

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006563	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/20/2025
NAME OF PROVIDER OR SUPPLIER CITADEL CARE CENTER-WILMETTE		STREET ADDRESS, CITY, STATE, ZIP CODE 432 POPLAR DRIVE WILMETTE, IL 60091		
(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: 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 requirement is NOT MET as evidenced by: Based on interviews and record reviews, the facility failed to follow its policy in conducting background checks for two (R31 and R107) of 10	S9999		

Illinois Department of Public Health

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

TITLE

(X6) DATE

Electronically Signed

03/04/25

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006563	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/20/2025
NAME OF PROVIDER OR SUPPLIER CITADEL CARE CENTER-WILMETTE		STREET ADDRESS, CITY, STATE, ZIP CODE 432 POPLAR DRIVE WILMETTE, IL 60091		
(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
S9999	Continued From page 1 residents reviewed for admission screening. This deficiency has the potential to affect the 53 residents currently residing in the facility. Findings include: Per census report, there are 53 residents currently residing in the facility. Per facility list, R31 is an identified offender. R31 is a 60-year-old, male, admitted in the facility on 07/01/22 with diagnoses of Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Right Dominant Side; and Cognitive Social or Emotional Deficit Following Nontraumatic Intracerebral Hemorrhage. His CHIRP (Criminal History Information Response Process) was checked on 09/17/22, which was more than two months after admission. His CHIRP resulted to a hit for a misdemeanor conviction. State and national sex offender websites were also not checked for R31. Illinois Department of Corrections was not run to check R31's name. R107 is a 90-year-old, female, admitted in the facility 02/05/2025 with diagnoses of Hypertensive Heart Disease Without Heart Failure; and Chronic Obstructive Pulmonary Disease, Unspecified. R107's CHIRP was ran on 02/07/25, which was two days after admission. On 02/19/25 at 2:10 PM, V4 (Admissions Director) was asked regarding background checks on residents. V4 replied, "I am responsible for the background checks of new admissions. We have a system called (name of program). Hospital referral coming automatically runs the background checks. When we received the referral, we checked the state and national	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006563	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/20/2025
NAME OF PROVIDER OR SUPPLIER CITADEL CARE CENTER-WILMETTE		STREET ADDRESS, CITY, STATE, ZIP CODE 432 POPLAR DRIVE WILMETTE, IL 60091		
(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
S9999	Continued From page 2 sex offender websites and we look up residents under Department of Corrections. CHIRP is the only background check the system program does not run. We run the CHIRP once resident is clinically and financially accepted. Earliest time to run CHIRP is prior to admission or 24 hours upon admission. CHIRP is run by our Receptionist and should be done 24 hours upon admission." On 02/19/25 at 2:38 PM, V5 (Receptionist) was asked when background grounds should be done. V5 stated, "I do background checks on new and incoming residents. I'm responsible for checking the CHIRP. CHIRP is done when we get notification that resident is coming and give report to the nurse. CHIRP is done prior to admission. That we'll run the CHIRP prior to admission always." V1 (Administrator) was interviewed regarding background checks on new residents. V1 verbalized, "Background checks on residents are done before they come into the building. Admissions coordinate with Reception. CHIRP is done prior to admission so we know who is coming to the building if they need to be secured for protection of residents." On 02/20/25 at 12:26 PM, V6 (Medical Director) stated during interview that he expects for staff and residents' background checks should be done per policy. Facility's policy titled "Identified Offender Procedure/Protocol" undated, stated in part but not limited to the following: A. You must screen every prospective admission/new admission on the free internet sites and you must submit the UCIA Background Check through the Illinois State Police and... They	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006563	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/20/2025
NAME OF PROVIDER OR SUPPLIER CITADEL CARE CENTER-WILMETTE		STREET ADDRESS, CITY, STATE, ZIP CODE 432 POPLAR DRIVE WILMETTE, IL 60091		
(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
S9999	Continued From page 3 need to be completed within 24 hours of admission IL State Police - Sex Offender Registry National Sex Offender Public Website IL Department of Corrections Facility's policy titled "Abuse Prevention Program", dated December 2024 did not address background checks on residents. (C)	S9999		