

Illinois Department of Public Health

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|-----------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>IL6000353 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br>11/20/2015 |
|-----------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------|

|                                                             |                                                                                       |
|-------------------------------------------------------------|---------------------------------------------------------------------------------------|
| NAME OF PROVIDER OR SUPPLIER<br><br>BRIDGEWAY SENIOR LIVING | STREET ADDRESS, CITY, STATE, ZIP CODE<br>111 EAST WASHINGTON<br>BENSENVILLE, IL 60106 |
|-------------------------------------------------------------|---------------------------------------------------------------------------------------|

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| S9999                    | <p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>Section 300.625 Identified Offenders</p> <p>c) If the results of a criminal history record check on any individual are inconclusive, then the facility shall initiate a fingerprint-based criminal history record check as prescribed by the Illinois State Police.</p> <p>For current residents who are identified offenders, the facility must conduct a risk assessment and review the screenings of the identified offender to determine the appropriateness of retention in the facility in accordance with subsection (j).</p> <p>i) Upon admission of an identified offender to a facility or a decision to retain an identified offender in a facility, the facility, in consultation with the medical director and law enforcement, must specifically address the resident's needs in an individualized plan of care that reflects the risk assessment of the individual, in accordance with subsection (j) of this Section.</p> <p>j) In conducting a risk assessment of an identified offender and developing a plan of care, the facility shall consider the following:</p> <p>1) The care and supervision needs, if any, specific to the individual's criminal offense;</p> <p>2) The results of the screening conducted pursuant to Section 300.615 of this Part;</p> <p>3) The amount of supervision required by the individual to ensure the safety of all residents, staff and visitors in the facility;</p> | S9999               |                                                                                                                          |                          |

**Attachment A**  
**Statement of Licensure Violations**

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| Illinois Department of Public Health<br>LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE<br>12/11/15 |
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Illinois Department of Public Health

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| NAME OF PROVIDER OR SUPPLIER<br><br>BRIDGEWAY SENIOR LIVING | STREET ADDRESS, CITY, STATE, ZIP CODE<br>111 EAST WASHINGTON<br>BENSENVILLE, IL 60106 |
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| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|
| S9999                    | <p>Continued From page 1</p> <p>4) The physical and mental abilities of the individual;</p> <p>5) The current medical assessments of the individual;</p> <p>6) The individual's needs in relation to his or her status as an identified offender;</p> <p>7) Approaches to resident care that are proactive and are appropriate and effective in dealing with any behaviors specific to the identified offense; and</p> <p>8) The number and qualifications of staff needed to meet the needs of the individual and the required level of supervision at all times.</p> <p>k) The care planning of identified offenders shall include a description of the security measures necessary to protect facility residents from the identified offender, including whether the identified offender should be segregated from other residents. (Section 3-202.3(5) of the Act)</p> <p>Based on interview and record review the facility failed to obtain a criminal background check in a timely manner, failed to conduct a risk assessment and failed to develop an individualized IO care plan for one resident (R25) who has a history of aggressive criminal convictions.</p> <p>This applies to one of three residents, who are identified offenders, in the sample of 28 residents.</p> <p>Example includes:</p> | S9999               |                                                                                                                          |                          |

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES  
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA  
IDENTIFICATION NUMBER:

IL6000353

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: \_\_\_\_\_

B. WING: \_\_\_\_\_

(X3) DATE SURVEY  
COMPLETED

11/20/2015

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BRIDGEWAY SENIOR LIVING

111 EAST WASHINGTON  
BENSENVILLE, IL 60106

(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  
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DEFICIENCY)

(X5)  
COMPLETE  
DATE

S9999

Continued From page 2

On 11/20/15 at 1:45pm, R25 stated he was admitted to facility on 10/21/15 for physical therapy due to spinal stenosis and surgery for urethral stenosis. R25 stated he is ambulatory within the facility using his walker and expecting to be discharged home soon.

Review of R25's criminal background report dated 11/15/15 shows R25 has multiple arrests with convictions for resisting arrest, battery, possession of controlled substance and DUIs dating from 1977 through 2013.

E13 (business office) stated on 11/20/15 at 11:00am, a criminal background check was requested for R25 on 10/16/15, 5 days before admittance on 10/21/15. The facility did not receive R25's background check until 11/15/15, showing R25 was actually an Identified Offender. The facility received documentation from the state police on 10/16/15 showing the request is "IN PROCESS- HELD". E13 stated that means that something about R25 is being held up in court, indicating the facility had knowledge of R25's criminal background.

E13 (social service) stated the administrator should have been notified that there was a problem/delay in obtaining the information from the state police. The Illinois Department of Public Health was not notified of R25's IO status until 11/17/15. This notification only lists R25's conviction of retail theft as the offense when there were several others including battery. A fingerprint request was not submitted until 11/17/15.

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| S9999                                                       | Continued From page 3<br><br>E12 (social service) stated on 11/19/15 at 3:00pm the facility did not perform their own IO risk assessment because no one knew R25 was an IO for 25 days. The facility still has not evaluated (as of 11/20/15) if security measures are necessary to protect residents from R25.<br><br>The care plan E12 provided once the information was known about R25's IO status (on 11/17/15) only lists R25's history of criminal behavior as Retail Theft that occurred in 2010. The care plan does not include the care and supervision needed, if any, specific to R25's criminal offense. Facility had knowledge of some criminal history as stated by E13, on 10/15/15 when the background check came back as inconclusive. The facility did not and still has not (as of 11/20/15) conducted a risk assessment from the time of admission (10/21/15).<br><br>(B) | S9999                                                                                 |                                                                                                                          |  |                                                 |