

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6014641</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/31/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ARCHER HEIGHTS HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4437 SOUTH CICERO CHICAGO, IL 60632</b>
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S 000	Initial Comments  Annual Licensure Survey	S 000		
S9999	Final Observations  Statement of Licensure Violations (1 of 3):  300.610a) 300.1210b) 300.1210d)1)2) 300.1630d)  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.  Section 300.1210 General Requirements for Nursing and Personal Care  b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.	S9999		

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

TITLE

(X6) DATE  
06/20/24

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S9999	<p>Continued From page 1</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>Section 300.1630 Administration of Medication</p> <p>d) If, for any reason, a licensed prescriber's medication order cannot be followed, the licensed prescriber shall be notified as soon as is reasonable, depending upon the situation, and a notation made in the resident's record.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interviews and record reviews, the facility failed to provide the appropriate treatment to attain the highest practical mental and psychosocial well-being and ensure a resident received physician ordered medication timely for treatment of opioid dependence for 1 (R85) out of 1 resident reviewed in a sample of 35. This failure resulted in R85 feeling anxious and having trouble sleeping.</p> <p>Findings Include:</p> <p>R85's progress notes dated 5/24/24 at 7:09 PM documents R85 was re-admitted from acute hospital. R85's clinical records show a diagnosis not limited to Opioid Dependence. R85's</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Minimum Data Set (MDS) dated 4/1/24 shows R85 is cognitively intact. R85's physician orders dated 5/24/24 show an order of: Suboxone Sublingual Film 2-0.5 MG (Buprenorphine HCl-Naloxone HCl Dihydrate). Give 1 film sublingually one time a day related to Opioid Dependence.</p> <p>R85's May Medication Administration Record (MAR) shows R85 did not receive the ordered Suboxone medication until 5/28/24. R85's progress notes from 5/25/28 to 5/27/28 shows Suboxone medication was on order and no documentation that staff followed up the order from pharmacy. There was no documentation that the doctor was notified of R85 not receiving the Suboxone. Progress notes dated 5/28/24 at 1:12 PM written by V19 (Licensed Practical Nurse/LPN) shows V19 called Pharmacy and will deliver Suboxone medication in the evening.</p> <p>On 5/28/24 at 11:01 AM, R85 was resting in bed alert and able to verbalize needs. R85 stated the facility is short in staff. R85 stated, "I don't get my medications, especially on weekends. They are really bad. If I could walk, I would walk out of here. Night shift is really bad. When I press the call light it would be hours until they see me. If I ask for a nurse, it would be hours until they come in and help. Sometimes I don't get my medications until the next day. I came back Friday from the hospital and the medications I'm supposed to get I have not gotten it. I'm supposed to get Suboxone for anxiety attacks and drug withdrawal. I feel anxious. I haven't been sleeping since Friday. They always say let me see and check, but they never came back."</p> <p>On 5/28/24 at 12:48 PM, V19 (LPN) stated R85 has not gotten R85's Suboxone. V19 stated that</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>for the Pharmacy to deliver R85's medication, it required a script to be faxed to Pharmacy. V19 stated the script was faxed yesterday (5/27/24). V19 stated, "I have not called the Pharmacy I will call today to follow up on the medication."</p> <p>On 5/29/24 at 10:01 AM, V27 (Family Nurse Practitioner) stated that V27 assessed R85 and that R85 came back from the hospital Friday and was waiting for the medication Suboxone. V27 stated R85 has history of opioid and heroine abuse and Suboxone helps with that. V27 stated R85 is using the Suboxone to get rid of the addiction and manage withdrawal and anxiety. V27 stated R85 should be taking the medication every day; if not, R85 might get anxious and get agitated. V27 stated V27 saw R85 on Monday (5/27/24) and R85 was still waiting for the Suboxone. V27 stated that yesterday (5/28/24), V27 asked V19 to follow up on the medication.