					(X3) DATE SURVEY COMPLETED	
	IL6006258		B. WING			
AME OF P	PROVIDER OR SUPPLIER		JDRESS, CITY, STATE, ZIP CODE			
OMENO	CE MEADOWS NURS	SING & REHAB	TH WALNUT CE, IL 60954			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S 000	Initial Comments		S 000			
	Annual Licensure a	and Certification				
S9999	Final Observations		S9999			
	Statement of Licen	sure Violations (1 of 2)				
	300.615e) 300.615f)					
		etermination of Need quest for Resident Criminal ormation				
	Section 2-201.5(a) facility shall, within resident, request a check pursuant to Information Act for admission to the fa check was initiated Hospital Licensing be based on the re and other identifier	e screening required by of the Act and this Section, a 24 hours after admission of a criminal history background the Uniform Conviction all persons 18 or older seeking acility, unless a background I by a hospital pursuant to the Act. Background checks shall esident's name, date of birth, s as required by the te Police. (Section 2-201.5(b)				
	name on the Illinois website at www.isp Department of Cor page at www.idoc.s	check for the individual's s Sex Offender Registration o.state.il.us and the Illinois rections sex registrant search state.il.us to determine if the as a registered sex offender.				
	The requirement w	as NOT met as evidenced by:				
		and record review, the facility resident background checks				
	tment of Public Health	DER/SUPPLIER REPRESENTATIVE'S SI		TITLE		(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6006258	B. WING		11/	15/2024
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE, ZIP CODE		
OMENO	CE MEADOWS NURS	ING & RFHAB	TH WALNUT CE, IL 60954			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From page 1		S9999			
	within 24 hours of admission on the CHIRP (Criminal History Information Response Process), Illinois Sex Offender Registry, and Illinois Department of Corrections websites. This applies to 5 of 10 residents (R40, R69, R73,		,			
	R74, R279) in a sau Findings include:	mple of 18.				
	of 9/9/24. R74's Cl The facility did not p	ocuments an admission date HRP was done on 9/12/24. provide documentation of s Department of Corrections				
		ocuments an admission date CHIRP was done on 8/27/24.				
	of 9/7/22. R279's C The Illinois Sex Off					
	R73's face sheet do of 9/6/24. The facil documentation of re Department of Corr	eviewing the Illinois				
	of 3/20/24. R69's 0 The Illinois Sex Off					
	On 11/14/24 at 12:4 V7 in admissions di	17 PM, V1 Administrator stated id not complete the	i			

		Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 11/15/2024	
	IL6006258					
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
NOMEN	CE MEADOWS NURS	ING & REHAR	TH WALNUT CE, IL 60954			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
S9999	Continued From pa	age 2	S9999			
	background checks in a timely manner. They should have been done the day of admission or the day prior to admission. The Social Services Director is responsible for obtaining the finger printing appointment. The appointments should be done as soon as the CHIRP returns with a hit. The undated facility Identified Offender Procedure / Protocol states screen every prospective admission / new admission on the free internet sites and submit the UCIA (Uniform Conviction Information Act) background check through Illinois State Police and check websites. If the residents UCIA CHIRP is returned with an IOP conviction the correct protocol and process is followed if there are positive results ("Hit") review the conviction report and compare to IO (Identified Offender) list of convictions. If the convictions meet the Identified Offender criteria, request a fingerprint check from an authorized livescan vendor. (C)		•			
	Statement of Licen 300.625c)1)2) 300.625k)	sure Violations (2 of 2)				
	Section 300.625 Id	entified Offenders				
	background check identified offender a	a resident's criminal history reveal that the resident is an as defined in Section 1-114.01 ty shall do the following:				
	Police, in the form a	ify the Department of State and manner required by the e Police, that the resident is ar	n			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		IL6006258	B. WING		11/	15/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
OMEN	CE MEADOWS NURS	ING & REHAR	TH WALNUT CE, IL 60954			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETI DATE
S9999	Continued From pa	ige 3	S9999			
	identified offender.					
	be requested on the The inquiry shall be sex, race, date of b other identifiers req State Police. The ii through the files of Police and the Fede locate any criminal may exist regarding Bureau of Investiga Department of State inquiry under this su history record inform	riminal history record inquiry to e identified offender resident. b based on the subject's name, wirth, fingerprint images, and quired by the Department of nquiry shall be processed the Department of State eral Bureau of Investigation to history record information that g the subject. The Federal stion shall furnish to the e Police, pursuant to an ubsection (c)(2), any criminal mation contained in its files.				
		nd Recommendation into the s care plan. (Section it)				
	The requirement wa	as NOT met as evidenced by:				
	failed to obtain a fir hours of the CHIRF Response Process Department of State Offender resided in care plan for an ide recommendations f	and record review the facility agerprint appointment with 72 P (Criminal History Information) results, notify the e Police that an identified the facility, and develop a entified offender utilizing from the Identified Offenders to 1 of 10 residents (R74) in a				
	Findings include:					
		ocuments an admission date HIRP was done on 9/12/24.				

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If continuation sheet 4 of 5

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6006258	B. WING		11/	15/2024
IAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE, ZIP CODE		
OMEN	CE MEADOWS NURS	ING & RFHAB	TH WALNUT CE, IL 60954			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (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 THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ge 4	S9999			
	The fingerprint appointment was done on 9/24/24. The criminal history background document includes felony convictions for murder and armed robbery.					
	R74's EMR (Electronic Medical Record) review did not document any current care plan with interventions in place to address R74's criminal history.					
	she did not have ac made on the Identif documentation of n that R74 was an ide facility. V1 stated V	47 PM, V1 Administrator stated ccess to recommendations fied Offenders Report or otification to the State Police entified offender residing in the 4 (Social Services Director) the documentation but is no e of the facility.				
	Nursing) stated V4 recommendation for included in the care care plan in place to history. The care p how to intervene for	PM, V2 DON (Director of was responsible for assuring or an identified offender is plan. R74 should have a o accommodate his criminal lan gives staff direction on r him. His history puts at risk for abuse and injury.				
	/ Protocol states co Offender) care plan 36 hours is sugges communicate any h concerns to Admini	/ Identified Offender Procedure mplete an IO (Identified as soon as possible (within ted). Make sure to high-risk convictions and strator/ Director of Nursing to tes and risk management				
	(C)					

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