

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001184	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/15/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BRITISH HOME, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 8700 WEST 31ST STREET BROOKFIELD, IL 60513
--	--

(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 Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.615 e) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the	S9999		

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

TITLE

(X6) DATE
04/05/24

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001184	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/15/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BRITISH HOME, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 8700 WEST 31ST STREET BROOKFIELD, IL 60513
--	--

(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
S9999	<p>Continued From page 1</p> <p>Department of State Police. (Section 2-201.5(b) of the Act)</p> <p>These regulations are NOT MET as evidenced by:</p> <p>Based on interview and record review, the facility failed to perform criminal history background checks within 24 hours of admission for five of five residents (R116, R220, R221, R222, R223) reviewed to criminal history background checks in a sample of 14.</p> <p>Findings include:</p> <p>1. Review of R223's Profile Face Sheet indicated R223 was admitted in the facility on 03/06/2024.</p> <p>On 03/13/2024 at 10:50AM, R223 was noted with admission date of 03/06/2024 and criminal history background check was initiated on 03/12/2024.</p> <p>On 03/14/2024 at 10:17AM, V10 (Admissions), V10 stated all criminal history background checks were supposed to be done by the receptionists when the resident is admitted in the facility. V10 also stated they only found out that the criminal history background checks were not being done when it was asked to be reviewed by the surveyors, so R223's background check was only done 03/12/2024.</p> <p>2. Review of R116's Profile Face Sheet indicated R116 was admitted in the facility on 03/06/2024.</p> <p>On 03/13/2024 at 10:50AM, R116 was noted with admission date of 03/06/2024 and criminal history background check was initiated on 03/12/2024.</p> <p>On 03/14/2024 at 10:17AM, V10 (Admissions),</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001184	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/15/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BRITISH HOME, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 8700 WEST 31ST STREET BROOKFIELD, IL 60513
--	--

(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
S9999	<p>Continued From page 2</p> <p>V10 stated all criminal history background checks were supposed to be done by the receptionists when the resident is admitted in the facility. V10 also stated they only found out that the criminal history background checks were not being done when it was asked to be reviewed by the surveyors, so R116's background check was only done 03/12/2024.</p> <p>3. R220's Profile Face Sheet indicated R220 was admitted in the facility on 03/07/2024.</p> <p>On 03/13/2024 at 10:50AM, R220 was noted with admission date of 03/07/2024 and criminal history background check was initiated on 03/12/2024.</p> <p>On 03/14/2024 at 10:17AM during interview with V10 (Admissions), V10 stated all criminal history background checks were supposed to be done by the receptionists when the resident is admitted in the facility. V10 also stated they only found out that the criminal history background checks were not being done when it was asked to be reviewed by the surveyors, so R220's background check was only done 03/12/2024.</p> <p>4. R222's Profile Face Sheet indicated R222 was admitted in the facility on 03/08/2024.</p> <p>On 03/13/2024 at 10:50AM, R222 was noted with admission date of 03/08/2024 and criminal history background check was initiated on 03/12/2024.</p> <p>On 03/14/2024 at 10:17AM, V10 (Admissions), V10 stated all criminal history background checks were supposed to be done by the receptionists when the resident is admitted in the facility. V10 also stated they only found out that the criminal history background checks were not being done</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001184	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/15/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BRITISH HOME, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 8700 WEST 31ST STREET BROOKFIELD, IL 60513
--	--

(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
S9999	<p>Continued From page 3</p> <p>when it was asked to be reviewed by the surveyors, so R222's background check was only done 03/12/2024.</p> <p>5. R221's Profile Face Sheet indicated R221 was admitted in the facility on 03/09/2024.</p> <p>On 03/13/2024 at 10:50AM, R221 was noted with admission date of 03/09/2024 and criminal history background check was initiated on 03/12/2024.</p> <p>On 03/14/2024 at 10:17AM, V10 (Admissions) stated all criminal history background checks were supposed to be done by the receptionists when the resident is admitted in the facility. V10 also stated they only found out that the criminal history background checks were not being done when it was asked to be reviewed by the surveyors, so R221's background check was only done 03/12/2024.</p> <p>On 03/14/2024 at 10:17AM V9 (Admissions), V9 stated all criminal history background checks should be done within 24 hours of admission.</p> <p>Review of facility's policy entitled Identified Offenders Policy and Procedure reviewed on 01/04/2023 indicated the following: Purpose: To comply with the Illinois Department of Public Health Identified Offender law (Public Act 096-1372) and to ensure the safety of all residents of our community.</p> <p>Procedures: 1. Criminal Background and Sex Offender Checks will be completed on all residents admitted to the British Home Rehabilitation Services within twenty-four (24) hours from the admission date.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001184	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/15/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BRITISH HOME, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 8700 WEST 31ST STREET BROOKFIELD, IL 60513
--	--

(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
S9999	Continued From page 4 (C)	S9999		