

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6014195</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/29/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WARREN BARR BUFFALO GROVE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>150 NORTH WEILAND ROAD BUFFALO GROVE, IL 60089</b>
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(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 Health Survey	S 000		
S9999	Final Observations  Statement of Licensure Violations:  300.625c)1)2)  Section 300.615 Identified Offenders  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:  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.  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, and 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.  This REQUIREMENT was not met as evidenced by:	S9999		

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

TITLE

(X6) DATE  
03/12/24

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S9999	<p>Continued From page 1</p> <p>Based on record review and interview, the facility failed to obtain a fingerprint-based criminal history report upon receiving confirmation that R87 was an identified offender.</p> <p>This applies to 1 of 10 residents (R87) reviewed for criminal background checks in the sample of 10.</p> <p>The findings include:</p> <p>R87's electronic face sheet printed on 2/29/24 showed R87 was admitted to the facility on 5/25/23. R87's criminal history record was performed on 12/7/23 (7 months after R87's admission to the facility). R87's report showed, "Result: HIT."</p> <p>On 2/28/24 at 2:00 PM, V1 (Administrator) stated, "We were having trouble getting into the system to request the initial background check so as soon as we got in we performed the check and found out (R87) was an identified offender. We have tried to get his wife to agree to a fingerprint-based check but she won't agree. I didn't know we could apply for a waiver, we have just been trying to get her to agree to the fingerprinting because she is his guardian." R87's progress notes showed facility staff did not attempt to obtain the fingerprinting consent until 1/19/24. (8 months after R87's admission to the facility). V1 also stated the employee that used to perform the checks was no longer employed at the facility and they were emailing customer service to gain access to the background check system. Upon review of said e-mail documents, the facility did not attempt to gain access to the system until August 3, 2023 (approximately 3 months after R87's admission).</p>	S9999		

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S9999	Continued From page 2  The facility's policy titled, "Identified Offenders" dated 6/10/23 showed, "The facility will comply with the state regulations in addressing residents who are identified offenders..."  (C)	S9999		