## PRINTED: 02/25/2025 FORM APPROVED

Illinois De	epartment of Public	Health			FORM	APPROVE
		S (X1) PROVIDER/SUPPLIER/CLIA		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED 12/13/2024	
		IL6000353	B. WING			
		STREET ADDRESS, C				12/13/2024
			WASHINGT			
BRIDGEV	IAY SENIOR LIVING	BENSEN	VILLE, IL 601	106		1
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Annual Licensure S	urvey				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations:				
	300.615e) 300.615f)					
		etermination of Need uest for Resident Criminal rmation				
	Section 2-201.5(a) facility shall, within 2 resident, request a check pursuant to t Information Act for seeking admission background check pursuant to the Hos Background checks resident's name, da	o the screening required by of the Act and this Section, a 24 hours after admission of a criminal history background he 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 ed by the Department of State 201.5(b) of the Act)				
	name on the Illinois website at www.isp Department of Corr page at www.idoc.s	hall check for the individual's Sex Offender Registration state.il.us and the Illinois ections sex registrant search tate.il.us to determine if the s a registered sex offender.				
	This requirement w	as NOT met as evidenced by:				
		and record review, the facility residents on the required				
	ment of Public Health					(X6) DATE
	cally Signed	ER/SUPPLIER REPRESENTATIVE'S SIG	INALUKE	TITLE		12/25/24
			6899	QH211	If continue	ation sheet 1 c

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Illinois Department of Public STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 12/13/2024	
		IL6000353				
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
BRIDGE	WAY SENIOR LIVING		T WASHINGTO VILLE, IL 601			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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 T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETI DATE
S9999	Continued From page 1		S9999			
	registries within 24 to 48 hours of admission to the facility. This applies to 10 of 10 residents (R421, R372, R371, R373, R81, R422, R85, R20, R96, R69) who were the most recent new admissions to the facility.					
	The findings include:					
	On December 12, 2024, at 10:54 AM, V21 (Director of Marketing) and V22 (Admissions Director) went over the resident background checks.					
	7, 2024, and the CH Information Respor December 9, 2024. Registry and the Illi	ted to the facility on Decembe HRP (Criminal History ise Process) was checked on The Illinois Sex Offender nois Department of Correction ked on December 11, 2024.				
	2, 2024, and the Illin	ted to the facility on Decembe nois Sex Offender Registry artment of Correction Registry ecember 11, 2024.				
	30, 2024, and the C December 3, 2024. Correction Registry	ted to the facility on Novembe CHIRP was checked on The Illinois Department of were checked on December is Sex Offender Registry was	r			
	27, 2024, and the II	ted to the facility on Novembe linois Sex Offender Registry artment of Correction Registry ecember 9, 2024.				
	26, 2024, and the II	ed to the facility on November linois Sex Offender Registry artment of Correction Registry				

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AND PLAN OF CORRECTION IDENTIFICATION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED	
					400		
						12/13/2024	
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST <b>F WASHINGTO</b>				
BRIDGE	NAY SENIOR LIVING		VILLE, IL 601				
(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 ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE	
S9999	Continued From page 2		S9999				
	were checked on December 9, 2024.						
	23, 2024, and the I and the Illinois Dep	tted to the facility on November llinois Sex Offender Registry partment of Correction Registry December 10, 2024.					
	14, 2024, and the I and the Illinois Dep	ed to the facility on November llinois Sex Offender Registry partment of Correction Registry lovember 20, 2024.					
	10, 2024, and the I and the Illinois Dep	ed to the facility on November llinois Sex Offender Registry partment of Correction Registry December 12, 2024.					
	8, 2024, and the Illi and the Illinois Dep	ed to the facility on November nois Sex Offender Registry partment of Correction Registry lovember 15, 2024.					
	4, 2024, and the Illi and the Illinois Dep	tted to the facility on November nois Sex Offender Registry partment of Correction Registry December 12, 2024.					
	dated October 1, 2 ensure any state an performed, as required admission. Require	dmission Documents policy 019, showed Admissions will nd/or federal pre-screening is ired by regulations, prior to ements include OBRA der screening and a criminal					
	(C)						

JQH211