STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005896	A. BUILDING: _____ B. WING _____	02/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAYFIELD CARE AND REHAB	5905 WEST WASHINGTON CHICAGO, IL 60644

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S 000	Initial Comments Annual Licensure and Certification Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: (1 of 2) 300.1810l) 300.1810m) 300.1810n) 300.3210u) 300.3210v) Section 300.1810 Resident Record Requirements l) All Cook County facilities with Colbert Class Members shall submit to the Colbert Lead Defendant Agency, or successor Colbert Lead Defendant Agency, on a monthly basis, an accurate census of all Medicaid-eligible residents, the previous month's voluntary and involuntary discharges conducted under Section 300.3300, including any voluntary and involuntary discharges scheduled to be conducted within 48 hours after the end of the reporting month. This monthly census must be submitted on the form prescribed by the Colbert Lead Defendant Agency using secure (encrypted) email, no later than the fifth business day of each month. m) All Cook County facilities with Colbert Class Members shall provide educational materials and information to all Colbert Class Members voluntarily or involuntarily discharging from the facility at the time of completing the discharge paperwork, informing them of their rights and services under the Colbert Consent Decree, as prescribed by the Colbert Lead Defendant Agency. All Cook County facilities	S9999		

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S9999	Continued From page 1	S9999		

shall provide written verification of educational materials and information given to the Colbert Class Members, as requested by a Colbert Defendant Agency.

n) All Cook County facilities shall notify any agency providing transition services to a Colbert Class Member of such Class Member's discharge at least 48 hours prior to the discharge taking place.

Section 300.3210 General

u) Cook County facilities with Colbert Class Members shall provide residents access to the supports and services they need in the most integrated settings appropriate to their needs, including community-based settings, to promote and maximize their independence, choice, and opportunities to develop and use independent living skills. For the purposes of this subsection (u), "community-based setting" means the most integrated setting appropriate to promote the resident's independence in daily living and ability to interact with persons without disabilities to the fullest extent possible.

v) All Cook County facilities with Colbert Class Members shall provide educational materials and information to all newly admitted Colbert Class Members within one to three days of admission, informing them of their rights and services under the Colbert Consent Decree, as prescribed by the Colbert Lead Defendant Agency. All Cook County facilities shall provide verification that the educational materials and information were given to the Colbert Class Members, as requested by a Colbert Defendant Agency.

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S9999	Continued From page 2 These regulations were not met as evidenced by: Based on observations, interviews, and review of records the facility failed the following related to Colbert Program: failed to submit an accurate census of all Medicaid-eligible residents, any voluntary and involuntary discharges scheduled to be conducted within 48 hours after the end of the reporting month, written verification of educational material or information given to residents / Colbert Class Members and provided to the Colbert Lead Defendant or its successor. Failure includes 12 out of 12 residents (R1, R6, R13, R25, R42, R47, R69, R98, R99, R103, R207, R307) included in the sample list for December 2024 and January 2025 of residents that can participate in the Colbert program. This failure has the potential to affect 12 residents (R1, R6, R13, R25, R42, R47, R69, R98, R99, R103, R207, R307) in their right to exercise community transition given proper information. Findings include: On 02/04/2025, at 2:35 PM, after checking all floors to verify Colbert program posting, there was nothing posted. V16 (Social Services Director) stated that she is not sure if there are any postings in the facility. V16 said that best area for resident to see any posting is the main dining room on the 1st floor. During that time bingo was going on. Upon checking all areas on the main dining room there was no poster found. V16 agreed to go to all floors to check for posting. All floors were seen without a posting for Colbert program. V16 stated that she will make sure posters will be posted for residents to have information and be able to see contact	S9999		

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S9999	Continued From page 3 information when wanting to participate in the Colbert program. On 02/05/2025, at 10:28 AM, V16 stated educational materials and information to all residents was not given until yesterday after checking the facility. There was no poster in the building. V16 was not able to provide evidence that all Medicaid-eligible residents, or any voluntary and involuntary discharges were scheduled to be conducted within 48 hours after the end of the reporting month were provided to the Colbert Lead Defendant or its successor. On 02/06/2025, at 12:15 PM, V16 stated that Colbert program is important because it provide access to residents to see if they are ready to be in community setting. Community settings are less restrictive than skilled settings. There are residents that are self-sufficient that can live in community. On 02/07/2025, at 8:21 AM, V16 provided list of possible candidates for Colbert program for the month of December 2024 and January 2025. Included in the list are (R1, R6, R13, R25, R42, R47, R69, R98, R99, R103, R207, R307) that could participate in the Colbert program if proper information and assessments were provided. Statement of Licensure Violations: (2 of 2) 300.625a) Section 300.625 Identified Offenders a) The facility shall review the results of the	S9999		

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criminal history background checks immediately upon receipt of these checks.