</p> <p>On 5/30/24 at 09:11 AM, V2 (Director of Nursing) stated that prescription scripts are required to be faxed to pharmacy for them to deliver the residents' narcotic medications. V2 stated the expectation is that once the nurse receives the narcotic medication order from the doctor, they must obtain the script from the doctor or the nurse practitioner and send the script to pharmacy immediately. V2 stated R85 has history of substance abuse. V2 stated if the medication is not delivered on time, the nurse must follow up from pharmacy to find out what happen. If resident comes in the evening the nurse should be following up the next morning. V2 stated, "The doctor should give something to calm them until they get the medication. The nurse should have called the doctor that [R85] was not getting the Suboxone." V2 stated if R85 does not get the Suboxone as ordered, it could potentially make</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>her agitated or exhibit negative behaviors.</p> <p>The facility's policy titled; "RECEIVING CONTROLLED SUBSTANCES" dated 10/25/14 reads in part: B. Controlled substances prescribed for a specific resident are delivered to the facility only if a valid prescription has been received by the pharmacy prior to dispensing.</p> <p>The facility's Physician Orders policy dated 1/24 documents in part that medications will be ordered from the pharmacy to ensure prompt delivery. (B)</p> <p>Statement of Licensure Violations (2 of 3):</p> <p>300.615b) 300.615c) 300.615e) 300.615f) 300.615i)</p> <p>Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information</p> <p>b) All persons seeking admission to a nursing facility must be screened to determine the need for nursing facility services prior to being admitted, regardless of income, assets, or funding source. (Section 2-201.5(a) of the Act) A screening assessment is not required provided one of the conditions in Section 140.642(c) of the</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>rules of the Department of Healthcare and Family Services titled Medical Payment (89 Ill. Adm. Code 140.642(c)) is met.</p> <p>c) Any person who seeks to become eligible for medical assistance from the Medical Assistance program under the Illinois Public Aid Code to pay for long-term care services while residing in a facility shall be screened in accordance with 89 Ill. Adm. Code 140.642(b)(4). (Section 2-201.5(a) of the Act)</p> <p>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 Department of State Police. (Section 2-201.5(b) of the Act)</p> <p>f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at <a href="http://www.isp.state.il.us">www.isp.state.il.us</a> and the Illinois Department of Corrections sex registrant search page at <a href="http://www.idoc.state.il.us">www.idoc.state.il.us</a> to determine if the individual is listed as a registered sex offender.</p> <p>i) The facility shall provide for or arrange for any required fingerprint-based checks to be taken on the premises of the facility. If a fingerprint-based check is required, the facility shall arrange for it to be conducted in a manner that is respectful of the resident's dignity and that minimizes any emotional or physical hardship to</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>the resident. (Section 2-201.5(b) of the Act) If a facility is unable to conduct a fingerprint-based background check in compliance with this Section, then it shall provide conclusive evidence of the resident's immobility or risk nullification of the waiver issued pursuant to Section 2-201.5(b) of the Act.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to check and review the results of the Criminal History Information Response Process (CHIRP) for 8 (R101, R102, R150, R163, R169, R188, R193, R198), Illinois Sex Offender Registry for 3 (R150, R188, R198) and Illinois Department of Corrections for 10 (R53, R72, R101, R102, R150, R163, R169, R188, R193, R198) of 10 residents reviewed for Identified Offender Protocol within 24 hours of admission. This failure resulted in R193 background check results not being submitted and R53, R72, R101, R102, R150, R163, R169, R188 and R198 not having a background check submitted to the Identified Offender Program timely.</p> <p>Findings Include:</p> <p>The residents' clinical records and background checks were reviewed and revealed the following:</p> <ol style="list-style-type: none"> <li>R53 was admitted to the facility on 02/14/24. R53's Illinois Department of Corrections (IDOC) has no submission date. R53's Fingerprints were completed 02/27/24. Identified Offenders Program notified 03/06/24.</li> <li>R72 was admitted to the facility on</li> </ol>	S9999		

