(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (A. BUILDING:			(X3) DATE SURVEY COMPLETED	
NAME OF F	PROVIDER OR SUPPLIER	IL6014641		STATE, ZIP CODE	03/2	7/2025
		4437 SOL	ITH CICERO	,		
ARCHER	HEIGHTS HEALTHC	CHICAGO	, IL 60632			
(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 SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Annual Licensure					
S9999	Final Observations		S9999			
	Statement of Licens 1 of 4	sure Violations:				
		etermination of Need uest for Resident Criminal rmation:				
	2-201.5(a) of the Adshall, within 24 hou resident, request a check pursuant to t Information Act for seeking admission background checks pursuant to the Hos Background checks resident's name, daidentifiers as require Police. (Section 2-2)	s shall be based on the ate of birth, and other ed by the Department of State 201.5(b) of the Act)				
	Based on interview failed to perform the Response Process criminal background within 24 hours of a 10 residents (R7, R R151, R170, R188,	and record review, the facility e Criminal History Information (CHIRP) as part of the d checks for new residents admission. This failure affected 42, R88, R117, R119, R126, and R206) in the total sample d has the potential to affect e facility.				

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

04/11/25 **Electronically Signed**

TITLE

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 437 SOUTH CICERO CHICAGO, IL. 69632 (PA1) D SUMMARY STATEMENT OF DEFICIENCIES (EACH DORRICATIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY PILL) PREFIX TAG S9999 Continued From page 1 Findings include: R7's Admission Record documents, in part, that R7's initial admission date to the facility on 10/1/21. R7's CHIRP, dated 3/324, documents, in part, that R8's initial admission date to the facility on 5/17/21. R42's CHIRP, dated 3/35/25, documents, in part, the results of a "hit." R88's Admission Record documents, in part, that R88's initial admission date to the facility on 9/19/20. R88's CHIRP, dated 3/25/25, documents, in part, the results of a "hit." R11's Admission Record documents, in part, that R88's initial admission date to the facility on 4/19/20. R88's CHIRP, dated 3/15/24, documents, in part, the results of a "hit." R11's Admission Record documents, in part, that R11's initial admission date to the facility on 7/14/24. R11's CHIRP, dated 5/15/24, documents, in part, the results of a "hit." R11's "Nursing Home Resident Fingerprint Consent Form." documents, in part, that R11's sinitial admission date to the facility on 7/19/24 with R11'rs singular and date (R19/24) noted. R119's Admission Record documents, in part, that R11's "Sample Home Resident Fingerprint Consent Form." documents, in part, that R11's sinitial admission date to the facility on 6/17/22. R119's CHIRP, dated 10/21/24, documents, in part, the results of a "hit." R126's Admission Record documents, in part, that R11's initial admission date to the facility on 2/28/24. R126's CHIRP, dated 3/3/24, documents, in part, the results of a "hit." R126's	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMF	SURVEY	
ARCHER HEIGHTS HEALTHCARE (X4) ID PREERIX TAG (X4) ID PREERIX TAG (RACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (RACH CORRECTIVE ACTION SHOULD BE (RACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (RACH CORRECTIVE ACTION SHOULD BE (RACH CORRECTIVE ACTION SHOULD BE (ROSS-REFERENCE) TO THE APPROPRIATE DEFICIENCY) S9999 Continued From page 1 Findings include: R7's Admission Record documents, in part, that R7's initial admission date to the facility on 10/1/21. R7's CHIRP, dated 3/3/24, documents, in part, that R42's initial admission date to the facility on 5/17/21. R42's CHIRP, dated 3/25/25, documents, in part, the results of a "no record on file." R88's Admission Record documents, in part, that R88's initial admission date to the facility on 4/9/20. R88's CHIRP, dated 6/5/24, documents, in part, that R117's National admission date to the facility on 7/4/24. R117's CHIRP, dated 7/11/24, documents, in part, the results of a "hit." R117's Admission Record documents, in part, that R117's National admission date to the facility on 8/19/24 with R117's Signature and date (8/19/24) noted. R119's Admission Record documents, in part, that R119's initial admission date to the facility on 6/17/22. R119's CHIRP, dated 10/21/24, documents, in part, that R119's initial admission date to the facility on 6/17/22. R119's CHIRP, dated 10/21/24, documents, in part, that R119's initial admission date to the facility on 6/17/22. R119's CHIRP, dated 10/21/24, documents, in part, the results of a "hit." R126's Admission Record documents, in part, that R117's initial admission date to the facility on 1/28/24. R119's Admission Record documents, in part, that R117's initial admission date to the facility on 1/28/24. R119's CHIRP, dated 3/3/24, documents, in part, the results of a "hit." R126's Admission Record documents, in part, that R117's initial admission date to the facility on 1/28/24. R126's CHIRP, dated 18/28/28/28.			IL6014641	B. WING		03/2	27/2025
CMAID SUMMARY STATEMENT OF DEFICIENCIES DEPOVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DATE OF THE APPROPR	NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
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Findings include: R7's Admission Record documents, in part, that R7's initial admission date to the facility on 10/1/21. R7's CHIRP, dated 3/3/24, documents, in part, the results of a "hit." R42's Admission Record documents, in part, that R42's initial admission date to the facility on 5/17/21. R42's CHIRP, dated 3/25/25, documents, in part, the results of a "no record on file." R88's Admission Record documents, in part, that R88's initial admission date to the facility on 4/9/20. R88's CHIRP, dated 6/5/24, documents, in part, the results of a "hit." R117's Admission Record documents, in part, that R117's initial admission date to the facility on 7/4/24. R117's CHIRP, dated 7/11/24, documents, in part, the results of a "hit." R117's "Nursing Home Resident Fingerprint Consent Form," documents, in part, that R117's signature and date (8/19/24) noted. R119's Admission Record documents, in part, that R119's initial admission date to the facility on 6/17/22. R119's CHIRP, dated 10/21/24, documents, in part, the results of a "hit." R126's Admission Record documents, in part, that R117's signature and date (8/19/24) noted. R119's Admission Record documents, in part, that R117's initial admission date to the facility on 6/17/22. R119's CHIRP, dated 10/21/24, documents, in part, the results of a "hit." R126's Admission Record documents, in part, that R117's initial admission date to the facility on 2/28/24. R126's CHIRP, dated 3/3/24, documents, in part, the results of a "hit."	PRÉFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP	OULD BE	COMPLETE
"Nursing Home Resident Fingerprint Consent Form," documents, in part, that R126 was fingerprinted on 3/15/24 with R126's signature	S9999	Findings include: R7's Admission Rec R7's initial admission 10/1/21. R7's CHIR in part, the results of R42's Admission Rec R42's initial admiss 5/17/21. R42's CHII documents, in part, file." R88's Admission Rec R88's initial admiss 4/9/20. R88's CHIR in part, the results of R117's Admission F that R117's initial ac 7/4/24. R117's CHIR in part, the results of Home Resident Fin documents, in part, on 8/19/24 with R11 (8/19/24) noted. R119's Admission F that R119's initial ac 6/17/22. R119's CH documents, in part, R126's Admission F that R117's initial ac 2/28/24. R126's CH documents, in part, "Nursing Home Res Form," documents,	cord documents, in part, that on date to the facility on P, dated 3/3/24, documents, of a "hit." ecord documents, in part, that ion date to the facility on RP, dated 3/25/25, the results of a "no record on ecord documents, in part, that ion date to the facility on P, dated 6/5/24, documents, of a "hit." Record documents, in part, dmission date to the facility on RP, dated 7/11/24, documents, of a "hit." R117's "Nursing gerprint Consent Form," that R117 was fingerprinted in results of a "hit." Record documents, in part, dmission date to the facility on IRP, dated 10/21/24, the results of a "hit." Record documents, in part, dmission date to the facility on IRP, dated 3/3/24, the results of a "hit." R126's sident Fingerprint Consent in part, that R126 was		DEFICIENCY)		