This regulations were not met as evidenced by:

Based on interview and record review, the facility failed to follow their policy to establish a resident secure environment by not checking the criminal history background for five (R25, R103, R207, R257, R307) residents admitted to the facility. This failure has the potential to affect all 104 residents residing in the facility.

Findings include:

According to R25 facesheet provided by facility 2/6/25, R25 admitted to the facility on 1/8/25. R25's CHIRP (Criminal History Information Response Process) is dated 2/5/25.

According to R103's facesheet provided by facility 2/6/25, R103 admitted to the facility on 1/15/25. R103's CHIRP (Criminal History Information Response Process) is dated 2/5/25 and result is HIT.

According to R207's facesheet provided by facility 2/6/25, R207 admitted to the facility 1/29/25. R207's CHIRP (Criminal History Information Response Process) is dated 2/6/25 and result is HIT.

According to R257 facesheet provided by facility 2/6/25, R257 admitted to the facility on 1/24/25. R257's CHIRP (Criminal History Information Response Process) is dated 2/5/25.

According to R307's facesheet provided by facility 2/6/25, R307 admitted to the facility on 1/21/25. R307's CHIRP (Criminal History Information

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Response Process) is dated 2/5/25.

2/6/25, at 3:30 PM, V16 (Social Service Director) stated I take care of the IOP (Identified Offender Program) fingerprinting. If there is a HIT/qualifying offense on the criminal background, I sign the resident up within 72 hours for a fingerprint with the fingerprinting vendor. If they come up with a HIT/qualifying offense, then they need a fingerprint to verify in dept details pertaining to the background of the resident. After fingerprinting, I have to send the fingerprints, application, criminal background, facesheet to the IOP. I have emailed for a fingerprint appointment today, 2/6/2025, for R103 and R207. I received their CHIRP's (Criminal History Information Response Process) today, 2/6/2025. The CHIRP should be completed within the first 24 hours of admission to the facility. I do not have the fingerprint appointment yet, so I have not notified IOP. These residents do not require a private room. After notification to IOP, a State official with the Sheriff department will assess the resident. From that assessment they will notify me if the resident is low, moderate, or high risk and if they require a private room. The purpose of the CHIRP is for those individuals who have a criminal history background with offenses which will put others at risk in the facility. Those residents deemed high risk have to be provided a private room with a private bathroom within the facility and may have certain goals added to the care plan and have to be monitored to make sure the same criminal behaviors are not being displayed within the facility. At 4:14 PM, V16 stated R103 and R207 are scheduled for fingerprinting on 2/13/25.

2/6/25, at 3:50 PM, V25 (Clinical Admissions Director) stated the CHIRP's (Criminal History

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Information Response Process) should be completed upon 24 hours of admission into the facility. Social Services is supposed to run the CHIRPs upon admission. I am not able to provide a CHIRP dated 24 hours of the resident's admission for R25, R103, R207, R257, R307. The CHIRP is to make sure the resident does not have a criminal background. If the CHIRP is not completed and we don't know if the resident has a criminal background, then it is a potential risk for the residents of the facility.

2/6/25, at 4:05 PM, V2 (Director of Nursing) stated it is important to know the criminal background of the residents to keep the entire population safe. Those with criminal backgrounds have private rooms to make sure they do not violate their roommates.

Identified Offender Facility Policy and Procedure, 2011, documents in part: 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. Conduct a Criminal History Background Check: within 24 of admission, request a name based Uniform Conviction Information Act (UCIA) criminal history background check based on name, date of birth and other identifiers required by the Department of State Police for any resident seeking admission to the facility.

(C)