(X6) DATE

(X3) DATE SURVEY

Illinois Department of Public Health

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED			
		IL6001523	B. WING		01/16/2025			
	PROVIDER OR SUPPLIER HOME HISPANIC ELI	DERLY 1401 NO		DDRESS, CITY, STATE, ZIP CODE RTH CALIFORNIA O, IL 60622				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE			
S 000	Initial Comments		S 000					
	Annual Licensure S	Survey						
S9999	Final Observations		S9999					
	Statement of Licens	sure Violations:						
	300.610a) 300.615e) 300.615f)							
	Section 300.610 Re	esident Care Policies						
	procedures governifacility. The written be formulated by a Committee consistinadministrator, the a medical advisory confined of nursing and othe policies shall complete the facility and shall by this committee, cand dated minutes of the confined of the committee, cand dated minutes of the committee of the confined of the confin	dvisory physician or the ommittee, and representatives in services in the facility. The ly with the Act and this Part. shall be followed in operating I be reviewed at least annually documented by written, signe	e I					
		uest for Resident Criminal						
	Section 2-201.5(a) facility shall, within 2 resident, request a check pursuant to the Information Act for a admission to the face	to 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 seekin cility, unless a background by a hospital pursuant to the						

(X2) MULTIPLE CONSTRUCTION

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

02/05/25 **Electronically Signed**

TITLE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIE AND PLAN OF CORRECTION		DER/SUPPLIER/CLIA FICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	IL600	01523	B. WING		01/	16/2025	
NAME OF PROVIDER OR SUF	PLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
CENTER HOME HISPAN	IC ELDERLY		RTH CALIFOI), IL 60622	RNIA			
PREFIX (EACH DEFI	RY STATEMENT OF DE CIENCY MUST BE PR Y OR LSC IDENTIFYII	ECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
be based on tand other ided Department of the Act) f) The faname on the website at www. Department of page at www. individual is list. These regular. Based on interfailed to ensure background of a new resident failed to ensure background of a new resident failed to affect all 11. Findings inclusions of the failed to affect all 11. Findings inclusions of the failed to affect all 11. Findings inclusions of the failed to affect all 11. Findings inclusions of the failed to affect all 11. Findings inclusions of the failed to affect all 11. Findings inclusions of the failed to affect all 11. Findings inclusions of the failed to a residents into process of initial background of a referral for the failed to a	sing Act. Backgone resident's narratifiers as required for State Police. (State Police.) cility shall check llinois Sex Offen w.isp.state.il.us to doc.state.il.us t	for the individual's der Registration and the Illinois a registrant search of determine if the red sex offender. et as evidenced by: d review, the facility criminal history med within 24 hours or 1 resident (R219) Sex Offender dents (R3, R38, R169, R219) in the nd has the potential e facility. eurveyor and V23 sekeeping Director) sident criminal history dents and was dent or asked the criminal history of that V23 receives dent, and V23 will for Illinois	S9999	DELINOT)			

Illinois Department of Public Health

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Illinois Department of Public Health

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		SURVEY PLETED
		IL6001523	B. WING		01/	16/2025
CENTER HOME HISPANIC FLIDERLY 1401 NOR			T ADDRESS, CITY, S NORTH CALIFOR AGO, IL 60622			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
S9999	usually performs the background checks to the facility. When checking the reside checks timely (with stated, "We don't wan it (criminal historial aschool next to us sex offender in the this surveyor and VR57, R114, R115, Fresident criminal his stated that the Illinor missing for all of the that V23 did not performed that R219 was admited and V23 performed following Monday (stated that it's import that R219 was admited that it's import that and to keep resident criminal timely to identify "rist that and to keep resident criminal timely to identify "rist that and to keep resident criminal timely to identify "rist that and to keep resident criminal timely to identify "rist that and to keep resident criminal timely to identify "rist that and to keep resident criminal timely to identify "rist that and to keep resident criminal timely to identify "rist that and to keep resident criminal timely to identify "rist that and to keep resident criminal timely for 12/15/24. No Illinois present for R3. R38's CHIRP, Illino Registry, check docuperformed timely for 11/14/24. No Illinois present for R38.	e resident criminal history is prior to the resident's arrive asked the purpose of ent criminal history background in 24 hours of admission), want to wait. Resident could ry noted on CHIRP). We hat and a park. We don't want facility." Upon conclusion of 23 reviewing R3, R38, R51, R121, R169, and R219's story background checks, waits Sex Offender Registries ese residents reviewed and form them. When asked assion date of 1/2/25 and the remed on 1/6/25, V23 stated at the CHIRP for R219 on the greater than 24 hours). V23 ortant for the facility to check at history background check sk for abuse and to prevent	and '23 be we a same as a same say, as says as			

Illinois Department of Public Health

STATE FORM 5699 ZZ8G11 If continuation sheet 3 of 5

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6001523	B. WING		01/1	6/2025
NAME OF I	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
CENTER	HOME HISPANIC EL	DERLY	TH CALIFO	RNIA		
(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 3	S9999			
	10/25/24. No Illinois present for R51.	s Sex Offender Registry is				
	R57's CHIRP, Illinois Department of Corrections Registry, check documents indicate they were performed timely for R57's admission date of 10/22/24. No Illinois Sex Offender Registry is present for R57.					
	Registry, check doc performed timely fo	ois Department of Corrections cuments indicate they were r R114's admission date of Sex Offender Registry is				
	Registry, check doc performed timely fo	ois Department of Corrections cuments indicate they were r R115's admission date of Sex Offender Registry is				
	Registry, check doc performed timely fo	ois Department of Corrections cuments indicate they were r R121's admission date of Sex Offender Registry is				
	Registry, check doc performed timely fo	ois Department of Corrections cuments indicate they were r R169's admission date of s Sex Offender Registry is				
	Registry check doc performed timely fo 1/2/25. R219's CHII 24 hours of R219's	artment of Corrections uments indicate they were r R219's admission date of RP is dated 1/6/25, not within facility admission. No Illinois stry is present for R219.				

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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	
		IL6001523	B. WING		01/1	6/2025
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, 8 TH CALIFO	STATE, ZIP CODE		
CENTER	HOME HISPANIC EL	DERLY	, IL 60622	MUA		
(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
S9999	Continued From pa	ge 4	S9999			
	On 1/15/25 at 12:05 purpose of the facil criminal and sexual potential residents, stated that we look offender, look at the background. When check the resident for potential resider residents already re (Administrator) stat residents." V11 stat criminals are in our interviews were cor Assurance review for Facility (undated) program-Policy" do The purpose of this Prevention Program identification, assess residents from abus of property, and expaccomplished by: cordinator docum The primary purpose coordinate the adm Main Duties: E.	5 pm, when asked about the ity conducting resident background checks for V10 (Assistant Administrator) to see if they are a sex eir CHIRP, criminal asked why is it important to criminal background checks in relation to current esiding in the facility, V1 ed, "It's for the safety of our led, "We want to make sure no building." V1 and V10's inducted during the Quality for the facility. Colicy "Abuse Prevention cuments, in part, " Purpose: a policy and the Abuse in is to describe the process for sement, and protection of see, neglect, misappropriation coloitation. This will be onducting pre-admission				

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