Illinois Department of Public Health

STATE FORM 30LD11 If continuation sheet 2 of 27

IL6014641 B. WING B. WING B. WING B. WING ARCHER HEIGHTS HEALTHCARE ARTHER HEIGHTS HEALTHCARE 4437 SOUTH CICERO CHICAGO, IL. 60632 CHICAGO, IL. 60632 CHICAGO, IL. 60632 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUSTS BE PRECEDED BY FILL) REGULATORY OR LISC IDENTIFYING INFORMATION) REGULATORY OR SIC IDENTIFYING INFORMATION INFORMATI		IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD B	NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
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that R151's initial admission date to the facility on 1/2/24. R151's CHIRP, dated 3/21/24, documents, in part, the results of a "hit." R170's Admission Record documents, in part, that R117's initial admission date to the facility on 8/6/24. R170's CHIRP dated 9/23/24 documents, in part, the results of a "hit." R188's Admission Record documents, in part, that R188's initial admission date to the facility on 10/24/24. R188's CHIRP, dated 11/1/24, documents, in part, the results of a "hit." R206's Admission Record documents, in part, that R206's initial admission date to the facility on 2/24/25. R206's CHIRP, dated 3/11/25, documents, in part, the results of a "hit." On 3/26/25 at 1:11 pm, V1 (Administrator) and V31 (Nursing Consultant) were interviewed. When asked what checks are done by the facility for potential residents being admitted to the facility, V1 stated that that they perform criminal background checks, and V52 (Corporate Staff) is responsible for performing these criminal background checks. V1 stated that V52 performs the resident criminal background checks "upon receiving a referral" for a resident's new admission. When asked what time frame is a resident criminal background checks to be done for a new resident, V31 stated, "Within 24 hours." V31 stated that a resident criminal background check consists of the Criminal History Information Response Process (CHIRP) based on name, Illinois Sex Offender Registry and Illinois Department of	S9999	Continued From pa	age 2	S9999			
receiving a referral" for a resident's new admission. When asked what time frame is a resident criminal background check to be done for a new resident, V31 stated, "Within 24 hours." V31 stated that a resident criminal background check consists of the Criminal History Information Response Process (CHIRP) based on name, Illinois Sex Offender Registry, National Sex Offender Registry and Illinois Department of	59999	R151's Admission I that R151's initial a 1/2/24. R151's CHI documents, in part, R170's Admission I that R117's initial a 8/6/24. R170's CHI in part, the results of R188's Admission I that R188's initial a 10/24/24. R188's Odocuments, in part, R206's Admission I that R206's initial a 2/24/25. R206's Chdocuments, in part, On 3/26/25 at 1:11 V31 (Nursing Cons When asked what of for potential resider facility, V1 stated the background checks responsible for perbackground checks	Record documents, in part, dmission date to the facility on RP, dated 3/21/24, the results of a "hit." Record documents, in part, dmission date to the facility on RP dated 9/23/24 documents, of a "hit." Record documents, in part, dmission date to the facility on the thick of a "hit." Record documents, in part, dmission date to the facility on the results of a "hit." Record documents, in part, dmission date to the facility on the results of a "hit." Record documents, in part, dmission date to the facility on the results of a "hit." pm, V1 (Administrator) and ultant) were interviewed. Checks are done by the facility on that that they perform criminal states, and V52 (Corporate Staff) is forming these criminal states. V1 stated that V52 performs	39999			
V31 stated that a resident criminal background check consists of the Criminal History Information Response Process (CHIRP) based on name, Illinois Sex Offender Registry, National Sex Offender Registry and Illinois Department of		admission. When a resident criminal ba	asked what time frame is a ackground check to be done				
Corrections. When asked the purpose of		V31 stated that a recheck consists of the Response Process Illinois Sex Offender Offender Registry a	esident criminal background ne Criminal History Information (CHIRP) based on name, er Registry, National Sex and Illinois Department of				

