(X6) DATE

Illinois Department of Public Health

AND BLAN OF CORRECTION TO IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
IL6005227		B. WING		05/23/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	ODRESS, CITY, S	TATE, ZIP CODE	
LAKEVIE	EW REHAB & NURSI	NG CENTER	T DIVERSEY O, IL 60614		
(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 COMPLETE
S 000	Initial Comments		S 000		
	Annual Licensure S	Survey			
S9999	Final Observations		S9999		
	Statement of Licesu	ure Violations (1 of 2):			
	300.615e) 300.615f) 300.615j)				
	Screening and Req History Record Info e) In addition to the Section 2-201.5(a) facility shall, within resident, request a check pursuant to tender Information Act for admission to the factheck was initiated Hospital Licensing of the based on the result and other identifiers Department of State of the Act). f) The facility some on the Illinois website at www.isp Department of Corresponding at www.idoc.some individual is listed at j) The facility sall steps necessary residents while the background check is background checks.	e screening required by of the Act and this Section, a 24 hours after admission of a criminal history background he Uniform Conviction all persons 18 or older seeking cility, unless a background by a hospital pursuant to the Act. Background checks shall sident's name, date of birth,			

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

06/15/24 **Electronically Signed**

TITLE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6005227	B. WING		05/2	23/2024
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
LAKEVI	EW REHAB & NURSI	NG CENTER	T DIVERSEY), IL 60614			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO) CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	age 1	S9999			
		; and/or while the Identified nd Recommendation is				
	These requirement by:	ts were NOT met as evidenced				
	failed to conduct rebackground checks admission for 10 reR119, R123, R128 R293), failed to check admission for 10 reR119, R123, R128 R293), failed to check admission for fingerprint-based behours after receivir background check R114, R119, R123,	nackground check within 72 ng results of a name-based for 10 residents (R44, R50, , R128, R134, R135, R292 and has the potential to affect all				
	, ,	ht Census Report" dated s, in part, that there are 137 the facility.				
	"I (V1) am familiar facility is accepting put the resident in CHIRP (Criminal H Process) results ar are doing that here the facility. Admiss this." On 5/22/24 at 12:1 Director) stated, "S	2pm, V1 (Administrator) said, with screening residents. If the a resident, we (facility) should an isolated room until the listory Information Response re received. I (V1) hope they a. This protects all residents in ions would know more about 5pm, V33 (Admissions social Services is mainly in ified offenders. Upon				

