AND PLAN OF CORRECTION		Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 10/25/2024	
		IL6016786				
NAME OF F			DDRESS, CITY, S	TATE, ZIP CODE		
SPRING	CREEK		PER AVENUE			
0(1) 15			IL 60432		DECTION	()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE
S 000	Initial Comments		S 000			
	Annual Licensure C	Certification Survey				
S9999	Final Observations		S9999			
	Statement of Licensure Violations					
	300.615e)					
		etermination of Need juest for Resident Criminal prmation				
	2-201.5(a) of the Ad shall, within 24 hou resident, request a check pursuant to t Information Act for admission to the fa check was initiated Hospital Licensing be based on the res and other identifiers	e screening required by Section ct and this Section, a facility rs after admission of a criminal history background the Uniform Conviction all persons 18 or older seeking cility, unless a background by a hospital pursuant to the Act. Background checks shall sident's name, date of birth, s as required by the e Police. (Section 2-201.5(b)				
	on the Illinois Sex (at www.isp.state.il.u of Corrections sex	check for the individual's name Offender Registration website us and the Illinois Department registrant search page at s to determine if the individual ered sex offender.	;			
	inconclusive, the fa fingerprint-based cl check is waived by based on verification	he background check are cility shall initiate a heck, unless the fingerprint the Director of Public Health on by the facility that the				
ois Depar ORATORY	tment of Public Health DIRECTOR'S OR PROVIE	DER/SUPPLIER REPRESENTATIVE'S SIG	GNATURE	TITLE		(X6) DATE
ectroni	cally Signed					11/02/24

Illinois Department of Public F STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	IL6016786		B. WING		10/25/2024	
NAME OF PRO	OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
SPRING CF	REEK		PER AVENUE IL 60432			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETI DATE
re re th m p 2 a a re b b d n T B fa w Ir re SCP a T R s F C A re R o	esident meets othe esident's health or ne existence of a s nedical, or mental of otential risk preser -201.5(b) of the Act fingerprint-based waiver from the D eceiving inconclusi ackground check. ackground check s ays after receiving ame-based check his requirement wa alled to conduct res- rithin 24 hours on the formation Respon eview the Illinois Science Offender Regis corrections and not rogram within 24 h ppointment. his applies to 9 of 59, R91, R98, R99 ample of 26. indings include: 0n 10/23/24 03:11 f dministrator review equired backgroun at 58's face sheet of f 10/8/24. CHIRP of	ely immobile or that the er criteria related to the lack of potential risk, such as evere, debilitating physical, condition that nullifies any need by the resident. (Section tt) The facility shall arrange for background check or request epartment within 5 days after ve results of a name-based The fingerprint-based shall be conducted within 25 the inconclusive results of the as NOT met as evidenced by: and record review the facility sident background checks he CHIRP (Criminal History use Process) website and ex offender Registry, National stry, Illinois Department of tify the Identified Offender nours of fingerprint 10 residents (R10, R30, R49, 9, R108 and R108) in a	3			

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Illinois Department of Public STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
	IL6016786		B. WING		10/	25/2024		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SPRING CREEK T77 DRAPER AVENUE								
SPRING	CREEK		PER AVENUE IL 60432					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE		
S9999	Continued From pa	ge 2	S9999					
	 of 7/8/24. CHIRP done on 10/23/24. R10's face sheet documents an admission date of 1/26/24. CHIRP done on 2/1/24. R30's face sheet documents an admission date of 10/9/24. No CHIRP provided. National Sex offender site reviewed on 10/23/24. R108's face sheet documents an admission date of 10/18/24. CHIRP done on 10/23/24. R99's face sheet documents an admission date of 6/6/24. CHIRP done on 10/23/24. R59's face sheet documents an admission date of 12/1/24. CHIRP done on 12/01/24. Illinois Sex Offender and Illinois Department of Corrections was provided no date visible. The National Sex done on 12/1/24. The fingerprinting was done on 12/4/21. The identified offenders program was notified on 12/22/21. R49's face sheet documents an admission date of 2/7/24. CHIRP done on 2/16/24. R98's face sheet documents an admission date of 2/7/24. CHIRP done on 6/7/24. 							
	R158, and R91on 1 were requested by a done prior to the su of admission to the Sex Offender, Illino and finger printing w residents did not ha stated R30 comes to R30 did not have a that was reviewed w Website. The finger was arranged on 10 set for 10/31/24. V	ated the CHIRP was run for 0/23/24 when background surveyor. R10's CHIRP was rvey, but not within 24 hours facility. V1 stated the Illinois is department of Corrections were not conducted as the ave hits on their CHIRPs. V1 to the facility for respite visits. CHIRP and the only website with the National Sex Offender r printing appointment for R30 0/23/24 and the appointment 1 stated the facility policy checks should be done within						

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		IL6016786	B. WING		10/25/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
PRING	CREEK		PER AVENUE IL 60432			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
\$9999	was an earlier CHIF 10/11/24. It was no admission to the fac R108, and R99 on were requested by Sex Offender, Illino and finger printing v residents did not ha did have the CHIRF department of Corro the day of admissio scheduled with 72 h V1 Administrator st that does the reside shared between fac checks for resident responsible for mak The facility policy Id 8/2024 states ident for-resident's name Registration Web s Corrections. Condu background check UCIA (Uniform Con Department of State background must b	nge 3 RP for R158 was done on bit done with in 24 hours of cility. the CHIRP was run for 10/23/24 when backgrounds surveyor. V1 stated the Illinois is department of Corrections were not conducted as the ave hits on their CHIRPs. R59 P, Illinois Sex Offender, Illinois ections websites reviewed on on. R59's finger printing was nours of the CHIRP results. ated the Referral Coordinator ent background checks is cilities. If the background s were not being done, he is king sure they are completed. dentified Offenders dated ifying offenders check the e on the Illinois Sex offender ite, Illinois Department of uct a criminal history within 24 hours of admission. Nuction Information Act) by the e Police. Fingerprint based be requested within 72 hours name-based background				

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