Illinois Department of Public Health

STATE FORM 30LD11 If continuation sheet 3 of 27

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		IL6014641	B. WING		03/2	7/2025
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ARCHER	R HEIGHTS HEALTHC	ARF	TH CICERO , IL 60632			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED (CROSS-REFERENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 3	S9999			
	for residents being	t criminal background checks newly admitted to the facility, ct other residents and other				
	V22 reviews the recriminal history back information for "mo approach situations residents. V22 state assessment criterialiving in a communication approach a private romonitoring. When a know the criminal history in the state of the criminal history.	pm, V22 (SSD) stated that sults of a new resident's kground check and uses this re knowledge on how to "with identified offender ed that depending on the for an identified offender al setting, a resident may om or more focused behavior asked why is it important to istory of a new resident ity, V22 stated, "To ensure the "."				
	Facility Census Redocuments, in part, currently residing in	that 208 active residents are				
	& Procedure: Identipart, "Policy Statem facility to establish resident secure enthe provisions of the facility shall check to background on any the facility in order convictions. Definit based on the federand interpretive guident Any person who has guilty of, adjudicate guilty by reason of stand trial for, any of stand trial for sta	I August 2024 and titled "Policy fied Offender" documents, in nent: It is the policy of this a resident sensitive and vironment. In accordance with e Nursing Home Care Act, this he criminal history resident seeking admission to to identify previous criminal on: The following definition is all and state laws, regulations delines. Identified Offender: s been convicted of, found d delinquent for, found not nsanity for, or found unfit to of the statute citation numbers and Offender Conviction List or				

Illinois Department of Public Health

STATE FORM 30LD11 If continuation sheet 4 of 27

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE COMP	SURVEY
			A. BUILDING:			
		IL6014641	B. WING		03/2	27/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ARCHER	R HEIGHTS HEALTHC	ARF	ITH CICERO), IL 60632			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT 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	any of the statute of Sex Offense List of Program attached to Offenders. 1. Checthe Illinois Sex Offerwww.isp.state.il.us name on the Illinois sex registrant search 3. Conduct a Crimin Within 24 of admission Uniform Conviction criminal history back name, date of birth by the Department seeking admission was admitted from notified the facility to ordered it does not if the name check rhospital is not receive admission, the facil name check." Facility policy dated "Policy and Procedured and Procedured Trogram" document have the right to be exploitation, misappinistreatment Puprocess for identification of residemisappropriation of	itation numbers listed in the the IDPH Identified Offenders to this procedure. Identifying k for the resident's name on ender Registration Web site. 2. Check for the resident's Department of Corrections on page. www.idoc.state.il.us nal History Background Check: sion, request a name-based Information Act (UCIA) Ekground check based on and other identifiers required of State Police for any resident to the facility. If the resident the hospital AND the hospital hat the UCIA name check was have to be ordered. However, response initiated by the sived within 3 days of lity will order another UCIA If January 2025 and titled the interior part, "Policy: Residents are free from abuse, neglect, propriation of property of urpose: To describe the cation, assessment, and ents from abuse, neglect, froperty, and exploitation. Delished by: Conducting	S9999			

6899

Illinois Department of Public Health STATE FORM

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		IL6014641	B. WING		03/2	7/2025
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ARCHER	R HEIGHTS HEALTHC	ARE	ITH CICERO), IL 60632			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT 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 pa	ige 5	S9999			
	Section 300.625 - I a) The facility shall criminal history back upon receipt of their c) If the results of a background check identified offender a 1-114.01?of the Act following: 2) Within 72 hours, fingerprint-based co be requested on the The inquiry shall be sex, race, date of bo other identifiers received State Police. The in through the files of Police and the Fed locate any criminal may exist regarding Bureau of Investiga Department of Stat inquiry under this s history record inform This REQUIREMEN Based on interview review the Criminal Process (CHIRP) in check and failed to within 72 hours of a history search. The residents (R117 an residents reviewed	dentified Offenders review the results of the ekground checks immediately se checks. resident's criminal history reveal that the?resident is an as defined in Section t,?the facility shall do the				

