(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(3) DATE SURVEY COMPLETED		
			A. BUILDING:					
IL6006175		B. WING		03/21/2024				
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
ARISTA	ARISTA HEALTHCARE 1136 NORTH MILL STREET NAPERVILLE, IL 60563							
(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		S 000					
	Annual Licensure S	Survey						
S9999	Final Observations		S9999					
	Statement of Licensure Violations:							
	300.625g)							
	Section 300.625 Ide	entified Offenders						
		aintain written documentation Section 300.615 of this Part.						
	This REQUIREMENT was not met as evidenced by:							
	failed to maintain de checks, for newly a the Illinois Sex Offe	and record review the facility ocumentation of background dmitted residents, specifically ender Registry, National Sex and Illinois Department of es.						
	R64, R73, R91, R3	of 10 (R6, R7, R27, R32, R36, 46, and R347) residents entified Offender worksheet in						
	The findings include	e:						
	admitted residents history name-based retains a copy of the checks the Illinois S	, at 3:10 PM, V8 istant) stated for newly V8 performs the criminal d background checks and e results, and stated she Sex Offender Registry, the der Registry, and the Illinois						

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

03/29/24 **Electronically Signed**

TITLE

Illinois Department of Public Health

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			R WING				
		IL6006175	D. WING		03/2	1/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
ARISTA I	HEALTHCARE		RTH MILL STREET ILLE, IL 60563				
(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 SHOUL	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE ROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
S9999	Continued From page 1		S9999				
	Department of Corrections website but does not retain a copy of those results.						
	On March 19, 2024, at 11:00 AM V1 (Administrator) stated he spoke to V8 and made her aware of the requirement to retain the documents when V8 checks the resident's background checks including all the websites. V1 stated he directed V8 on March 18, 2024, to obtain background checks on the Illinois Sex Offender Registry, National Sex Offender Registry, and the Illinois Department of Corrections for R6, R7, R27, R36, and R 73, the 5 additional resident records requested for review.						
	that resident backgr Illinois Sex Offende Offender Registry a Corrections website	able to provide documentation round checks including the r Registry, the National Sex and the Illinois Department of es were checked for each dent within 24 hours of					
	evidence that the III National Sex offend Department of Corr checked within 24 h R6's EMR (Electron R6 was admitted to 2024. R7's EMR showed on January 12, 202 R32's EMR showed facility on February	nic Medical Record) showed the facility on January 24, R7 was admitted to the facility 4. R32 was admitted to the 13, 2024. R36 was admitted to the					

Illinois Department of Public Health

The facility's policy "Identified Offenders" dated

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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6006175	B. WING		03/2	1/2024	
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
ARISTA HEALTHCARE 1136 NORTH MILL STREET NAPERVILLE, IL 60563							
(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
S9999	September 2014, st Offenders1. Chec the Illinois Sex Offe www.isp.state.il.us name on the Illinois sex registrant searc and on page 3 of th		\$9999				

Illinois Department of Public Health

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