STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003834	A. BUILDING: _____ B. WING _____	C 04/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATRIUM HEALTH CARE CENTER	1425 WEST ESTES AVENUE CHICAGO, IL 60626

(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: 2583102/IL189838 - 300.625	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.625c)2) Section 300.625 Identified Offenders c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following: 2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files. This requirement was not met as evidenced by: Based on interview, and record review, the facility	S9999		

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S9999	Continued From page 1	S9999		

failed to follow their policy of requesting a fingerprint-based background check within 72 hours of receiving the residents' name based criminal history background check for two of two residents (R9, R10) reviewed for Abuse Prevention.

Findings include:

On 04/14/2025 at 12:05pm during the Identified Offender Program review with V9 (Business Office Manager) observed R9's (03/26/2025) name based Criminal History Report's result: HIT and R10's (04/03/2025) name based Criminal History Report's result: HIT. This surveyor requested to see R9's and R10's fingerprinting consent, schedule, receipt, result and risk assessment. V9 stated (V3 - Social Service Director) is responsible for scheduling the fingerprinting of the residents.

On 04/14/2025 at 1:24pm, V3 presented this surveyor R9's and R10's unsigned and undated 'Nursing Home Resident Applicant Fingerprinting Consent Forms'. V3 stated when I get the CHIRP result with HIT that is the only time we order for fingerprinting of our residents. I inform (Fingerprint Service Provider) via email. (Fingerprint Service Provider) can only do so many. They were here on 3/21/2025. I am not sure when I emailed (Fingerprint Service Provider) for their (R9 and R10) fingerprinting. Maybe on 4/8/2025. If the CHIRP came out with a 'hit', the expectation is to schedule the fingerprinting within 72 hours. V3 stated I will find out for you the purpose of scheduling the fingerprinting within 72 hours.

On 04/14/2025 at 2:19pm inside V3's office, V3 checked the email she sent out to (Fingerprint

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S9999	Continued From page 2	S9999		

Service Provider) and stated I don't have it in my email. I did not send an email to (Fingerprint Service Provider) to schedule the fingerprinting of (R9). For (R10), I emailed (Fingerprint Service Provider) on 04/08/2025. I know I am behind in scheduling their fingerprinting.

On 04/14/2025 at 2:37pm, this surveyor presented V1 (Administrator) the CHIRP results of R9 and R10 and inquired when the facility should schedule the fingerprinting of these residents. V1 stated R9's fingerprinting should have been scheduled on 03/29/2025 and R10's fingerprinting should have been scheduled on 04/06/2025.

On 04/14/2025 at 2:40pm, this surveyor presented V1 the facility provided Identified Offender Policy and Procedure and inquired if facility follows its policy of requesting a fingerprint-based background check within 72 hours. V1 stated "No."

On 04/15/2025 at 12:22pm, V1 (Administrator) stated burglary is a qualifying offense that necessitate for us to schedule fingerprinting within 72 hours. Prostitution Class 4 is also a qualifying offense.

On 04/15/2025 at 1:16pm, V1 stated if the residents who have 'HIT' on the CHIRP were not scheduled for fingerprinting within 72 hours, we put all of the residents to potential harm. It is part of our abuse prevention program, checking the criminal backgrounds of our residents.

R9's (04/08/2025) Minimum Data Set documented, in part "Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 13." Indicating R9's

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S9999	Continued From page 3	S9999		

mental status as cognitively intact.

R9's (03/26/2025) Criminal History report documented, in part "Criminal History Data: Prostitution. Class 4."

R10's (03/31/2025) Minimum Data Set documented, in part "Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 15." Indicating R10's mental status as cognitively intact.

R10's (04/03/2025) Criminal History report documented, in part "Criminal History Data. Burglary. Class 2."

The (undated) Identified Offender Facility Policy and Procedure documented, in part "Policy Statement. It is the policy of this facility to establish a resident sensitive and resident secure environment. In accordance with the provisions of the Nursing Home Care Act, this facility shall check the criminal history background on any resident seeking admission to the facility in order to identify previous criminal convictions. Identified offender: Any person who has been convicted of, found guilty of, any of the statute citation numbers listed in the identified offender conviction list or any of the statute citation numbers listed in the Sex offenses list of the department Identified Offenders program. Identifying Offenders. 3. Conduct a Criminal history background check: Within 24 (sic) hours of admission, request a name-based Uniform Conviction Information Act (UCIA) Criminal History background check for any resident seeking admission to the facility. 4.b. If the UCIA response contains convictions that match the Identified Offender or Sex Offender statute citation numbers, the resident is an identified offender and must be reported to

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S9999	Continued From page 4 Identified Offenders Program. 5. Request a live scan UCIA fingerprint check: d. the fingerprint-based background must be requested within 72 hours after receiving the name-based background check and must be conducted within five business days after receiving the name-based results." (C)	S9999		