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6014641	B. WING		03/2	7/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•	
ARCHER	R HEIGHTS HEALTHC	ARE 4437 SOU	TH CICERO			
AROHER	TILIOTTIO TILALITIO	CHICAGO	, IL 60632			
(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 SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	9 Continued From page 6		S9999			
	that R117's initial ac 7/4/24. R117's CHII in part, the results of Home Resident Fin documents, in part,	Record documents, in part, dmission date to the facility on RP, dated 7/11/24, documents, of a "hit." R117's "Nursing gerprint Consent Form," that R117 was fingerprinted 17's signature and date				
	that R117's initial ac 2/28/24. R126's CH documents, in part, "Nursing Home Res Form," documents,	the results of a "hit." R126's sident Fingerprint Consent in part, that R126 was 5/24 with R126's signature				
	V31 (Nursing Cons When asked what of for potential resider facility, V1 stated the background checks responsible for perf background checks criminal background Criminal History Info (CHIRP) based on Registry, National S Illinois Department V52 "runs the CHIR V1. V1 stated that it CHIRP, V1 notifies SSD) to schedule for resident. V31 stated CHIRP are issued a must order for the r	pm, V1 (Administrator) and ultant) were interviewed. Checks are done by the facility of the being admitted to the last that they perform criminal is, and V52 (Corporate Staff) is forming these criminal is. V31 stated that a resident id check consists of the formation Response Process name, Illinois Sex Offender in Sex Offender in Registry and in Sex Offender Registry and in Corrections. V1 stated that it is and will email the results to find the resident has a "hit" on the V22 (Social Services Director, for fingerprinting of the ind a hit is noted, the facility resident to be fingerprinted for the CHIRP" and completed				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6014641	B. WING		03/2	7/2025
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 00.2	
ARCHE	R HEIGHTS HEALTHC	ARF	TH CICERO , IL 60632			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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	"within 5 business of asked the purpose background checks admitted to the facil residents and other." On 3/25/25 at 3:58 V22 receives the neemail from V1 (Admicorporate staff. V22 results of the resident sare "hit or more for the resident to be that the fingerprinting to the facility to obtain the fingerprinting confingerprints "never time that V22 order asked throughout the state agency, and V2 state agency, and V2 state agency's Identification for "more approach situations residents. V22 state assessment criterial living in a communication for "more approach situations require a private romonitoring. When a know the criminal hentering in the facility Facility Census Redocuments, in part, currently residing in the facility residing in the facility currently residing in the facility residing in the facility currently residing in the facility residing resident residing resident resid	days from the CHIRP." When of performing resident criminal is for residents being newly lity, V1 stated "to protect other staff." pm, V22 (SSD) stated that ew residents CHIRP results via ministrator) that are run by 2 stated that V22 reviews the ent's CHIRP results, and if the nulti-hit," then V22 has to order be fingerprinted. V22 stated and company staff then comes are fingerprints with the econsent form. V22 stated that ompany performs the more than one week" from the sthe fingerprinting. When his process, does V22 notify 22 stated that V22 notifies the tified Offender Program. V22 of a new resident's criminal check and uses this re knowledge on how to "with identified offender ed that depending on the for an identified offender all setting, a resident may om or more focused behavior asked why is it important to istory of a new resident ity, V22 stated, "To ensure the "cort, dated 3/24/25, that 208 active residents are	S9999			

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Illinois D	epartment of Public	Health				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SUF COMPLET	
		IL6014641	B. WING		03/27/2	2025
NAME OF I	PROVIDER OR SUPPLIER	etpeet Ani	DDECC CITY C	STATE, ZIP CODE	•	
NAIVIL OI I	FROVIDER OR SUFFLIER		TH CICERO	STATE, ZIF GODE		
ARCHER	R HEIGHTS HEALTHC	ARF	, IL 60632			
(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 SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE C	(X5) COMPLETE DATE
S9999	Continued From pa	ge 8	S9999			
	& Procedure: Identi part, "Policy Statem facility to establish a resident secure envithe provisions of the facility shall check to background on any the facility in order to convictions. Definition based on the federa and interpretive guicany person who has guilty of, adjudicate guilty by reason of instand trial for, any collisted in the Identificany of the statute of Sex Offense List of Program attached to Offenders. 1. Check the Illinois Sex Offense www.isp.state.il.us in name on the Illinois sex registrant search 3. Conduct a Crimin Within 24 of admission uniform Conviction criminal history back name, date of birth by the Department seeking admission was admitted from notified the facility to ordered it does not if the name check readmission, the facility in the facility in the facility in the facility in the facility to ordered it does not if the name check readmission, the facility in the fac	fied Offender" documents, in nent: It is the policy of this a resident sensitive and vironment. In accordance with the Nursing Home Care Act, this the criminal history resident seeking admission to to identify previous criminal on: The following definition is all and state laws, regulations delines. Identified Offender: seen convicted of, found delinquent for, found not				
	ordered it does not if the name check r hospital is not recei admission, the facil name check. 1. Chagainst the statute	have to be ordered. However, esponse initiated by the ved within 3 days of				

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Illinois D	epartment of Public	Health				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMPI	
		IL6014641	B. WING		03/2	7/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ARCHER	R HEIGHTS HEALTHC	ARF	TH CICERO , IL 60632			
		OnioAcc	, IL 00032			
(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 9	S9999			
39999	IDPH Sex Offense contains convictions Offender or Sex Offender or Sex Offenders, the reside and must be reported Program. 1. Requescheck: a. If the UCI fingerprint inquiry midentifying information response is inconclused the individual submust be after receiving the receiving the receiving the receiving the results. Reporting Identified Offender. Identified Offender. Identified offender. In determines the resident to undergood Bureau of Investigate the premises within fingerprint check monument of the promote o	List If the UCIA response is that match the Identified fender statute citation and IS an Identified Offenders at a live scan UCIA fingerprint in A name check states a must be submitted; or b. If the ion on the UCIA name usive; or c. It does not match itted. d. The fingerprint-based is requested within 72 hours name-based background conducted within five in receiving the name-based Results if the Resident is an an an Identified Offender, quest in 72 hours for the in a live scan State and Federal atton (FBI) fingerprint check on five business days. The ust be requested on the ident Fingerprint Inquiry ched. One copy of the form we scan vendor, one will be and one will be given to the anning: Upon admission of an or the decision to retain an the facility, in consultation with and law enforcement, shall is the resident's needs in an				
	have the right to be exploitation, misapp	free from abuse, neglect, propriation of property of prose: To describe the				

