

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000020	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/21/2025
NAME OF PROVIDER OR SUPPLIER ABBINGTON VLGE NRSG & RHB CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 31 WEST CENTRAL ROSELLE, IL 60172		
(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 Violation 300.625c)2) 300.625 Identified Offenders c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following: 2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files. The REQUIREMENT was not met as evidenced by: Based on interview and record review, the facility failed to arrange for a fingerprint-based criminal history record within 72 hours after receiving a resident's criminal history background check.	S9999		

Illinois Department of Public Health

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

TITLE

(X6) DATE

Electronically Signed

03/05/25

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S9999	Continued From page 1 This applies to 1 of 10 residents (R45) reviewed for resident background checks in the sample of 15. The findings include: The EMR (Electronic Medical Record) showed R45 was admitted to the facility on January 8, 2025. R45's State Police criminal history record dated January 8, 2025, showed R45 had multiple qualifying offenses under Article 11 (Sex Offenses). As of February 18, 2025, at 4:25 PM, the facility did not have documentation to show fingerprinting was arranged or conducted for R45. On February 18, 2025, at 4:26 PM, V1 (Administrator) said R45 did not need to be fingerprinted because her sex offenses did not make her a sex offender. V1 said she uses the Identified Offenders Program Qualifying Offenses list to determine if a resident has a qualifying offense. V1 said the list showed all Article 11 offenses need to be fingerprinted. V1 said R45 should have been fingerprinted. The "Identified Offenders Program Qualifying Offenses and Class Descriptions" dated January 2020, showed "All Offenses Within These Articles are Qualifying Offenses ... Article 11- Sex Offenses (*some sex offenses are not considered for sex offender status) ..." (C)	S9999		