

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006662	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/22/2024
NAME OF PROVIDER OR SUPPLIER ASTORIA PLACE LIVING & REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 6300 NORTH CALIFORNIA AVENUE CHICAGO, IL 60659		
(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	S 000		
S9999	Final Observations Statement of Licensure Violations 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 failed to request the Criminal History Information Response Process (CHIRP) within 24 hours of admission for 3 (R77, R127, R144) out of 10 residents reviewed for Identified Offender Protocol. Findings Include:	S9999		

Illinois Department of Public Health

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

TITLE

(X6) DATE

Electronically Signed

12/13/24

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S9999	<p>Continued From page 1</p> <p>The residents' clinical records and background checks were reviewed and revealed the following:</p> <ol style="list-style-type: none"> 1. R77 was admitted on 1/12/2021. R77's Criminal History Information Response Process (CHIRP) was requested on 1/22/2021. 2. R127 was admitted on 05/17/2024. R127's CHIRP was requested on 5/22/2024. 3. R144 was admitted on 09/19/2024. R144's CHIRP was requested on 10/10/2024. <p>On 11/19/24 at 1:13 PM, interviewed V9 (Admissions Director) stated [V9] runs the CHIRP within the 24 hours of resident's admission. V9 stated a designee will run the CHIRP if [V9] is off or on vacation. V9 stated [V9] is not in the facility on weekends but will still run the CHIRP for Friday and Saturday residents' admissions.</p> <p>The facility's "Resident Background Check" dated 8/19/24 reads in part: The 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.</p> <p>(C)</p>	S9999		