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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	
		IL6014641	B. WING		03/2	7/2025
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ARCHER	HEIGHTS HEALTHC	ARF	ITH CICERO), IL 60632			
(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 SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
	protection of reside misappropriation of This will be accomp pre-admission scre (C) 3 of 4 300.626c) Section 300.626: D Identified Offenders c) When a resident is discharged, the othe Department. This REQUIREMENT	ischarge Planning for s who is an identified offender discharging facility shall notify NT is not met as evidenced by:				
	failed to notify the lowhen an identified of from the facility whi R213, R214. R215, R220, R221, R222. R227, R228, R229, R234, R235, R236, R241, R242, R243, R248, R249, R250, R255, R256, R257, R262, R263. ********* 128 residents. Findings include: Identified Offenders 3/12/2025 and titled in part, a list of "Ide Residents" with a total residents with a total residents with a total residents.	and record review, the facility dentified Offenders Program offender resident is discharged ch affected 53 (R211, R212, R216, R217, R218, R219, R223, R224, R225, R226, R230, R231, R232, R233, R237, R238, R239, R240, R244, R245, R246, R247, R251, R252, R253, R254, R258, R259, R260, R261, ** residents in the sample of separate of the sample of the samp				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		IL6014641	B. WING		03/2	7/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	STATE, ZIP CODE	•	
ARCHER	R HEIGHTS HEALTHC	ΣARF	JTH CICERO D, IL 60632			
(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 pa	age 11	S9999			
	that R211 was disc 1/26/25. R211 is lis Offenders - Curren	Record documents, in part, harged from the facility on ted on the 3/12/25 "Identified t Residents."				
	that R212 was disc	harged from the facility on isted on the 3/12/25 "Identified				
	that R213 was disc	Record documents, in part, charged from the facility on ed on the 3/12/25 "Identified t Residents."				
	that R214 was disc	Record documents, in part, charged from the facility on sted on the 3/12/25 "Identified t Residents."				
	that R215 was disc	Record documents, in part, charged from the facility on sted on the 3/12/25 "Identified t Residents."				
	that R216 was disc	Record documents, in part, charged from the facility on sted on the 3/12/25 "Identified t Residents."				
	that R217 was disc	Record documents, in part, harged from the facility on ed on the 3/12/25 "Identified t Residents."				
	that R218 was disc	Record documents, in part, harged from the facility on ed on the 3/12/25 "Identified t Residents."				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6014641	B. WING		03/3	7/2025
NAME OF I	PROVIDER OR SUPPLIER		1		03/2	.772023
		4437 SO	UTH CICERO	STATE, ZIP CODE		
ARCHER	R HEIGHTS HEALTHC	ΣARF	O, IL 60632			
(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)	ILD BE	(X5) COMPLETE DATE
S9999	9 Continued From page 12		S9999			
	R219's Admission Record documents, in part, that R219 was discharged from the facility on 6/11/24. R219 is listed on the 3/12/25 "Identified Offenders - Current Residents."					
	R220's Admission Record documents, in part, that R220 was discharged from the facility on 3/20/24. R220 is listed on the 3/12/25 "Identified Offenders - Current Residents."					
	R221's Admission Record documents, in part, that R221 was discharged from the facility on 12/26/24. R221 is listed on the 3/12/25 "Identified Offenders - Current Residents."					
	that R222 was disc	Record documents, in part, harged from the facility on ed on the 3/12/25 "Identified t Residents."				
	R223's Admission Record documents, in part, that R223 was discharged from the facility on 3/19/24. R223 is listed on the 3/12/25 "Identified Offenders - Current Residents."					
	that R224 was disc	Record documents, in part, harged from the facility on ed on the 3/12/25 "Identified t Residents."				
	that R225 was disc	Record documents, in part, harged from the facility on the 3/12/25 "Identified t Residents."				
	that R226 was disc	Record documents, in part, charged from the facility on sted on the 3/12/25 "Identified t Residents."				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6014641	B. WING		03/27/2025	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ARCHER	R HEIGHTS HEALTHC	ARE	ITH CICERO), IL 60632			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	9 Continued From page 13		S9999			
	R227's Admission Record documents, in part, that R227 was discharged from the facility on 10/24/24. R227 is listed on the 3/12/25 "Identified Offenders - Current Residents."					
	R228's Admission Record documents, in part, that R228 was discharged from the facility on 3/6/24. R228 is listed on the 3/12/25 "Identified Offenders - Current Residents."					
	R229's Admission Record documents, in part, that R229 was discharged from the facility on 9/9/24. R229 is listed on the 3/12/25 "Identified Offenders - Current Residents."					
	that R230 was disc	Record documents, in part, harged from the facility on ed on the 3/12/25 "Identified t Residents."				
	R231's Admission Record documents, in part, that R231 was discharged from the facility on 6/28/24. R231 is listed on the 3/12/25 "Identified Offenders - Current Residents."					
	that R232 was disc	Record documents, in part, harged from the facility on isted on the 3/12/25 "Identified t Residents."				
	that R233 was disc	Record documents, in part, harged from the facility on ted on the 3/12/25 "Identified t Residents."				
	that R234 was disc	Record documents, in part, harged from the facility on ted on the 3/12/25 "Identified t Residents."				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IL6014641	B. WING		03/	27/2025
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
ARCHE	R HEIGHTS HEALTHC	ARF	UTH CICERO O, IL 60632			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 14	S9999			
	that R235 was disc	Record documents, in part, harged from the facility on ed on the 3/12/25 "Identified t Residents."				
	that R236 was disc	Record documents, in part, harged from the facility on ted on the 3/12/25 "Identified t Residents."				
	R237's Admission Record documents, in part, that R237 was discharged from the facility on 2/26/20. R237 is listed on the 3/12/25 "Identified Offenders - Current Residents."					
	that R238 was disc	Record documents, in part, harged from the facility on ted on the 3/12/25 "Identified t Residents."				
	that R239 was disc	Record documents, in part, harged from the facility on ed on the 3/12/25 "Identified t Residents."				
	that R240 was disc	Record documents, in part, harged from the facility on ted on the 3/12/25 "Identified to Residents."				
	that R241 was disc	Record documents, in part, harged from the facility on ed on the 3/12/25 "Identified t Residents."				
	that R242 was disc	Record documents, in part, harged from the facility on ted on the 3/12/25 "Identified t Residents."				

