PRINTED: 01/21/2025 FORM APPROVED

| | T OF DEFICIENCIES OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
|--------------------------|---|--|---|--|-------------------------------|-------------------------|
| | | IL6009005 | B. WING | | 11/15/2024 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET AI | DDRESS, CITY, ST | | | |
| LITTLE S | SISTERS OF THE PO | OR OF PAI ATINE | NORTHWES | HIGHWAY | | |
| (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 E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY) | | (X5) COMPLET DATE |
| S 000 | Initial Comments | | S 000 | | | |
| | Annual Licensure a | and Certification | | | | |
| S9999 | Final Observations | | S9999 | | | |
| | Statement of Licensure Violations: 300.615e) 300.615f) | | | | | |
| | | Determination of Need quest for Resident Criminal prmation. | | | | |
| | Section 2-201.5(a) facility shall, within resident, request a check pursuant to Information Act for seeking admission background check pursuant to the Ho Background check resident's name, da identifiers as require | to the 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 to the facility, unless a was initiated by a hospital spital Licensing Act. s shall be based on the ate of birth, and other red by the Department of State 201.5(b) of the Act) | | | | |
| | name on the Illinois website at www.isp Department of Cor page at www.idoc.s | shall 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. | | | | |
| | These requirement by: | s were not met as evidenced | | | | |
| | | and record review the facility dents in the Illinois Departmen | t | | | |
| ois Depar ORATORY | tment_of Public Health ⁄ DIRECTOR'S OR PROVI | DER/SUPPLIER REPRESENTATIVE'S SIG | GNATURE | TITLE | | (X6) DATE 12/11/24 |

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| | epartment of Public | | 1 | | 1. | |
|---------------|--|--|---|--|-------------------------------|-----------------|
| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
| | | IL6009005 | B. WING | | 11/15/2024 | |
| AME OF F | PROVIDER OR SUPPLIER | STREET AL | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| ITTLE S | SISTERS OF THE POO | | NORTHWEST | r Highway | | |
| (X4) ID | SUMMARY STATEMENT OF DEFICIENCIES | | | PROVIDER'S PLAN OF | | |
| PRÉFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | COMPLET DATE |
| S9999 | Continued From page 1 | | S9999 | | | |
| | of Corrections. This failure affected 5 (R5, R13, R18, and R27) of 5 residents reviewed for background checks in a total sample of 12. | | | | | |
| | Findings include: | | | | | |
| | Employee files for R5, R13, R18, and R27 do not document any Illinois Department of Corrections background checks. | | | | | |
| | resident backgroun of Corrections (IDC determine if there v | 15 AM, V1 (Administrator) said d checks Illinois Department OC) background checks vere any convictions in the said she was unaware of OC for residents. | | | | |
| | resident files for R5 was unable to pres | Social Services) reviewed 5, R13, R18, R22, and R27. V8 ent the Illinois Department of ound checks for R5, R13, 7. | | | | |
| | | (C) | | | | |
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| | tment of Public Health | | | | | |

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