Illinois Department of Public Health

STATE FORM 6899 If continuation sheet 2 of 10 L4I711

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		IL6005227	B. WING		05/	23/2024
	PROVIDER OR SUPPLIER EW REHAB & NURSII	NG CENTER 735 W	T ADDRESS, CITY, S VEST DIVERSEY AGO, IL 60614	TATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
S9999	admission, I (V33) into the CHIRP (Cri Response Process a response and if the Social Services. The admission, within 2 On 5/22/24 at 1:22 Director) stated, "W CHIRP (Criminal Herocess) is ran by a Then admissions services), and we (the checks and corto obtain fingerprint due within 72 hours (Social Services Dicriminal backgroun	put the resident information iminal History Information) system and once I (V33) gnere is a hit, I (V33) notify a CHIRP is done upon	of ny) e ted 4,			
	Response Process hours from admissifor when R44's fing 2. R128's CHIRP Response Process months from admissifor when R128's fing 3. R123's CHIRP Response Process hours from admissi Registry and Illinois was completed over date; and there is not fingerprints were or 4. R293's CHIRP Response Process hours from admissifor when R293's fin	Criminal History Information) was completed over 72 ion date and there is no date perprints were ordered. (Criminal History Informatio) was completed almost 2 esion date and there is no date gerprints were ordered. (Criminal History Informatio) was completed over 48 ion date; Illinois Sex Offende is Department of Corrections or 9 months from admission to date for when R123's redered. (Criminal History Informatio) was completed over 48 ion date and there is no date igerprints were ordered. ocumentation that any	e n ate n er			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
	IL6005227		B. WING		05/2	23/2024	
NAME OF	PROVIDER OR SUPPLIER			DRESS, CITY, S	STATE, ZIP CODE		
I VKE//I	EW REHAB & NURSI	NG CENTED	735 WES	T DIVERSEY			
LANEVI	LW KEHAD & NORSH		CHICAGO	, IL 60614			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC) REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
\$9999	Continued From particles of the list of residents from admission background checks from admission data when R135's finger from admission data when R134's finger from admission data and there is not fingerprints were on fingerprints from admission when R119's finger from admission from admission when R114's finger from admission backgrounds when R114's finger from admission background from the list of residents from admission background from the list of residents from from admission background from the list of residents from from admission background from the list of residents from from admission background from the list of residents from the list of the l	s were done. (Criminal Hist)) was complet te and there is reprints were or (Criminal Hist)) was complet te and there is reprints were or (Criminal Histo)) was complet sion date; Illino s Department of the for the refered. (Criminal Histo)) was complet sion date for whe refered. (Criminal Histo)) was complet sion date and gerprints were (Criminal Histo)) was complet sion date and gerprints were (Criminal Histo)) was complet sion date and gerprints were (Criminal Histo)) was complet sion date and gerprints were (Criminal Histo)) was complet sion date and gerprints were (Criminal Histo)) was complet sion date and gerprints were (Criminal Histo)) was complet sion date and gerprints were (Criminal Histo)) was complet sion date and gerprints were (Criminal Histo)) was complet sion date and gerprints were (Criminal Histo)) was complet sion date and gerprints were (Criminal Histo)) was complet sion date and gerprints were (Criminal Histo)) was complet sion date and gerprints were (Criminal Histo)) was complet sion date and gerprints were (Criminal Histo)) was complet sion date and gerprints were (Criminal Histo)) was complet sion date and gerprints were (Criminal Histo)) was complet sion date and gerprints were (Criminal Histo)) was complet sion date and gerprints were (Criminal Histo)) was complet sion date and gerprints were (Criminal Histo)) was complet sion date and gerprints were (Criminal Histo)) was complet sion date and gerprints were (Criminal Histo)) was complet sion date and gerprints were (Criminal Histo)) was complet sion date and gerprints were (Criminal Histo)) was complet sion date and gerprints were (Criminal Histo)) was complet sion date and gerprints were (Criminal Histo)) was complet sion date and gerprints were (Criminal Histo)) was complet sion date and gerprints were (Criminal Histo)) was complet sion date and gerprints were (Criminal Histo)	ed over 1 month no date for dered. ory Information ed over a week no date for dered. ry Information ed almost a bis Sex Offender of Corrections om admission in R50's ory Information ed over 2 there is no date ordered. Ory Information ed almost 2 there is no date ordered. Ory Information ed almost 2 there is no date ordered. Showing that 192. I (V31) was about the fingerprints on in for the ocol Worksheet, could find. I position." ministrator) said, ious this is. The ervice ducated on a ocks and	S9999			

Illinois Department of Public Health

			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	IL6005227	B. WING		05/23/2024	
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
LAKEMEN BELIAD ON DON	735 WEST	DIVERSEY			
LAKEVIEW REHAB & NURSIN	CHICAGO	, IL 60614			
PREFIX (EACH DEFICIENCY	FEMENT 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 APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999 Continued From page	ge 4	S9999			
R44's face sheet do admission date of 12 includes, but are not disorder, schizoaffed and anxiety disorder R128's face sheet do admission date of 17 includes but are not major depressive dis R123's face sheet do admission date of 7/ includes but are not disorder. R293's face sheet do admission date of 4/ includes but are not depression. R292's face sheet do admission date of 1/ includes but are not and seizures. R135's face sheet do admission date of 1/ includes but are not disorder. R134's face sheet do admission date of 1/ includes but are not disorder. R134's face sheet do admission date of 1/ includes but are not disorder with mixed conduct and unspect R119's face sheet do admission date of 1/ includes but are not disorder with mixed conduct and unspect R119's face sheet do admission date of 1/ includes, but are not dementia, unspecification date of 1/ includes, but are not dementia, unspecification date of 1/ includes, but are not dementia, unspecification date of 1/ includes, but are not dementia, unspecification date of 1/ includes, but are not dementia, unspecification date of 1/ includes, but are not dementia, unspecification date of 1/ includes, but are not dementia, unspecification date of 1/ includes, but are not dementia, unspecification date of 1/ includes, but are not dementia, unspecification date of 1/ includes, but are not dementia, unspecification date of 1/ includes, but are not dementia, unspecification date of 1/ includes, but are not dementia, unspecification date of 1/ includes, but are not dementia, unspecification date of 1/ includes and unspecification d	cuments, in part an 2/22/23. R44's diagnosis t limited to: major depressive ctive disorder, bipolar type, r. ocuments, in part an 1/03/23. R128's diagnosis limited to: alcohol abuse and sorder. ocuments, in part an /28/23. R123's diagnosis limited to: schizoaffective ocuments, in part an /19/22. R239's diagnosis limited to: schizophrenia and ocuments, in part an 2/24/18. R292's diagnosis limited to: cerebral infarction ocuments, in part an /3/24. R135's diagnosis limited to: schizoaffective ocuments, in part an /3/24. R135's diagnosis limited to: schizoaffective ocuments, in part an /2/17/23. R134's diagnosis limited to: liver disease and by unspecified drug. cuments, in part an /02/23. R50's diagnosis limited to: adjustment disturbance of emotions and	\$9999			