Illinois Department of Public Health

STATE FORM 30LD11 If continuation sheet 15 of 27

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6014641	B. WING		03/27/2025	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ARCHER	R HEIGHTS HEALTHC	ARF	ITH CICERO), IL 60632			
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
S9999	9 Continued From page 15		S9999			
	that R243 was disc 1/12/21. R243 is lis Offenders - Current					
	R244's Admission Record documents, in part, that R244 was discharged from the facility on 7/20/18. R244 is listed on the 3/12/25 "Identified Offenders - Current Residents."					
	R245's Admission Record documents, in part, that R245 was discharged from the facility on 6/28/19. R245 is listed on the 3/12/25 "Identified Offenders - Current Residents."					
	that R246 was disc	Record documents, in part, harged from the facility on ed on the 3/12/25 "Identified t Residents."				
	R247's Admission Record documents, in part, that R247 was discharged from the facility on 4/17/19. R247 is listed on the 3/12/25 "Identified Offenders - Current Residents."					
	that R248 was disc	Record documents, in part, harged from the facility on ted on the 3/12/25 "Identified t Residents."				
	that R249 was disc	Record documents, in part, harged from the facility on ted on the 3/12/25 "Identified t Residents."				
	that R250 was disc	Record documents, in part, harged from the facility on ted on the 3/12/25 "Identified t Residents."				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6014641	B. WING		03/27/2025	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ARCHER	R HEIGHTS HEALTHC	ARE	JTH CICERO), IL 60632			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	9 Continued From page 16		S9999			
	R251's Admission Record documents, in part, that R251 was discharged from the facility on 3/19/19. R251 is listed on the 3/12/25 "Identified Offenders - Current Residents."					
	R252's Admission Record documents, in part, that R252 was discharged from the facility on 2/2/21. R252 is listed on the 3/12/25 "Identified Offenders - Current Residents."					
	R253's Admission Record documents, in part, that R253 was discharged from the facility on 10/3/17. R253 is listed on the 3/12/25 "Identified Offenders - Current Residents."					
	that R254 was disc	Record documents, in part, harged from the facility on ed on the 3/12/25 "Identified t Residents."				
	R255's Admission Record documents, in part, that R255 was discharged from the facility on 8/19/16. R255 is listed on the 3/12/25 "Identified Offenders - Current Residents."					
	that R256 was disc	Record documents, in part, harged from the facility on ted on the 3/12/25 "Identified t Residents."				
	that R257 was disc	Record documents, in part, harged from the facility on ted on the 3/12/25 "Identified t Residents."				
	that R258 was disc	Record documents, in part, harged from the facility on isted on the 3/12/25 "Identified t Residents."				

Illinois Department of Public Health

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6014641	B. WING		03/2	7/2025
	PROVIDER OR SUPPLIER	ARF 4437 SOU	DRESS, CITY, S TH CICERO , IL 60632	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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 APPROPERTION OF T	D BE	(X5) COMPLETE DATE
S9999	9 Continued From page 17		S9999			
	R259's Admission F that R259 was disc 4/2/17. R259 is liste Offenders - Current R260's Admission F that R260 was disc 4/29/20. R260 is lis Offenders - Current R261's Admission F that R261 was disc 2/15/18. R261 is lis Offenders - Current R262's Admission F that R262 was disc 11/11/17. R262 is lit Offenders - Current R263's Admission F that R263 was disc 3/3/22. R263 is listed	Record documents, in part, harged from the facility on ed on the 3/12/25 "Identified to Residents." Record documents, in part, harged from the facility on ted on the 3/12/25 "Identified to Residents." Record documents, in part, harged from the facility on ted on the 3/12/25 "Identified to Residents." Record documents, in part, harged from the facility on sted on the 3/12/25 "Identified to Residents." Record documents, in part, harged from the facility on sted on the 3/12/25 "Identified to Residents."				
	V31 (Nursing Cons When asked about being discharged of facility notify any agracility notifies the I the state agency. T V31 that the facility offender residents (dated 3/12/25) doon names are listed withe facility.	pm, V1 (Administrator) and ultant) were interviewed. an identified offender resident ut of the facility, does the gency, and V31 stated that the dentified Offender Program in his surveyor informed V1 and report for active identified generated for this survey cuments that 53 resident ho are no longer residing in				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			
		IL6014641	B. WING		03/2	7/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ARCHE	R HEIGHTS HEALTHC	ARE	ITH CICERO), IL 60632			
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
\$9999	identified offender if facility, does V22 (Sonotify the state age Program, and V22 discharge option or asked if V22 discharge option or asked if V22 discharges of identified offender discharges of identified Offender discharges of identified offender identified offender identified offender identified offender if from a congregate community, V22 statem." Facility policy dated & Procedure: Identified part, "Policy Statem facility to establish resident secure enthe provisions of the facility shall check to background on any the facility in order convictions. Definit based on the federand interpretive guing Any person who has guilty of, adjudicate guilty by reason of stand trial for, any of its statute of Sex Offense List of Program attached to or Discharge: If a resident secure in the Identificant of the statute of Sex Offense List of Program attached to or Discharge: If a resident secure in the Identificant of the statute of Sex Offense List of Program attached to or Discharge: If a resident secure in the Identificant of the Sex Offense List of Program attached to or Discharge: If a resident secure in the Identificant of the Sex Offense List of Program attached to or Discharge: If a resident secure in the Identificant of Id	resident is discharged from the Social Services Director, SSD) ncy's Identified Offender stated, "I have seen a the online portal." When arged any identified offender discharged out of the facility, think so." V22 stated that V22 abmit to the state agency's Program for admissions and ified offender residents. When ortant that the state agency's Program be informed of an resident who is discharged facility setting into the ated, "To help keeping track of a August 2024 and titled "Policy ified Offender" documents, in nent: It is the policy of this a resident sensitive and vironment. In accordance with e Nursing Home Care Act, this	S9999			

