STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008825	A. BUILDING: _____ B. WING _____	02/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN BARR SOUTH LOOP	1725 SOUTH WABASH CHICAGO, IL 60616

(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 Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of 4 300.615e) 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) These requirements are not met as evidenced by: Based on interview and record review the facility failed to request and review the results of the Criminal History Information Response Process (CHIRP) within 24 hours of admission for 1 (R393) out of 10 residents reviewed for Identified Offender Protocol. Findings Include:	S9999		

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S9999	Continued From page 1	S9999		

The residents' clinical records and background checks were reviewed and revealed the following: R393 was admitted to the facility on 02/05/25. R393's Criminal History Information Response Process (CHIRP) was completed on 02/07/25.

On 02/19/25 at 9:40 AM, V15 (Admissions Director) stated prior to a resident being admitted to the facility initial background checks are run including: Illinois Sex Offender Registry, National Sex Offender Registry and Illinois Department of Corrections. V15 stated the CHIRP is run within 24 hours of admission. V15 stated the purpose of running the background checks it to identify if the resident is an offender and/if the resident is appropriate for admission to this long-term care environment. V15 stated if the resident gets admitted on a Friday or over the weekend or on a holiday the CHIRP is still run within 24 hours of admission. V15 stated the date the CHIRP is run will print out on the top of the CHIRP form which then gets uploaded to the resident's records. V15 stated if there is a "HIT" on the CHIRP then V15 notifies V16 (Social Service Director) who is responsible for scheduling fingerprinting.

The facility's policy titled Identified Offender dated 07/31/24 documents in part the facility will comply with the state regulations in addressing residents who are identified offenders.

(C)

2 of 4

300.625c)2)

Section 300.625 Identified Offenders

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S9999	Continued From page 2	S9999		

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.

These requirements are not met as evidenced by:

Based on interview, and record review the facility failed to request fingerprinting appointments within 72 hours of resident being identified as an offender with a qualifying offense for 3 (R393, R394, R442) out of 10 residents reviewed for Identified Offender Protocol. This failure resulted in IOP not having fingerprinting information timely.

Findings Include:

The residents' clinical records and background checks were reviewed and revealed the following during annual survey conducted from 02/18/25 to 02/21/25:

R393's CHIRP dated 02/07/25 result came back

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S9999	Continued From page 3	S9999		

with a "HIT." R393's fingerprint was requested on 02/18/25.

R394's CHIRP dated 02/13/25 result came back with "MULTIPLE HITS - FEE FINGERPRINTS REQUESTED." R394's fingerprint was requested on 02/18/25.

R442's CHIRP dated 01/31/25 result came back with a "HIT." R442's fingerprint was requested on 02/18/25.

On 02/19/25 at 11:42 AM, V16 (Social Service Director) stated if the CHIRP has a "HIT," then he schedules a fingerprint screening. V16 stated he tries to do that as soon as he gets the CHIRP results back at least within 48 hours. V16 stated the fingerprinting company responds on the day or within 24 hours and gives him (V16) a date when they can come out to the facility. V16 stated he called to request fingerprinting appointments for R393, R394, and R442 on 02/18/25.

The facility's policy titled Identified Offender dated 07/31/24 documents in part the facility will comply with the state regulations in addressing residents who are identified as offenders and if the results of a resident's criminal history background check reveal that the resident is an identified offender the facility will within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident.

(C)

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S9999	Continued From page 4 Section 300.1025 Tuberculin Skin Test Procedures Tuberculin skin tests for employees and residents shall be conducted in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). This requirement was NOT met as evidenced by: Based on interviews and record reviews, the facility failed to screen four residents (R93, R118, R150, R151) for tuberculosis out of five residents reviewed for tuberculosis screening. Findings include: R93, R118, R150, and R151's immunization history in their electronic medical records did not include tuberculosis (TB) screening/test results. Requested R93, R118, R150 and R151's TB skin test results from V2 (Director of Nursing) on 2/19/2025 at 12:29 PM and from V1 (Administrator) on 2/20/2025 at 10:35 AM. Facility did not provide any documents or skin test results for the four listed above. On 2/20/2025 at 11:28 AM, V42 (Nurse Consultant) stated there was no info regarding the four residents' TB screenings or skin tests. V42 stated the nurses probably forgot to mark it off. On 2/20/2025 at 12:07 PM, V2 (Director of Nursing) stated the facility did not have TB screenings or skin tests for R93, R118, R150, and R151. Facility's "TB Policy," last revised 8/19/2024, documents in part that the facility will comply with	S9999		

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S9999	Continued From page 5	S9999		

the requirements set forth by Illinois Department of Health regarding TB infection control plan. "Records on TB screening test results will be maintained; TB diagnostic evaluation results (including whether the tuberculosis was drug-resistant); other information about any persons exposed to tuberculosis; and the current written plan." "Residents will obtain a TB screening within 7 days after admission."

(C)

4 of 4

300.1060e)

Section 300.1060 Vaccinations

e) A facility shall distribute educational information provided by the Department on all vaccines recommended by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (available at: https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf), including, but not limited to the risks associated with shingles and how to protect oneself against the varicella-zoster virus. The facility shall provide the information to each resident who requests the information and each newly admitted resident. The facility may distribute the information to residents electronically. (Section 2-213(e) of the Act)

This requirement was NOT met as evidenced by:

Based on interviews and record reviews, the facility failed to provide evidence that they educated residents and their representatives

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S9999	Continued From page 6	S9999		

regarding the risks associated with shingles and how to protect the residents against the varicella-zoster virus for five residents (R66, R93, R118, R150, R151) out of five residents reviewed for shingles education.

Findings include:

On 2/19/2025 at 11:42 AM, surveyor provided V2 (Director of Nursing) R66, R93, R118, R150, R151's names for immunization review.

R66, R93, R118, R150, R151's immunization history in their electronic medical records did not include shingles vaccine information/education.

Surveyor requested for R66, R93, R118, R150, R151's shingles education or shingles vaccine information from V1 (Administrator) and V2 (Director of Nursing) on 2/20/2025 at 10:35 AM. Facility did not provide documentation prior to the conclusion of the survey.

On 2/20/2025 at 11:28 AM, V42 (Nurse Consultant) stated the facility has a consent and education flyer for the shingles vaccine but there is no documentation that the nurses offered the information to the five listed residents. V42 also stated the facility does not have policies and procedures for distributing the information to the residents.

Facility's "Vaccine Information Statement - Recombinant Zoster (Shingles) Vaccine: What You Need to Know" information sheet documents in part: "The risk of shingles increases with age." "People with weakened immune systems also have a higher risk of getting shingles and complications from the disease." Recombinant shingles vaccine is recommended for adults 50

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S9999	Continued From page 7 years and older and adults 19 years and older who have a weakened immune system because of disease or treatments." Facility's "Immunization Consent Form" documents in part: "The Center for Disease Control (CDC) recommends the following immunizations for older adults unless clinically contraindicated." (C)	S9999		