STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000012	A. BUILDING: _____ B. WING _____	C 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA BELLA AT CLIFTON	1190 E 2900 NORTH ROAD CLIFTON, IL 60927

(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 Complaint Investigation: 2562608/IL188815	S 000		
S9999	Final Observations Statement of Licensure Violation: 300.615e) 300.615f) 300.625g) 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) f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender. Section 300.625 Identified Offenders g) Facilities shall maintain written documentation	S9999		

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S9999	Continued From page 1	S9999		

of compliance with Section 300.615 of this Part.

These REQUIREMENTS were not met as evidenced by:

Based on observation, interview, and record review, the facility failed to conduct required criminal history checks, failed to check alias names on the registered sex offenders websites, and failed to maintain documentation of these criminal history background checks. These failures have the potential to affect all 70 residents residing in the facility.

Findings include:

1. R1's Electronic Medical Record (EMR), including Census Details, Minimum Data Sets, and Nursing Progress Notes, dated as of 3/25/25, document R1 was admitted to the facility 11/14/24. R1's demographic information listed on each screen of R1's EMR documents R1 was 85 years of age at the time of admission to the facility. This same EMR, comprehensively, did not contain a criminal history background check, nor any checks of the required websites for sex offender registration.

On 3/25/25 at 2:10 PM, R1 was lying in bed in his own room. There was an aluminum frame walker next to R1's bed. R1 stated he gets around the facility using the walker.

On 3/26/25 at 9:32 AM, V1, Administrator, stated she was not the administrator of the facility at the time of R1's admission, and the current Business Office Manager (V10) was not the Business Office Manager at the time of R1's admission. V1 stated the criminal history and sex offender checks had not been done for R1 at the time of

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S9999	Continued From page 2	S9999		

his admission and she could not speak to why the checks were not completed.

2. R2's EMR, including Census Details, Minimum Data Sets, and Nursing Progress Notes, document R2 was admitted to the facility 3/12/25 being 82 years of age. R2's Criminal History Information Response Process (CHIRP), name based criminal history report, documents R2 had four alias names, one of which included a different last name than the other three. There was no sex offender website checks for R2's alias with the different last name.

R2's Minimum Data Set dated 3/19/25 documents R2 experiences inattention, disorganized thinking, hallucinations, delusions, and exhibits verbal and physical behaviors towards others which put R2 and others at risk of injury. This same Minimum Data Set documents R2 aimlessly wanders in the facility and interferes on the privacy of others.

R2's Nursing Progress Notes dated 3/13/25 document R2 is able to self-propel his wheelchair, is ambulatory at times, is rude and physically aggressive towards staff and other residents.

On 3/25/25 at 2:20 PM, R2 was seated in a wheelchair in the common activity room. On 3/26/25 at 12:40 PM, R2 was outside the facility in a wheelchair engaged in smoking activity.

On 3/26/25 at 1:55 PM, V10, Business Office Manager, stated she had not checked R2's alias with the different last name as a part of R2's background check.

3. R3's EMR Census Details dated 3/26/25 document R3 was admitted to the facility 3/19/2012 and was 83 years of age at the time of

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S9999	Continued From page 3 admission. R3's Census Details document seven hospitalizations and re-admissions, including one on 8/11/22 when R3 returned to the facility on this same date. R3's EMR, comprehensively, did not contain any criminal background nor sex offender checks. On 3/26/25 at 12:00 PM, V1, Administrator, stated neither she nor V10 could open the computer file with R3's criminal history checks. V1 stated the facility had undergone an ownership change in September 2024 and the former owners had encrypted some files including R3's background checks. At 1:00 PM, V1 stated she had a corporate staff member who had an access code for the file containing R3's background checks and these checks were dated 12/20/24. V1 stated these checks were the oldest ones maintained by the facility for R3. V1 stated and confirmed even with R3's hospitalization and re-admission on 8/11/22, these background checks on 12/20/22 are outside of the window to complete them. The facility's Resident Roster dated 3/25/25 documents 70 residents residing in the facility. (C)	S9999		