(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		IL6016158	B. WING		02/1	9/2025	
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	, , ,	<u> </u>	
PRAIRIF	PRAIRIEVIEW AT THE GARLANDS 6000 GARLANDS LANE						
		BARRING	TON, IL 600				
(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 APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
S 000	Initial Comments		S 000				
	Annual Licensure S	urvey					
S9999	Final Observations		S9999				
	Statement of Licens	sure Violations					
	1 of 2						
	300.615e) 300.615f)						
	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) f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender.						
	This REQUIREMEN by:	NT was not met as evidenced					

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

02/26/25 **Electronically Signed** 

TITLE

STATE FORM 6899 3RMC11 If continuation sheet 1 of 4 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	
		IL6016158	B. WING		02/10	9/2025
NAME OF	PROVIDER OR SUPPLIER		DRESS CITY S	STATE, ZIP CODE	02/13	7/2023
		6000 GAF	RLANDS LAN	,		
PRAIRIE	VIEW AT THE GARLA	BARRING	TON, IL 600	10		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y 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 page 1		S9999			
	failed to verify residulinois Department search page within applies to 3 of 5 residuents	and record review the facility dent admissions against the of Corrections sex registrant 24 hours of admission. This sidents (R14, R71, and R72) al background checks in the				
	The findings include:					
	R14's Admission R admission date of 1	ecord (Face Sheet) showed an 1/31/25.				
	R14's Background checks, provided on 2/18/25 at 11:00 AM, showed no Department of Corrections sex registrant checks were documented as being done.  R71's Face Sheet showed an Admission Date of 2/5/25.					
	11:00 AM, showed	checks, provided on 2/18/25 at no Department of Corrections ks were documented as being				
	R72's Face Sheet s 2/7/25.	showed an Admission Date of				
	11:00 AM, showed	checks, provided on 2/18/25 at no Department of Corrections ks were documented as being				
	Social Service coor resident background background checks report, national sex	AM, V7 Admissions and rdinator stated she does ad checks. V7 stated the sinclude criminal history offender registry, and Illinois ry. V7 said, "I don't do the				

Illinois Department of Public Health

STATE FORM 6899 3RMC11 If continuation sheet 2 of 4

Illinois Department of Public Health

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6016158	B. WING		02/1	9/2025
	PROVIDER OR SUPPLIER	NDS 6000 GAR	DRESS, CITY, S LANDS LAN TON, IL 600			
(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 APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
\$9999	Department of Corrof resident backgroidentified offenders interventions in place the facility.  (C)  2 of 2  300.650c)  Section 300.650 Percey Prior to employing that requires a State contact the Illinois In Professional Regulation individual's license shall be placed in the This REQUIREMENT by:  Based on interview failed to ensure the Financial and Profester verified prior to nurse has the potential to the facility.  The findings inlouded On 2/18/25 at 9:30 were requested for nurse hires.  On 2/18/25 at 1:00 Registered Nurse (provided records di	rections." V7 said the purpose and checks are to ensure have appropriate be to protect other residents in ersonnel Policies  ag any individual in a position elicense, the facility shall Department of Financial and ation to verify that the is active. A copy of the license he individual's personnel file.  NT was not met as evidenced and record review the facility Illinois Department of essional Regulation was sing employment. This failure affect all residents residing in	S9999			

Illinois Department of Public Health

STATE FORM 6899 3RMC11 If continuation sheet 3 of 4

Illinois Department of Public Health

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		IL6016158	B. WING		02/	19/2025		
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
PRAIRIE	PRAIRIEVIEW AT THE GARLANDS  6000 GARLANDS LANE  BARRINGTON, IL 60010							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE		
S9999	Continued From pa	ige 3	S9999					
	Regulation (IDFPR) employment.	) was verified prior to						
	RN background che did not show the Illi	PM, the facility provided V9 ecks. The provided records nois Department of Financial egulation (IDFPR) was verified to.						
	stated the facility wanurses against the was only placing a	PM, V5 Human Resources as not verify newly hired IDFPR website and the facility copy of the nursing license in wasn't aware that it needed to equested it."						
	Resources stated to professional licensi both the IDFPR resolicense. V9 said the websites are now so not aware the IDFP believed the regular documentation of II importance of verify license status is to	M, V9 Director of Human he Illinois State's website for ing, in the past, would retrieve sults and a copy of the nurse's IDFPR and nursing license eparate. V9 stated she was PR was a requirement and tions do not require DFPR verification. V9 said the ying IDFPR and nursing verify nursing staff are od standing with state.						
		d document, "Skilled Staff as I V8 was hired on 11/2/23 and 24.						
	(C)							

6899

Illinois Department of Public Health STATE FORM

3RMC11 If continuation sheet 4 of 4