(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			, 20.22			
		IL6007355	B. WING		04/0	4/2025
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
AHVA CA	ARE OF STICKNEY		TH OAK PAI Y, IL 60402	RK AVENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Annual Licensure a	nd Certification				
S9999	Final Observations		S9999			
	Statement of Licens 300.615e) 300.615f)	sure Violations:				
		etermination of Need uest for Resident Criminal rmation				
	Section 2-201.5(a) facility shall, within resident, request a check pursuant to t Information Act for admission to the facheck was initiated Hospital Licensing be based on the resand other identifiers	ne 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 seeking cility, unless a background by a hospital pursuant to the Act. Background checks shall sident's name, date of birth, is as required by the e Police. (Section 2-201.5(b)				
	name on the Illinois website at www.isp Department of Corr page at www.idoc.s	Il check for the individual's Sex Offender Registration state.il.us and the Illinois rections sex registrant search state.il.us to determine if the s a registered sex offender.				
	This requirement w by:	as NOT MET as evidenced				
	Based on interview	and record review, the facility				

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

04/22/25 **Electronically Signed**

TITLE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BUILDING.				
	IL6007355		B. WING		04/	04/04/2025	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
AHVA C	ARE OF STICKNEY		ITH OAK PAF Y, IL 60402	RK AVENUE			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
\$9999	failed to perform or checks within 24 he four residents (R48 for criminal history of 13. Findings include: 1. On 04/02/2025 a review with V13 (Seadmitted on 03/28/History Information on 03/31/2025 and Registry Search was On 04/02/2025 at 1 V13, V13 stated the should be done wit access issues with Response Process another facility to does not do the Illing On 04/03/2024 at 2 V1 (Administrator), working on V13's a residents' backgrowithin 24-48 hours Illinois Sex Offender Review of R147's A initial admission da R147's Criminal Hisprocess indicated on 03/21/2025 a review with V13 (Seadmitted on 03/21/2025).	iminal history background ours of admission for four of 8, R51, R52, R147) reviewed background check in a sample at 12:55PM during record ocial Worker), R147 was 2025 and R147's Criminal Response Process was done no Illinois Sex Offender as noted. 2:55PM during interview with at all background checks hin 24 hours but V13 has Criminal History Information of the formation of admission, including the formation Record indicated of 03/28/2025. Review of story Information Response	S9999	DEI IOIEN			

Illinois Department of Public Health

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BOILDING.				
IL6007355		B. WING		04/04/2025			
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
AHVA CARE OF STICKNEY			UTH OAK PARK AVENUE EY, IL 60402				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
S9999	Continued From pa	ge 2	S9999				
	Registry Search wa	is noted.					
	V13, V13 stated that should be done with access issues with Response Process another facility to do does not do the Illin On 04/03/2024 at 2 V1 (Administrator), working on V13's arresidents' backgrouwithin 24-48 hours Illinois Sex Offende Review of R48's Admitial admission dar R48's Criminal Hist	Imission Record indicated te of 03/21/2025. Review of ory Information Response					
	review with V13 (Sc admitted on 03/11/2 History Information on 03/13/2025 and Registry Search was On 04/02/2025 at 1 V13, V13 stated that should be done with access issues with Response Process another facility to do does not do the Illin On 04/03/2024 at 2	at 12:55PM during record ocial Worker), R51 was 2025 and R51's Criminal Response Process was done no Illinois Sex Offender as noted. 2:55PM during interview with at all background checks in 24 hours but V13 has Criminal History Information, so she asks a colleague from o it for her. V13 stated that she nois Sex Offender Registry.					
	V1 (Administrator),	V1 stated they are still ccess. V1 stated that all					

Illinois Department of Public Health

STATE FORM 6899 6I3W11 If continuation sheet 3 of 4

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		IL6007355	B. WING		04/0	4/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	STATE, ZIP CODE			
AHVA CA	ARE OF STICKNEY			RK AVENUE		
741177		STICKNE	Y, IL 60402			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 3	S9999			
	residents' background checks should be done within 24-48 hours of admission, including the Illinois Sex Offender Registry.					
	initial admission da	Imission Record indicated te of 03/11/2025. Review of ory Information Response date of 03/13/2025.				
	review with V13 (So admitted on 02/19/2 History Information	t 12:55PM during record ocial Worker), R52 was 2025 and R52's Criminal Response Process was done no Illinois Sex Offender as noted.				
	V13, V13 stated that should be done with access issues with Response Process another facility to do	2:55PM during interview with at all background checks hin 24 hours but V13 has Criminal History Information, so she asks a colleague from to it for her. V13 stated that she hois Sex Offender Registry.				
	V1 (Administrator), working on V13's ac residents' backgrou	::00PM during interview with V1 stated they are still ccess. V1 stated that all and checks should be done of admission, including the Pr Registry.				
	initial admission da	Imission Record indicated te of 02/19/2025. Review of ory Information Response date of 02/26/2025.				
		(C)				

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Illinois Department of Public Health STATE FORM

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