

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0039966		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/08/2026	
NAME OF PROVIDER OR SUPPLIER BALMORAL HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 2055 WEST BALMORAL AVENUE , CHICAGO, Illinois, 60625			
(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) COMPLETION DATE	
S0000	Initial Comments		S0000				
	Annual Licensure and Certification Survey						
S9999	Final Observations		S9999				
	Statement of Licensure Violations: (1 of 2)						
	300.626c)						
	Section 300.626: Discharge Planning for Identified Offenders						
	c) When a resident who is an identified offender is discharged, the discharging facility shall notify the Department.						
	This REQUIREMENT is not met as evidenced by:						
	Based on interview and record review, the facility failed to notify the Identified Offenders Program when an identified offender resident is discharged from the facility which affected 8 residents (R193, R194, R195, R196, R197, R198, R199, and R201) in the total sample of 76 residents.						
	Findings include:						
	Identified Offenders Program document (dated 12/30/2025) titled "Facility Report" documents, in part, a list of "Identified Offenders - Current Residents" which include R193, R194, R195, R196, R197, R198, R199, and R201.						
	Facility active Census Report (resident roster), dated 1/5/2026, does not include R193, R194, R195, R196, R197, R198, R199, and R201.						
	Facility document (dated 1/5/2026) titled "Identified Offender List as of 1/1/2026" documents, in part, a list of 44 residents and does not include R193, R194, R195, R196, R197, R198, R199, and R201.						
	On 1/5/2026 at 12:46 PM, V3 (Assistant Administrator) stated that V3 is responsible for notifying the Identified Offenders Program (IOP) when the identified offender resident is discharged from the facility.						

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	Continued from page 1 On 1/6/2026 at 10:34 AM, V3 and this surveyor compared both the "Identified Offender List as of 1/1/2026" and the "Facility Report" from the IOP. V3 utilized V3's laptop computer to access the facility's electronic health record (EHR) and V3's email correspondence with the IOP. V3 stated that R193 was discharged from the facility on 11/10/2021. V3 stated that R194 was discharged from the facility on 10/15/2021. V3 stated that R195 was discharged from the facility on 12/29/2022. V3 stated that R196 was discharged from the facility on 10/14/2022. V3 stated that R197 was discharged from the facility on 5/30/2023. V3 stated that R198 was discharged from the facility on 8/17/2016. V3 stated that R199 was discharged from the facility on 10/31/2016. V3 stated that R201 was discharged from the facility on 3/24/2022. V3 checked V3's e-mail correspondences with the IOP, and V3 confirmed that V3 does not see email confirmations that V3 discharged the above residents from the IOP Web portal. V3 stated that V3 notifies the IOP (via IOP Web portal) when an identified offender resident is discharged and no longer residing in the facility, and this is important because the IOP and State Police need to know that the residents are no longer in this facility so they can keep track of their whereabouts outside of this communal setting. Review of R193, R194, R195, R196, R197, R198, R199, and R201's Admission Records (Face Sheets) indicate that these residents were discharged from the facility as V3 stated. Facility policy dated 2011 and titled "Identified Offender: Facility Policy and Procedure" documents, in part, "Policy Statement: It is the policy of this facility to establish a resident sensitive and resident secure environment. In accordance with the provisions of the Nursing Home Care Act, this facility shall check the criminal history background on any resident seeking admission to the facility in order to identify previous criminal convictions. Definition: The following definition is based on the federal and state laws, regulations and interpretive guidelines. Identified Offender: Any person who has been convicted of, found guilty of, adjudicated delinquent for, found not guilty by reason of insanity for, or found unfit to stand trial for, any of the statute citation numbers listed in the Identified Offender Conviction List or any of the statute citation numbers listed in the Sex Offense List of the IDPH (Illinois Department of Public Health) Identified Offenders Program attached to this procedure ... Transfer or Discharge: If a resident is discharged or expires, the facility must notify the Identified		S9999				