Illinois Department of Public Health

STATE FORM 6899 L4I711 If continuation sheet 5 of 10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		IL600522	27	B. WING		05/2	23/2024
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
LAKEVII	EW REHAB & NURSI	NG CENTER		DIVERSEY			
(VA) ID	SLIMMADV ST/	ATEMENT OF DEFIC			PROVIDER'S PLAN OF CORRE	CTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC' REGULATORY OR L	Y MUST BE PRECE	DED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	age 5		S9999			
59999	R114's face sheet of admission date of includes, but are not psychoactive subst depressive disorder Facility policy title, undated, documenthis facility to preventhis facility will be improported to an are sident will be improported to an are presentative protect and promoted and representative protect you from at a Facility job descriptive facility job descriptive date 8/21/2 aware of Resident Policy while acting medical rules regarding and Facility job descriptive facility job description of Social Sproviding related social rules regarding and providing related social resident may level of physical, may level of physical physic	documents, in 10/21/22. R114 of limited to: concern uses and r. "Abuse Prevents, in part, "It is ent resident abunisappropriation ives care and shorizonment in vited as human legedly mistreanediately remoty will not tolerate, in part, "As we the right to a communicate with the part, "As we the right to a communicate with the process of choice. The pour rights the mome-like of course" The your rights the mome-like of the process is a communicate with the process of choice. The process is responsible to titled, "Adnouments, and the process is responsible to the process of the process is responsible to the process of	Is diagnosis acaine abuse, I major Ition Program," the policy of use, neglect, on of property. Services in a which all beings. At another ved from ate resident IGHTS," a resident of a dignified th individuals the facility will The facility environment edures that the ministrator," in part, "Is ng Law and Coordinator compliance with, s." is, in part, "The ponsible for ices so that est practicable chosocial is position will nsible for the	равая			

Illinois Department of Public Health

STATE FORM 6899 L4I711 If continuation sheet 6 of 10

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	LE CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	<u> </u>	COMPLETED	
		IL6005227	B. WING		05/23/2024	
					, 00/2	J. 242 T
NAME OF F	PROVIDER OR SUPPLIER		ADDRESS, CITY,			
LAKEVIE	W REHAB & NURSIN	NG CENTER	EST DIVERSEY	,		
		CHICA	GO, IL 60614			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
IAO			IAG	DEFICIENCY)		
00000	0 " 15		00000			
S9999	Continued From pa	ige 6	S9999			
		ibilities in accordance with				
	current existing fed	eral and state regulations ar	nd			
		ny policies and procedures				
		creening Assessment for				
		ssive and/or Harmful Behav				
		s aware of the Resident Abu	se			
	Reporting Policy &					
		ion titled, "Admissions				
	•	date 1/29/24, documents, in				
		ns Director is responsible fo				
		nissions and transfers to the				
		losely with the nursing staff				
		relating to psych/service				
		ve residents. The person is held accountable and is				
		decision for carrying out the				
	assigned duties and					
		irrent existing federal and st	ete			
		ablished company policies a				
		s appropriate Social Worker				
	facility of admission		at			
	(C)	i information.				
	(0)					
	Statement of Licens	sure Violations (2 of 2):				
	300.661					
	0 - 1 - 000 004 11	W. O. W. J. B. J.				
		ealth Care Worker Backgrou	ind			
	Check					
	Δ facility shall comp	oly with the Health Care				
		d Check Act and the Health				
		ground Check Code.				
	Cale Molkel Dack	ground Oneok Code.				
	(Source: Amended	l at 45 III. Reg. 11096, effect	ive			
	August 27, 2021)	at 40 m. Rog. 11090, enec				
	, lagact 21, 2021)					
	This Regulation is NOT MET as Evidenced By:					

