## PRINTED: 01/02/2025 FORM APPROVED

	epartment of Public		יסוד וו א (צ2)		(V2) DAT		
STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6016497	B. WING		12/	06/2024	
NAME OF F	ROVIDER OR SUPPLIER	STREET /	ADDRESS, CITY, S	TATE, ZIP CODE			
SOUTH S	UBURBAN REHAB (	CENTER	OUTH HALSTE				
(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 CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	N SHOULD BE COMPLETI E APPROPRIATE DATE		
S 000	Initial Comments		S 000				
	Annual Licensure Survey						
S9999	Final Observations		S9999				
	Statement of Licensure Violations:						
	300.615 e) 300.615 f)						
	Screening and Req History Record Info e) In addition to the 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 re- and other identifiers Department of Stat of the Act) f) The facility shall of on the Illinois Sex ( at www.isp.state.il.us is listed as a register These requirement	screening required by Section ct and this Section, a facility rs after admission of a criminal history background he Uniform Conviction all persons 18 or older seekin cility, unless a background by a hospital pursuant to the Act. Background checks shal sident's name, date of birth, as required by the e Police. (Section 2-201.5(b) check for the individual's nam Offender Registration website us and the Illinois Department registrant search page at s to determine if the individual	ig I e				
		and record review, the facility	/				
		iminal history background					
ois Depar ORATORY	tment of Public Health ′ DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S S	IGNATURE	TITLE		(X6) DATE	
	cally Signed					12/15/24	
TE FORM	Λ		6899	D5E11	If continu	ation sheet 1	

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Illinois Department of Public Health											
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 12/06/2024						
		IL6016497									
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE							
SOUTH	SUBURBAN REHAB (	CENTER	UTH HALST OD, IL 6043								
(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 SHOUL) CROSS-REFERENCED TO THE APPRON DEFICIENCY)	D BE COMPLETE						
S9999	Continued From page 1		S9999								
	checks within 24 hours of admission for three of five residents (R29, R41, R123) reviewed for criminal history background check in a sample of 26.										
	Findings include:										
	<ul> <li>Findings include:</li> <li>On 12/5/2024 at 11:45 AM, R29 was noted with admission date of 11/13/2024, and Criminal History Information Response Process was initiated on 11/20/2024. R41 was noted with admission date of 11/1/2024, and Criminal History Information Response Process was initiated on 11/4/2024. R123 was noted with admission date of 11/2/2024, and Criminal History Information Response Process was initiated on 11/4/2024.</li> <li>On 12/5/2024 at 12:24 PM, V18 (Admissions), V18 stated Criminal History Information Response Process (Background check) is done within 72 hours of admission, and it is impossible to do within 24 hours because V18 does not work after hours and on weekends. V18 said they have no policy on running and checking Criminal History Information Response Process.</li> <li>On 12/5/2024 at 2:15 PM, V1 (Administrator) stated, "All new admissions need to have the Criminal History Information Response Process completed within 24 hours of admission."</li> <li>(C)</li> </ul>										
Illinois Department of Public Health											

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