STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6015325	B. WING		05/31/2024		
NAME OF F	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	TATE, ZIP CODE			
ARDEN O	OURTS (PALOS HEI	GHTS)	EST COLLEGE HEIGHTS, IL 6				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE	
S 000	Initial Comments		S 000				
	Annual Licensure S	urvey					
		cident Investigation 173068 - No Deficiency 164948 - No Deficiency					
S9999	Final Observations		S9999				
	Statement of Licensure Violations						
	330.715a) 330.715b) 330.715f)						
	Section 330.715 Request for Resident Criminal History Record Information						
	of a resident, reque background check Conviction Informat older seeking admis background check pursuant to the Hos Background checks resident's name, da	pursuant to the Uniform tion Act for all persons 18 or ssion to the facility, unless a was initiated by a hospital spital Licensing Act. s shall be based on the ate of birth, and other ed by the Department of Stat					
	name on the Illinois website at www.isp Department of Corr page at www.idoc.s	I check for the individual's Sex Offender Registration state.il.us and the Illinois ections sex registrant search tate.il.us to determine if the s a registered sex offender.	1				
		be responsible for taking all ensure the safety of resident	s				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6015325	B. WING		05/31/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, ST	TATE, ZIP CODE		
ARDEN	COURTS (PALOS HEI	GHTS)	EST COLLEGE HEIGHTS, IL 6			
(X4) ID PREFIX	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT	ION SHOULD BE	(X5) COMPLET
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO T DEFICIENC		DATE
S9999	Continued From page 1		S9999			
	check or a fingerpri are pending; while t waiver of a fingerpr and/or while the Ide Recommendation is This requirement w by: Based on interview failed to perform cri checks within 24 ho five residents (R4, I	a name-based background int-based background check the results of a request for int-based check are pending; entified Offender Report and s pending. vas NOT MET as evidenced and record review, the facility iminal history background burs of admission for five of R7, R8, R9, R10) reviewed fo ckground checks in a sample	/			
	Findings include:					
	R4 was noted with 05/24/2024. R4's b CHIRP, Illinois Sex	1:10AM during record review, an Admission Date of background check includes Offender Registry, and Illinois rections was not initiated until	S			
	R8 was noted with 05/08/2024. R8's b CHIRP, Illinois Sex	1:20AM during record review, an Admission Date of background check includes Offender Registry, and Illinois rections was not initiated until	S			
	R9 was noted with a 05/22/2024. R9's b CHIRP, Illinois Sex	1:30AM during record review, an Admission Date of background check includes Offender Registry, and Illinois rections was not initiated until	S			

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED 05/31/2024	
		B. WING		05/3			
AME OF F			.DDRESS, CITY, ST	TATE, ZIP CODE	1		
	OURTS (PALOS HEI	GHTS) 7880 WE	EST COLLEGE	DRIVE			
		PALOS I	HEIGHTS, IL 6	0463			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
S9999	Continued From page 2		S9999				
nois Depar	On 05/29/2024 at 11:40AM during record review, R10 was noted with an Admission Date of 05/22/2024. R10's background check includes CHIRP, Illinois Sex Offender Registry, and Illinois Department of Corrections was not initiated until 05/29/2024.						
	On 05/29/2024 at 11:50AM during record review, R11 was noted with an Admission Date of 05/23/2024. R11's background check includes CHIRP, Illinois Sex Offender Registry, and Illinois Department of Corrections was not initiated until 05/29/2024.						
	On 05/29/2024 at 12:00PM during an interview with V1 (Mobile ADMIN), V1 states resident criminal background checks should be conducted prior to admission.		Ŀ				
	with V9 (Marketing) background checks immediately. V9 st capabilities to run b	:30PM during an interview), V9 states criminal s should be conducted ates facility doesn't have the background checks. V9 states be sent out and reviewed ived.					
	05/24/2024. Review of R8's Fac	e Sheet, R4 was admitted on e Sheet, R8 was admitted on					
	05/22/2024.	e Sheet, R9 was admitted on ace Sheet, R10 was admitted					
	on 05/22/2024.	ice Sheet, R11 was admitted					
	Facility policy dated titled RESIDENT P	1 11/2021 (Revised 02/2024) ROTECTION:					

Illinois Department of Public Health							
STATEMENT OF DEFICIENCIES (X1) P		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED		
		IL6015325	B. WING		05/31	/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
ARDEN	COURTS (PALOS HEI	GHISI	ST COLLEGE EIGHTS, IL				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROD DEFICIENCY)	D BE	(X5) COMPLETE DATE	
	appropriate respon- corrective, remedia	sults will dictate the se, which may include l, or disciplinary action in plicable local, state, or federal					
Ilinois Depa	tment of Public Health						

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