

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013171	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/15/2024
NAME OF PROVIDER OR SUPPLIER MONTGOMERY PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 5550 SOUTH SHORE DRIVE CHICAGO, IL 60637		
(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	S 000		
	Annual Licensure and Certification Survey			
S9999	Final Observations	S9999		
	Statement of Licensure Violation: 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)			
	These Requirements were not met as evidenced by:			
	Based on interview, and record review the facility: 1-Failed to check and review the results of the Criminal History Information Response Process (CHIRP) within 24 hours of admission for 2 (R2, and R133) residents.			
	2-Failed to check and review the results of Illinois Department of Corrections (IDOC) within 24 hours of admission for 5 (R2, R133, R183, R187, and R188) out of 5 residents reviewed for			

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

TITLE

(X6) DATE

Electronically Signed

11/30/24

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S9999	<p>Continued From page 1</p> <p>Identified Offender Protocol. This failure resulted in R2, R133, R183, R187, and R188 not having a background check submitted to the Identified Offender Program timely.</p> <p>Findings Include: The residents' clinical records and background checks were reviewed and revealed the following:</p> <ol style="list-style-type: none"> 1. R2 was admitted on 11/08/24. R2's CHIRP, and Illinois Sex Offender Registry (ISOR) was completed on 11/12/24. R2's Illinois Department of Corrections (IDOC) was not completed. Facility could not provide any documentation to show R2's IDOC was completed. 2. R133 was admitted on 11/06/24. R133's CHIRP, and ISOR were completed on 11/12/24. R133's IDOC was not completed. Facility could not provide any documentation to show R133's IDOC was completed. 3. R183 was admitted on 11/11/24. R183's CHIRP, and ISOR were completed on 11/12/24. R183's IDOC was not completed. Facility could not provide any documentation to show R183's IDOC was completed. 4. R187 was admitted on 11/11/24. R187's CHIRP, ISOR were completed on 11/12/24. R187's IDOC was not completed. Facility could not provide any documentation to show R187's IDOC was completed. 5. R188 was admitted on 11/11/24. R188's CHIRP, and ISOR were completed on 11/12/24. R188's IDOC was not completed. Facility could not provide any documentation to show R188's IDOC was completed. <p>On 11/14/24 at 12:30 PM, V1 stated that V1 is responsible for running the background checks for the resident, but V1 did not know that V1 should be running the IDOC background checks prior to or upon admission within the first 24</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>hours. V1 stated all three background checks should be done because not all offenses will show up on the CHIRP. V1 stated running all three background checks, is like a check and balance system to make sure all the facility bases are covered. V1 stated if all three background checks are not all being done the facility could have a resident living in the facility who poses a risk to other residents, staff, and families. When the surveyor showed V1 the Illinois Department of Public health (IDPH) Identified Offenders Program (IOP) Facility Report dated 11/7/2024 document in part triggered; One identified offender (Child Sex Offender) V1 stated that, the triggered identified offender was never in the facility. Surveyor informed V1 to follow up with IDPH-IOP, V1 stated V1 will follow up so the offender would be removed from the facility.</p> <p>The facility's policy titled "Background Checks" undated documents in part:</p> <p>PURPOSE: Ensure the facility is in compliance with the Uniform Conviction Information Act.</p> <p>PROCEDURE: At the time each resident is admitted, this facility must have background check completed within 24-48 hours of admission.</p> <p>(C)</p>	S9999		