## PRINTED: 07/24/2015 FORM APPROVED

Illinois Department of Public STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		IL6002083	B. WING		05/21/2015	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	STREET ADDRESS, CITY, STATE, ZIP CODE			
HERITAG	E HEALTH-DWIGHT		۲ MAZON AVE IL 60420	INUE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	IES ID PROVIDER'S PLAN OF CORRECTION BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE		OULD BE	(X5) COMPLET DATE
S9999	Final Observations		S9999			
	Licensure Violation 300.615 300.615e) 300.615f)	s:				
		tion of Need Screening and ent Criminal History Record				
	admission of a resi background check	y shall within 24 hours after dent, request a criminal history pursuant to the Uniform tion Act for all persons 18 or ssion to the facility.				
	individual <sup>'</sup> s name o Registration websit the Illinois Departm registrant search pa	lity shall check for the n the Illinois Sex Offender e at www.isp.state.il.us and ent of Corrections sex age at www.idoc.state.il.us to idual is listed as a registered				
	These requirement	s are not met as evidenced by:				
	failed to complete a check and/or sex o	view and interview the facility a criminal history background ffender website check for two 2) in the supplemental sample.				
	The findings includ	e:				
	Background Check checks were review the last ten residen resident Admission admitted to the faci	55 pm the Resident Criminal s and Sex Offender Website ved with Social Service E16 for t admissions. Per the facility list dated 5/19/15, R41 was lity on 5/14/15. There was no nce that a the Illinois Sex				
	tment of Public Health / DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIG	iNATURE	TITLE		(X6) DATE
						06/09/15

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
					05/21/2015	
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, S <sup>-</sup> T MAZON AVE			
HERITA	GE HEALTH-DWIGHT		, IL 60420			
(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 C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From page 1		S9999			
	Offender Registrati Corrections Sex off checked. E16 state check the Illinois Se R41 was admitted f 2. Per the resident R42 was admitted f Criminal History inf 2/20/15 documente on File. The Illinois Illinois Department checks were dated February she did th anticipation of R42' admit to the facility that R42 admitted of request a new back The facility Admissi Convicted Sex Offe 1/09/10 states "Upo background checks prospective resider Illinois website at a http:www.isp.state. Department of Corr address:http:www.i addition,UCIA (Unif	on and Department of render websites had been ad at that time that she did not ex offender websites because from Indiana. admission list dated 5/19/15, to the facility on 5/15/15. The ormation Response dated ed R42 had No Hit No Record is Sex Offender Website and of Corrections Website 2/20/15. E16 stated that in he background checks in is admission. R42 did not at that time. E16 confirmed on 5/15/15 and she did not kground check. fon Policy Regarding ender/Felon policy dated on pre-admission inquiry , is will be performed for all hts by visiting the State of ddress: il.us/sor/frames.htm and the rections Database at doc.state.il.us. In form Conviction Information hecks will be conducted on all				

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