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S9999	<p>Continued From page 7</p> <p>01/16/24. R72's Illinois Department of Corrections (IDOC) has no submission date. R72's Fingerprints were completed 02/19/24. Identified Offenders Program notified 02/20/24.</p> <p>3. R101 was admitted to the facility on 03/07/24. R101's CHIRP was completed on 03/12/24. R101's Illinois Department of Corrections (IDOC) has no submission date. R101's Fingerprints were completed 04/01/24. Identified Offenders Program notified 04/10/24.</p> <p>4. R102 was admitted to the facility on 01/10/24. R102's CHIRP was completed on 01/17/24. R102's Illinois Department of Corrections (IDOC) has no submission date. R102's Fingerprints were completed 02/05/24. Identified Offenders Program notified 02/13/24.</p> <p>5. R150 was admitted to the facility on 02/28/24. R150's CHIRP was completed on 03/03/24. R150's Illinois Sex Offender Registry and Illinois Department of Corrections (IDOC) has no submission date. R150's Fingerprints were completed 03/15/24. Identified Offenders Program notified 03/25/24.</p> <p>6. R163 was admitted to the facility on 11/22/23. R163's CHIRP was completed on 01/27/24. R163's Illinois Department of Corrections (IDOC) has no submission date. R163's Fingerprints were completed 02/05/24. Identified Offenders Program notified 02/06/24.</p> <p>7. R169 was admitted to the facility on 02/01/24. R169's CHIRP was completed on 02/07/24. R169's Illinois Department of Corrections (IDOC) has no submission date. R169's Fingerprints were completed 02/19/24. Identified Offenders Program notified 03/06/24.</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>8. R188 was admitted to the facility on 01/23/24. R188's CHIRP was completed on 01/27/24. R188's Illinois Sex Offender Registry and Illinois Department of Corrections (IDOC) has no submission date. R188's Fingerprints were completed 02/19/24. Identified Offenders Program notified 02/22/24.</p> <p>9. R193 was admitted to the facility on 02/16/24. R193's CHIRP was completed on 02/21/24. R193's Illinois Department of Corrections (IDOC) has no submission date. R193's Fingerprints were completed 04/01/24. Identified Offenders Program was not notified.</p> <p>10. R198 was admitted to the facility on 03/05/24. R198's CHIRP was completed on 03/12/24. R198's Illinois Sex Offender Registry was not provided. R198's Illinois Department of Corrections (IDOC) has no submission date. R198's Fingerprints were completed 04/01/24. Identified Offenders Program notified 04/10/24.</p> <p>On 05/29/24 at 11:21 AM V4 (Psychiatric Rehabilitation Service Director) stated, "A background check is done and after coming through and getting a hit we do fingerprinting. This will let us know if the residents are low, moderate, or high risk. The background checks are done upon admission but usually we try to do the background check before the resident is admitted. If we are able to run the background check, we do a soft search first before the residents are admitted to see if there are any hits and do a thorough background check once they are admitted. Everyone is supposed to have a background check. R53, there was a hit, and the fingerprints were done on 02/27/24. R72 CHIRP was done on 01/17/25. We received a full report</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>on 02/05/24. R72 fingerprinting was done 02/19/24. R72 CHIRP was done on 01/17/25. We received a full report on 02/05/24. R72 fingerprinting was done 02/19/24. R101 CHIRP was done 5 days after he was admitted. R102 CHIRP was done on 01/17/24 and fingerprinting was complete 02/05/24. R150 CHIRP came back to the facility on 03/04/24 and the fingerprints were done on 03/15/24, outside of the 72 hours. We request fingerprints but they don't come in right away. They give us a date that they can come out to do the fingerprints and sometimes it can be a week or two before they come. They know that we have a 72-hour time limit. R163 left AMA (Against Medical Advice) on 04/20/24 and was not anticipated to return. R163 came back 04/23/24. The facility input there was no CHIRP done in November and once we identified there was no CHIRP for R163 we ran it in March 2024. R169 CHIRP was requested on 02/07/24 and the fingerprints were done 02/19/24. R188's CHIRP was done after the 24 hours of admission. The fingerprints should have been ordered within 3 days if there was a hit. R188 was admitted on 01/23/24 and the fingerprints were done on 02/19/24. R193 CHIRP was completed on 02/21/24. R163 was fingerprinted 04/01/24. R198 CHIRP was requested on 03/12/24 seven days after admission. R163 results on 03/19/24 was a hit and fingerprints were completed on 04/01/24.