Illinois Department of Public Health STATE FORM

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6005227		B. WING		05/2	23/2024
NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
LAKEVIE	EW REHAB & NURSI	NG CENTER		r DIVERSEY), IL 60614			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIE MUST BE PRECEDE SC IDENTIFYING INFO	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOUNDERSON OF THE APPR CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
\$9999	Continued From particles and continued From p	and record revietable to alth Care Worke ughly complete a reffort to preven ntial to affect all ty. In Census Report, in part, that the he facility. It Cam, V34 (Regions said, "The facility ound checks on swill be safe. We abuse and neglecked within 10 deceive the result we (facility) look mployee is eligible or when the same that surveyed the same background of the same that	r Background and done in a t abuse. This 137 residents "t" dated re are 137 mal Human y runs state employees to be (facility) do ect as well. ays of hire. Its of the at whether le for hire or or and V34 or) discussed d Check as ed. V26's at Health Care tuments, in minedClick date of hire thecks were	S9999			
	completed over 20 why no further action finger since printing	years after V26's on was taken for	s hire date and V26 such as				

Illinois Department of Public Health

STATE FORM 6899 L4I711 If continuation sheet 8 of 10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IL6005227	B. WING		05/	23/2024
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
LAKEVIE	EW REHAB & NURSII	NG CENTER	ST DIVERSEY			
	T	CHICAG	O, IL 60614			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
	Yeah, I (V34) seen check file). His (V2) not yet determined quite a while. It's ur have went for finge why it wasn't done even try to explain. resource is given to I'm (V34) not sure values a Resource Director now." Facility presented of Checklist," undated Items to be comple Background Result		S			
	documents, in part, to prevent resident employee starting a Criminal History Chnew hires." Facility policy title, 'Tool," reviewed date Potential candidate considered conting requirementsas a background check, Facility policy title, 'undated, document this facility, you have existence and to coand representatives protect and promot must provide a safe The facility must improtect you from ab Facility job descript	'Abuse Prevention Program," "It is the policy of this facility abusePrior to a new a work schedule:File a neck per STATE STATUE on a "(Facility) Facility Assessment e 1/18/24, documents, in part, is for employment are ent upon meeting the well as a satisfactory criminal healthcare work registry" "RESIDENT RIGHTS," its, in part, "As a resident of we the right to a dignified immunicate with individuals is of choice. The facility will e your rights The facility ehome-like environment uplement procedures that ouse" ion dated 1/24/24 and titled osition Title: Human Resource				

Illinois Department of Public Health

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		IL6005227	B. WING		05/2	3/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
LAKEVI	EW REHAB & NURSII	NG CENTER	T DIVERSEY), IL 60614			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
\$9999	Resources Director administration at the hire orientation The position will be held responsible for the out the assigned duaccordance with curegulations and est procedures Con Ensures all new hire Verifies and maintal criminal backgrounchecks and recertifing Facility job descript "Human Resource "Summary/Objectivorganization's goal Guests we serve, the directs the Human accordance with curand local standards to assure that qualitation and employ 10. Provide public inverification of employees the procedures are in controlled.	ts, in part, "The Human is responsible for HR e facility, including payroll, new the person holding this accountable and is decision making for carrying uties and responsibilities in rrent existing federal and state ablished company policies and ducts new hire orientation. e paperwork is complete ins license certifications, d checks, nurse aide registry ication. ion dated 3/4/22 and titled Director," documents, in part, e: In keeping with our of improving the lives of the ne Human Resource Director Resources Department in rrent applicable federal, state, s, guidelines, and regulations, ty personnel are interviewed, ed. Essential Functions: information (i.e. (that is), oyment) 21. Conduct and iring, vetting, and discharge compliance with federal, state, is and established facility	S9999			

6899

Illinois Department of Public Health STATE FORM