p> <p>Section 300.1810 Resident Record Requirements</p> <p>I) All Cook County facilities with Colbert Class Members shall submit to the Colbert Lead Defendant Agency, or successor Colbert Lead Defendant Agency, on a monthly basis, an accurate census of all Medicaid-eligible residents, the previous month 's voluntary and involuntary discharges conducted under Section 300.3300, including any voluntary and involuntary discharges scheduled to be conducted within 48 hours after the end of the reporting month. This monthly census must be submitted on the form prescribed by the Colbert Lead Defendant Agency using secure (encrypted) email, no later than the fifth business day of each month.</p> <p>This Requirement was NOT MET as evidenced by:</p> <p>Findings Include:</p> <p>Based on interview and record reviews the facility failed to submit the dementia reviews for their Colbert residents timely for 25 of 25 dementia Colbert residents in the facility.</p> <p>On 12/5/24, V8 [Director of Social Services] provided facility's email dated 10/25/24 regarding facility submission of dementia reviews for Colbert Residents. Including the following information in part:</p> <p>1. The Facility is the following: a. A licensed facility pursuant to the NHCA within Cook County providing applicable services to</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007140	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/06/2024
NAME OF PROVIDER OR SUPPLIER LITTLE VILLAGE NRSG & RHB CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 2320 SOUTH LAWNSDALE CHICAGO, IL 60623		
(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
S9999	Continued From page 14 Colbert Class Members. 2. Pursuant to Section 3-213 of the NHCA, the Act requires licensed facilities, with respect to their applicable authorizing statute, to provide the Department complete access to any records and documents maintained by such facilities necessary to carry out the Act and the Code. 3. The Act and the Consent Decree ("Consent Decree"; Colbert et al. v. Pritzker et. al., Case No. 07 C 4737 United States District Court, N.D. Illinois, Eastern Division) require timely submission of particular data to the Department, Colbert Lead Defendant Agencies, and Consent Decree Defendant Agencies. ("Reporting Requirements") These Reporting Requirements, include but are not limited to, the following: a. Specific to Cook County nursing facilities licensed under the NHCA, the Consent Decree and the SNIF Code require facilities with Colbert Class Members to disclose accurate census data along with other required information to the Department and other Colbert Lead Defendant Agencies monthly. (77 IAC 300.1810(l)(m)(n), 77 IAC 300.1880(c), 77 IAC 300.330) ("Colbert Reporting Data") i. The Reporting Requirements and Colbert Reporting Data require submission of Colbert Consent Decree Dementia Reviews ("Dementia Reviews") for Medicaid-eligible residents (so as to identify persons residing in Cook County Nursing Facilities, licensed under the NHCA, who may no longer require community transition services due to severe dementia that is unlikely to improve). ii. The Dementia Reviews, which you can find in the "Facility Drafts" section in Assessment PRO have not been completed by your Facility. ` iii. The facility failed to satisfy the applicable Reporting Requirements by	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007140	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/06/2024
NAME OF PROVIDER OR SUPPLIER LITTLE VILLAGE NRSG & RHB CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 2320 SOUTH LAWDALE CHICAGO, IL 60623		
(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
S9999	<p>Continued From page 15</p> <p>failing to provide the Department and Colbert Lead Defendant Agencies, the applicable Colbert Dementia Review.</p> <p>iv. The facility's failure to comply with the Reporting Requirements may cause potential (direct or indirect) harm to individuals the Acts were designed to protect.</p> <p>On 12/5/24 at 9:00 AM V8 [Director of Social Services] stated, "I started working here in September 2024. I received an email from the State indicating the facility did not submit the dementia reviews for Colbert residents. I immediately started reviewing the residents and there are 25 dementia residents that needed to be submitted. I started submitting resident first week in November. I was not here in July, but I will keep up monthly moving forward."</p> <p>On 12/5/24 V1 [Administrator] stated, "I been the administrator here for two years. I was not aware the facility was not submitting the dementia Colbert residents for review. The previous social worker was not submitting the required information. I did not receive the email, only the social worker. I will make sure the dementia reviews are submitted on time. I do not have a policy on submitting information to Colbert." (C)</p>	S9999		