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6014641	B. WING		03/2	7/2025
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ARCHER	R HEIGHTS HEALTHC	ARF	TH CICERO , IL 60632			
(X4) ID PREFIX TAG	4) ID SUMMARY STATEMENT OF DEFICIENCIES EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
S9999	Offender Program. the resident is hosp and is not expected 3 business days su Offender Informatio copy of the UCIA re Identified Offender IO Web portal. Exp Identified Offender is processed usuall days, unless the inwhich case it may be discharged before the able to be completed facility that the file is start the process if resident returns after the process.	"Discharged" includes when bitalized more than 10 days I to return to the facility. Within bmit the IDPH Identified on (IOI) Form along with a response on file to the IDPH Program (IOP) via the IDPH ect confirmation from the Program once the discharge y within one to two business westigation is still open, in the Investigation/analysis is red, the IOP will notify the sclosed, and the facility must the resident returns. If a ret the discharge was reported ity must notify the IOP."	S9999			
	a) Comprehensive with the participation resident's guardian applicable, must decomprehensive car includes measurab meet the resident's and psychosocial nesident's comprehallow the resident to	Requirements for Nursing and Resident Care Plan. A facility, n of the resident and the or representative, as evelop and implement a e plan for each resident that le objectives and timetables to medical, nursing, and mental eeds that are identified in the ensive assessment, which o attain or maintain the highest independent functioning, and				

