

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003834	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/02/2025
NAME OF PROVIDER OR SUPPLIER ATRIUM HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1425 WEST ESTES AVENUE CHICAGO, IL 60626		
(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: ONE OF THREE 300.1060e 300.1060f) 300.1060g) Section 300.1060 Vaccinations e) A facility shall distribute educational information provided by the Department on all vaccines recommended by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (available at: https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf), including, but not limited to the risks associated with shingles and how to protect oneself against the varicella-zoster virus. The facility shall provide the information to each resident who requests the information and each newly admitted resident. The facility may distribute the information to residents electronically. (Section 2-213(e) of the Act) f) A facility shall document in the resident's medical record that he or she was verbally screened for risk factors associated with hepatitis B, hepatitis C, and HIV, and whether or not the resident was immunized against hepatitis B. (Section 2-213(c) of the Act)	S9999		

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

Electronically Signed

TITLE

(X6) DATE

05/14/25

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S9999	<p>Continued From page 1</p> <p>g) All persons determined to be susceptible to the hepatitis B virus shall be offered immunization within 10 days after admission to any nursing facility. (Section 2-213(c) of the Act)</p> <p>This requirement was NOT met as evidenced by:</p> <p>Based on interview and record review, the facility failed to provide evidence that they educated residents and their representatives regarding the risks associated with shingles and how to protect the residents against the varicella-zoster virus, failed to document risk factors associated with hepatitis B, hepatitis C, and Human Immunodeficiency Virus (HIV), and failed to offer immunization within ten days after admission for residents who are susceptible to hepatitis B for five (R12, R21, R24, R62, R79) out of five residents reviewed for immunizations.</p> <p>Findings include:</p> <p>On 04/30/25 at 09:34 AM V4 (Quality Assurance/Infection Preventionist) stated "We offer the screening for hepatitis for risk management. We do not offer HIV or shingles screening. We fill the form and if you see symptoms then you notify the doctor"</p> <p>On 05/01/25 at 10:20 AM V4 (Quality Assurance/Infection Preventionist) stated "we use the Hepatitis/HIV Assessment Tool for education as soon as the residents are admitted. When we see the signs of shingles this is the protocol that we follow. We ask them all the questions on the tool and at some point, I like to do it when the resident first come in."</p> <p>On 05/01/25 at 10:54 AM V4 (Quality Assurance/Infection Preventionist) stated "we</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>have something in place if admitted with shingles, what we need to do. We are not providing each resident information about shingles. We screen them for hepatitis and HIV, but we have not offered the Hepatitis B immunization to the residents within 10 days after admission."</p> <p>R12, R21, R24, R62 and R79's immunization history in their electronic health records (EHR) did not include shingles and hepatitis B vaccines information/education. R12, R21, R24, R62, R79's EHRs have no documentation to show that the facility screened them for hepatitis C.</p> <p>The facilities Shingles Policy dated 01/25 does not document a time frame in which the resident should be screened, testing or immunizations that are needed.</p> <p>HIV & Hepatitis Screening Policy dated 01/25 does not document testing or immunizations that are needed.</p> <p>R12 was admitted to the facility on 07/05/12. R12's Hepatitis/HIV Assessment Tool is dated 10/10/24.</p> <p>R21 was admitted to the facility on 07/05/12. R21's Hepatitis/HIV Assessment Tool is dated 01/08/25.</p> <p>R24 was admitted to the facility on 01/29/16. R24's Hepatitis/HIV Assessment Tool is dated 07/20/24.</p> <p>R62 was admitted to the facility on 01/11/19. R62's Hepatitis/HIV Assessment Tool is dated 10/17/24.</p> <p>R79 was admitted to the facility on 07/23/13.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>R79's Hepatitis/HIV Assessment Tool is dated 10/08/24.</p> <p>Review of the facility document titled "Hepatitis/HIV Assessment Tool" does not include whether or not the resident was immunized against hepatitis B.</p> <p>Policy:</p> <p>Titled "HIV & Hepatitis Screening reviewed 01/25 document in part: To ensure resident are assessed for signs and symptoms of HIV/Hepatitis upon admission. Procedure: 1) Resident will be assessed for signs and symptoms of HIV/Hepatitis upon admission utilizing HIV/Hepatitis screening tool.