(X6) DATE

Illinois Department of Public Health

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6016455	B. WING		03/2	0/2025
NAME OF F	PROVIDER OR SUPPLIER		STATE, ZIP CODE			
MATHER	EVANSTON, THE	425 DAVIS EVANSTO	S STREET N, IL 60201			
(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 Health Surv	ey				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations:				
	ONE OF TWO: 300.615e) 300.615f)					
		etermination of Need uest for Resident Criminal rmation				
	Section 2-201.5(a) of facility shall, within 2 resident, request a check pursuant to the Information Act for seeking admission background check pursuant to the Hos Background checks resident's name, day	s shall be based on the te of birth, and other ed by the Department of State				
	name on the Illinois website at www.isp Department of Corr page at www.idoc.s	shall check for the individual's Sex Offender Registration state.il.us and the Illinois ections sex registrant search tate.il.us to determine if the s a registered sex offender.				
	This requirement is	NOT MET as evidenced by:				
	Based on interview	and record review, the facility				

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

04/08/25 **Electronically Signed**

TITLE

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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	
		IL6016455	B. WING		03/2	0/2025
NAME OF PROVIDER OR SUPPLIER STREET ADD				STATE, ZIP CODE		
MATHER	EVANSTON, THE	425 DAVIS EVANSTO	S STREET N, IL 60201			
(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 APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 1	S9999			
	failed to follow its policy in conducting background checks for five (R1, R8, R18, R122 and R172) of five residents reviewed for admission screening. This deficiency has the potential to affect the 22 residents currently residing in the facility.					
	Findings include:					
	Facility census prov 3/17/2025 is 22.	vided upon entrance on				
	2/25/2025, past me unspecified atrial fil (congestive) heart f	admitted to the facility on dical history includes orillation, chronic diastolic failure, chronic kidney disease, and for assistance with personal				
	R8 is 94 years old, admitted 2/25/2025, past medical history includes cellulitis of right lower limb, hypothyroidism, gout, other lack of coordination etc.					
	medical history of s weakness, essentia	dmitted 4/19/2024 with past pinal stenosis, muscle al primary hypertension, ziness, unspecified dementia,				
	medical history of d	dmitted 3/11/2025, with past rug or chemical induced on, essential primary active bladder, etc.				
	medical history incle endometrium, hype	d admitted 3/14/2025, past udes malignant neoplasm of rlipidemia, acquired absence uterus, long term (current) use c.				

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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		
		IL6016455	B. WING		03/2	20/2025
NAME OF	PROVIDER OR SUPPLIER	STREET ADD	ORESS, CITY, S	STATE, ZIP CODE		
MATHER	R EVANSTON, THE	425 DAVIS EVANSTO	STREET N, IL 60201			
(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 APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	On 3/19/25 10:50Al said that she has w and in charge of do residents. V7 said t being admitted, adr will run the backgrodocumentation for but only the state proffenders checks w Surveyor requested results for the resid did not do that, she offender. Review of the docushowed that the nat R8 was attempted completed because On 3/19/25 at 1:18F that social services background checks that they did not has state offender's reg and R172 when she those documents from that she asked V7 to make sure that the A document present Illinois-Screening of with a revision date. The purpose of this process for perform who are being adm in Illinois.	M, V7 (Social Service director) orked at the facility since 2023 ing the background check for hat when a new resident is missions notify her, and she and checks. V7 presented R1, R8, R18, R122, and R172, police and national sex were done for the residents. If for the Illinois sex offender ents and V7 stated that she only run the national sex ments presented by V7 tional sex offender search for on 2/26/2025 but was not exercises were down. PM, V1 (Administrator) said are supposed to run the for residents. She realized we the results from Illinois istry for R1, R8, R18, R122 is received the request for om the surveyor. V1 added or run those reports today just ney have it. Ited by V1 (Administrator) titled for residents in skilled nursing of August 2024, states in part: policy is to outline the ning screenings on residents itted to skilled nursing venue in to the skilled nursing unit in to the skilled nursing unit in	\$9999			
	background checks	ned for care needs and completed as required per ssions will have background				

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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
,	0. 00.11.20.10.1		A. BUILDING:			
		IL6016455	B. WING		03/2	0/2025
NAME OF PROVIDER OR SUPPLIER STREET ADD			DRESS, CITY, S	STATE, ZIP CODE		
MATHER	R EVANSTON, THE		S STREET ON, IL 60201			
(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	Continued From pa	ige 3	S9999			
	checks and sex offer	ender checks completed per e following sites, this includes ound checks within 24 hours.				
	TWO OF TWO 300.661					
	Section 300.661 He Check	ealth Care Worker Background				
	Worker Background	oly with the Health Care d Check Act and the Health ground Check Code.				
	The above requirement was NOT MET as evidenced by:					
	failed to complete b	and record review, the facility background checks for ilure has the potential to affect rently at the facility.				
	Findings include:					
	check information f and V14 (Houseker following document V6 (C.N.A) was hire does not have the c registry check, the DOC (Department	survey, requested background or V6, V11, V13, V15 (C.N.As) eping) and facility provided the is: ed on 8/14/2024, the facility date for her health care worker initiated prior to hire check, of Corrections) sex registrant, wanted fugitive search dates				
	wanted fugitive and	itiated prior to hire date, DOC I the OIG search dates. ne DOC sex registrant, inmate e search.				

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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		
		IL6016455	B. WING		03/2	0/2025
NAME OF	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
MATHER EVANSTON, THE 425 DAVIS EVANSTO			S STREET N, IL 60201			
(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 APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	V14 was missing th Registration, DOC s and wanted fugitive V15 was missing th to hire, DOC sex re wanted fugitive sea On 3/20/2025 at 4:0 conference call with	e Illinois sex Offenders sex registrant, inmate search search. e registry check, initiated prior gistrant, inmate search and rch. D9PM V1(Administrator), had an surveyor and another staff ces and they were still unable	\$9999			

Illinois Department of Public Health

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