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		IL6014641	B. WING		03/2	7/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	•	
ARCHE	R HEIGHTS HEALTHC	ARE	JTH CICERO), IL 60632			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT 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
\$9999	provide for dischargestrictive setting beneeds. The assess the active participative resident's guardian applicable. (Section d) Pursuant to subscare shall include, and shall be practice seven-day-a-week 1) Medications, inchypodermic, intrave be properly administ 2) All treatments are administered as ore 300.1630 Administra a) All medications in account of the properly administra and inistered as ore medications, in account of the properly administration of the properly administration of the properly administered as ore medications, in account of the properly administration of the properly administering medication in the clinical administered the decount of the properly administered the decount of the properly administering medication administered the decount of the properly administering medication administered the decount of the properly admini	ge planning to the least ased on the resident's care sment shall be developed with tion of the resident and the or representative, as a 3-202.2a of the Act) section (a), general nursing at a minimum, the following sed on a 24-hour, basis: cluding oral, rectal, enous and intramuscular, shall stered. In the procedures shall be dered by the physician. Tration of Medication shall be administered only by licensed to administer cordance with their respective ents. Licensed practical successfully completed a cology or have at least one ervised experience in cations in a health care setting le administering medications to inistered shall be properly ical record by the person who ose. (See Section 300.1810.) Record Requirements liministration record shall be contains the date and time given, name of drug, dosage,	S9999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED	
		IL6014641	B. WING		03/	27/2025
	PROVIDER OR SUPPLIER R HEIGHTS HEALTHC	4437 SO	DDRESS, CITY, ST UTH CICERO O, IL 60632	TATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
\$9999	documented given. resident (R114) rev sample of 128. Findings include: R114's admission of limited to COPD (C Disease), atheroscl bypass graft, periph pacemaker, and bil amputations. R114's Brief Intervision of limited to score is 15. R114 is On 3/24/25 at 12:05 gotten my pain med (3/20/25). I get mor legs. They say they reorder it." On 3/25/25 at 10:56 LPN (License Practipain medication of in the computer at the Administration Recogot his pain medical it was documented nurse, and the next this afternoon. Survand stated that his documented given stated, "They are ly this morning. The lanight (3/20/25)." The asked to see R114' medication. V32 loccould not find R114	This failure affected one iewed for medications in a liagnoses include but not hronic Obstructive Pulmonary lerosis of coronary artery neral vascular disease, ateral below the knee				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6014641	B. WING		03/27/2025	
	PROVIDER OR SUPPLIER	ARF 4437 SOU	DRESS, CITY, S TH CICERO 1, IL 60632	STATE, ZIP CODE	-	
(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 SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRED TO THE APPROPRIED TO THE	D BE	(X5) COMPLETE DATE
S9999	in the narcotic drawdon't think it came is Surveyor inquired to is complete where completed narcotic (Director of Nursing R114's MAR for Mall scheduled doses documented given 3/22/25, and Sundapm, and 10:00 pm. was documented gi 2:00 pm and documented gi 2:00 pm and documented gi 2:00 pm and documented gizen Tablet 15 MG mouth every 8 hours BKA (Below Knee AR114's care plan do increased risk for a (Related to) Neuropmedication for treat verbalize pain relief hour. Interventions: medications as order on 3/25/25 1:43 pm narcotic sheets are completed, and I pu Surveyor inquired to given for R114. V2	ver for R114. V32 stated, "In from pharmacy yet." o V32 when the narcotic sheet does it go? V32 stated that the sheets go to the DON ID. Inch 2025 was reviewed, and so from orphine was on Friday 3/21/25, Saturday by 3/23/25 at 6:00 am, 2:00 Monday 3/24/25 morphine even at 6:00 am, not given at mented given at 10:00 pm. Inary Report Active Orders as this in part, "Morphine Sulfate (Milligram). Give 1 tablet by the for moderate pain in bilateral amputation). Incommented in part, "R114 is at literation in pain/discomfort R/T to be and is receiving the fafter medication within 1 and inster an algesic ered In, V2 DON stated, "The given to me when the sheet is at it in a folder and file it. or V2 if a narcotic sheet was stated that she has to check	S9999			
	given for R114. V2 her mailbox. V2 sta in the narcotic book 3rd floor and check drawer of narcotics the narcotic book a					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			71. 501251110.			
		IL6014641	B. WING		03/2	7/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ARCHER	R HEIGHTS HEALTHC	ARF	ITH CICERO), IL 60632			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y 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)	LD BE	(X5) COMPLETE DATE
\$9999	and R114 stated to pain medications si On 3/26/25 at 12:18 (License Practical Medications were at (3/22/25), Sunday (3/24/25). V39 LPN medication out, the morphine in the car was left. The morp card was low so, I t (Nurse Practitioner Monday." On 3/26/25 at 2:57 morphine came in fi many pills came in sheet for 3/18. It is right now. Surveyor does not get their swhat can happen to resident doesn't get they are still in pain management." On 3/27/25 at 9:18 Nurse) stated "Mor R114 on 3/18/25. I because I was work on the 3rd floor was the pharmacy to take signed for the medication in V39's how many pills was On 3/27/25 at 10:33	V2 that he has not gotten his ince Thursday night (3/20/25). 5 pm, Surveyor inquired to V39 Nurse) if V114 morphine administered on Saturday 3/23/25), and Monday I stated "If I signed the n I gave it. There was t. I do not know how many whine medication on the bingo old the nurse to tell the NP) when she come in on pm, V2 DON stated, "On 3/18 for R114. I do not know how I cannot find the narcotic missing. We are investigating asked V2 when a resident cheduled pain medication than to them? V2 stated, "When a to their pain medication then and is not being provided pain am, V46 RN (Registered phine medications came in for (V46) received the medication king the 1st floor and the nurse is not around, so I did not want we the medication back. I dications then I walked to the invalue of the color of the color of the color of the medications. I put the color of the color of the medications. I put the color of the medication of the medications. I put the color of the medication				
		orphine Friday night and				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				3) DATE SURVEY COMPLETED	
		IL6014641	B. WING		03/2	27/2025	
NAME OF PROVIDER OR SUPPLIER ARCHER HEIGHTS HEALTHCARE STREET ADDRESS, CITY, STATE, ZIP CODE 4437 SOUTH CICERO CHICAGO, IL 60632							
(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 CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPOPULATION OF THE	OULD BE	(X5) COMPLETE DATE	
S9999	Saturday morning of medication was all reordered the morp the morphine, it was bingo card." Survey narcotic sheet is fu V45 stated "The coplaced in a red bin nurses and CNAs (go behind the nurse morphine narcotic shecause medicatio card." Surveyor ask R114 got the 10:00 morphine medicatiodid give R114 his smorphine on 3/24/25 at 11:54 LPN if V14 adminis R114 on 3/22/25 th "If I documented th gave it. When I ca (3/24/25) R114 had box. The NP (Nurs floor, and I ask her for R114's morphin ordered, so I reordered, so I reordered, so I reordered he had not gott over the weekend. medications given medications. They sit down to chart the no morphine medic Monday morning (30 Cn 3/26/25 at 3:20 Cn	dose. I remember the nost gone. On the 24th I phine. I remember when I gave as one or two tablets left on the yor inquired to V45 when the II what happens to the sheet? I was at the nurse's station, only (Certified Nursing Assistants) es' station. I did not put the sheet for R114 in the red bin, as were still on the bingo ked V45 did he document that I pm scheduled dose of on on 3/24/25? V45 stated "I cheduled nighttime dose of 25." 5 am, Surveyor inquired to V14 stered morphine for pain to be 2:00 pm dose? V14 stated, at I gave the medication then I me back to work on Monday I no morphine in the narcotic se Practitioner) was on the how many scripts she signed e? The NP said 60/90 was bered the medication. R114 told ten his morphine medication. Some nurses don't click the when they give the go to the nurse's station and en just click given. There was cation for R114 here on 3/24/25)." pm V48 Pharmacist stated					
	8 hours. The medic	order for morphine 15 mg every cation was delivered to the around 4:00 am. The quantity					

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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	
		IL6014641	B. WING		03/	27/2025	
	PROVIDER OR SUPPLIER R HEIGHTS HEALTHC	TATE, ZIP CODE					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE	
S9999	was 28 tablets, so to lasted until March 20 On 3/27/25 at V47 to R114's care. I sathis week. R114 to scheduled morphin pharmacy and they 120 tablets left. I as the medication for bilate amputations and is R114 does still neemot get the morphin sleep, he is restless trimmers. The nurse ordered medication scheduled medicatio	he medication should have 17th. NP stated, "I (V47) do attend w R114 Monday or Tuesday of Id me he was not getting the e medication. I called the said he still had scripts for sked them if they could send ght. R114 is getting pain eral below the knee still having phantom pain. If R114 does he is still in pain, he cannot and have involuntary leg es are expected to give 1 hour before or 1 hour after ons ordered by the providers. day to Friday and always ask eed anything. If R114 is not e pain medications, pain effective. ackings slip dated 3/18/25 am, documents in part, ab 15 MG Quantity 28. N. acking slip dated 3/26/25 am, documents in part ab 15 MG Quantity 21. ed 10/25/2014 titled ace Storage" documented in substance inventory is	S9999				

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		IL6014641	B. WING		03/2	7/2025
NAME OF PROVIDER OR SUPPLIER STREET ADDR				STATE, ZIP CODE		
ARCHER HEIGHTS HEALTHCARE 4437 SOUT						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5 (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5 COMPL COMPL COMPL DAT		
\$9999	PROVIDER OR SUPPLIER R HEIGHTS HEALTHCARE STREET ADDIT CHICAGO, SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		S9999			

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