</p> <p>Titled "Shingles" dated 01/25 document in part: To ensure resident who displays signs of shingles receives proper treatment.</p> <p>(B)</p> <p>TWO OF THREE 300.650c)</p> <p>Section 300.650 Personnel Policies c) Prior to employing any individual in a position that requires a State license, the facility shall contact the Illinois Department of Financial and Professional Regulation to verify that the individual's license is active. A copy of the license shall be placed in the individual's personnel file.</p> <p>This requirement was NOT MET as evidenced by:</p> <p>Based on interviews and record review, the facility failed to provide proof that they verified</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>three nurse licenses were active with the Illinois Department of Financial and Professional Regulation (IDFPR) prior to hire.</p> <p>Findings include:</p> <p>On 4/30/2025 at 1:51 PM, surveyor reviewed employee files with V26 (Business Office Manager). V26 stated [V26] assists with the hiring process by conducting the health care background checks prior to hire. Surveyor requested to review V3 (Assistant Director of Nursing-Registered Nurse), V35 (Licensed Practical Nurse), and V36's (Licensed Practical Nurse) employee files. V26 had copies of the nurses' licenses in their respective files but was not aware that the facility was required to contact or verify the nurses' licenses with IDFPR to see if they were active. V26 did not provide proof that the facility contacted IDFPR prior to hiring V3, V35, and V36.</p> <p>Form titled "Table Export" documents in part that V3's hire date was 3/10/2025, V35's hire date was 4/02/2025, and V36's hire date was 3/19/2025.</p> <p>On 4/30/2025 at 2:28 PM, V30 (Chief Operating Officer) stated for any licensed professional including nurses, V26 is supposed to check IDFPR for background checks.</p> <p>Facility's "Background Check" policy (facility review date of 12/2024) documents in part: "For any licensed professional applying for a position that may involve direct contact with residents, his/her respective licensing board will be contacted to determine if any sanctions have been assessed against the applicant's license."</p> <p>(C)</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>THREE OF THREE 300.625c)</p> <p>Section 300.625 (c)</p> <p>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:</p> <p>1) Immediately notify the Department of State Police, in the form and manner required by the Department of State Police, that the resident is an identified offender.</p> <p>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.</p> <p>Based on interview, and record review the facility failed to notify the Identify Offender Program within 24 hours of fingerprint appointment for one (R357) out of five residents reviewed for Identified Offender Protocol.</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>The findings include:</p> <p>The residents' clinical records and background checks were reviewed and revealed the following:</p> <p>1. R357 admitted 03/26/25, CHIRP (Criminal History Information Response Process) dated 03/26/25 result came back with a "HIT" for a qualifying offense. R357's fingerprints were completed 04/15/25. Identified Offender Program was notified on 04/25/25.</p> <p>On 04/30/25 at 3:05 PM, V11 (Social Service Director) stated the CHIRP is completed within 24 hours of admission and if there is a "HIT" for a qualifying offense then V11 requests fingerprinting within 72 hours of receiving the CHIRP results and gets a consent for the fingerprinting to be done signed by the resident. V11 stated once the fingerprinting is completed, she must submit to IDPH a copy of the CHIRP, signed fingerprinting consent, and copy of the fingerprinting receipt with the date it was completed. V11 stated the company doing the fingerprinting does not give her a receipt on the day the fingerprinting was completed, and instead emails V11 the results later. V11 stated she tries to send the information to IDPH within 24 hours of the fingerprinting being completed but sometimes there is a delay because she does not get a copy of the fingerprinting receipt right away. V11 stated she did not notify IDPH within 24 hours of R357's fingerprinting appointment because the company who did the fingerprinting did not send her a copy of the receipt until 04/25/25 and V11 thought she had to upload all three of the requested items at the same time.</p> <p>Facility provide document titled, Identified Offender Facility Policy and Procedure by Illinois Council on Long Term Care undated which documents in part, immediately complete and</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>submit the Illinois Department Public Health (IDPH) Identified Offender Information (IOI) Form attached and fax it to the IPDH IOP, along with a copy of the UCIA response. The facility will not wait for the fingerprint results to send the Identified Offender Information Form to IDPH. Check for confirmation from the IOP within one business day.</p> <p>(C)</p>	S9999		