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S9999	Continued from page 2 Offender Program. "Discharged" includes when the resident is hospitalized more than 10 days and is not expected to return to the facility. Within 3 business days submit the IDPH Identified Offender Information (IOI) Form along with a copy of the UCIA (Uniform Conviction Information Act in Illinois) response on file to the IDPH Identified Offender Program (IOP) via the IDPH IO Web portal. Expect confirmation from the Identified Offender Program once the discharge is processed usually within one to two business days, unless the investigation is still open, in which case it may be longer. If a resident is discharged before the investigation/analysis is able to be completed, the IOP will notify the facility that the file is closed, and the facility must start the process if the resident returns. If a resident returns after the discharge was reported to the IOP, the facility must notify the IOP." (C) (2 of 2) Section 300.661 Section 300.661 Health Care Worker Background Check A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code. This requirement was not met from evidence by: Based on interview and record review the facility failed to run the required background checks on 7 of 7 new hire staff reviewed for Health Care Worker Background Checks and failed to have a copy of License of Licensed Nursing Personnel. Findings include: Precious Emenike date of hire was on 12/24//2025 and registry was checked on 12/8/2025 for all background checks except Illinois Department of Corrections Offender registry. Victor Defokoua date of hire was 11/5/2025 and registry was checked on 10/30/2025 for all background checks except Department of Corrections Inmate Search and the Illinois Department of Corrections Sex Offender registry. Grace Robinson date of hire was 10/1/2025 and registry was checked on 9/28/2025 for all background checks except the National Sex Offender registry.		S9999				

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S9999	Continued from page 3 Benjamin Juknevicius date of hire was 10/21/2025 and registry was checked on 10/17/2025 for all background checks except the Department of Corrections Sex Offender, Department of Corrections Inmate Search, and the National Sex Offender Registry. Helen Alamutu date of hire was 10/25/2025 and registry was checked on 9/8/2025 for all background checks except the Department of Corrections Sex Offender (services were down on 10/17/2025), Department of Corrections Inmate Search, and the National Sex Offender Registry. Rafaela Garduno Diaz date of hire was 7/28/2025 and registry was checked on 7/17/2025 for all background checks except the Illinois Sex Offender and Department of Corrections Sex Offender Registry. Veronica Gonzalez Garduno date of hire was 3/24/2025 and registry was checked on 3/17/2025 for all background checks except the National Sex Offender Registry. Carla Lough was missing a copy of her Licensed Practical Nurse License on file. Stephanie Ramirez was missing a copy of her Licensed Practical Nurse License on file. Thelma Balarino Davis is missing a copy of her Licensed Practical Nurse License on file. On 1/7/2026 at 9:09 am, V3 (Assistant Administrator) stated background checks are ran by me (V3) or the receptionist. V3 stated we run the 7 background checks National sex offender, Chicago police arrests, Illinois doc/offender Inmate records, Wanted fugitives, Illinois state police sex offender, OIG and DPH portal. V3 stated when we do the license lookup it goes to the license the license lookup and the licensure lookup is sufficient for a staff members licensure on file. V3 verified a copy of 3 Nurses License is not on file. Reviewed required background checks of 10 new employees and several residents are missing background checks. On 1/7/2026 at 10:53 am V1 (administrator) stated the license look up Detail view is better because it shows the license is active and it is the license. Facility Policy titled Background Screening Investigations dated 2001 with a revised date of March 2019 documents: Our facility conducts employment background screening checks; reference checks and		S9999				

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S9999	Continued from page 4 criminal conviction investigation checks on all applicants for positions with direct access to residents (direct access employees"). Facility Director of Human Resources Job description dated 2003: Page 2 documents, in part, to maintain job applications for personnel eligible to work in the facility. (e.g., job applications, resumes, reference checks, etc., of those persons meeting the eligibility requirements for the position in which they applied.) page 3 documents, in part, Conduct employee background and reference checks in accordance with our facility's established procedures. page 5 documents, in part to ensure that appropriate training records are maintained for staff personnel. (C)		S9999				