</p> <p>On 05/29/24 at 12:28 PM V18 (Social Service Consultant) stated, "They were not doing the finger printing. R163 finger printing was done on 02/05/24. We did a mass audit to make sure everyone was being done. It was a mess we have been trying to clean it up."</p> <p>On 05/30/24 at 08:41 AM V4 (Psychiatric Rehabilitation Service Director) stated, "The page</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>titled Verify is the CHIRP. After fingerprinted there is an analysis that the Illinois Department of Correction sends with recommendation."</p> <p>On 05/30/24 the facility provided the surveyor with emails containing appointments for fingerprinting with no resident names attached,</p> <p>Policy:</p> <p>Titled "Identified Offender" undated document in part: It is the policy of this facility to establish a resident sensitive and resident secure environment. In accordance with the provisions of the Nursing Home Care Act, this facility shall check the criminal history background on any resident seeking admission to the facility in order to identify previous criminal convictions. Identifying Offenders: 3. Conduct a Criminal History Background Check: Within 24 hours of admission. 4. b. If the UCIA (Uniform Conviction Information Act) response - contains convictions that match the Identified Offender or Sex Offender statute citation numbers, the resident is an Identified Offender and must be reported to Identified Offenders Program. 5. Request a live scan UCIA fingerprint check: a. If the UCIA name check states a fingerprint inquiry must be submitted, or d. The fingerprint-based background must be requested within 72 hours after receiving the name-based background check and must be conducted within five days after receiving the name-based results. Reporting Results if the Resident is an Identified Offender. 1. Once the facility determines the resident is an Identified Offender, the facility must request in 72 hours for the resident to undergo live scan State and Federal Bureau of Investigation (FBI) fingerprint check on the premises within 5 business days. 2. Immediately complete and</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>submit the Illinois Department Public Health (IDPH) Identified Offender Information (IOI) Form attached and fax it to the IDPH Identified Offender Program, along with a copy of the UCIA response. The facility will not wait for the fingerprint results to send the Identified Offender Information Form to IDPH. 3. Check for confirmation from the Identified Offender Program within one business day, confirming that all the information was submitted correctly. If a resident is discharged or expires, the facility must notify the Identified Offender Program. Within 3 business days submit the IDPH Identified Offender Information (IOI) form along with a copy of the UCIA response file to the IDPH Identified Offender Program (IOP). (C)</p> <p>Statement of Licensure Violations (3 of 3):</p> <p>300.625c)2)</p> <p>Section 300.625 Identified Offenders</p> <p>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:</p> <p>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, 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</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6014641</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/31/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ARCHER HEIGHTS HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4437 SOUTH CICERO CHICAGO, IL 60632</b>
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S9999	<p>Continued From page 12</p> <p>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.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview, and record review the facility failed to order fingerprints if any of the Criminal History Information Response Process (CHIRP) or registry background results came back with a HIT for qualifying offense for 10 (R53, R72, R101, R102, R150, R163, R169, R188, R193, R198) of 10 residents reviewed for Identified Offender Protocol. This failure resulted in R53, R72, R101, R102, R150, R163, R169, R188, R193 and R198 not having a background check submitted to the Identified Offender Program timely.</p> <p>Findings Include:</p> <p>The residents' clinical records and background checks were reviewed and revealed the following:</p> <ol style="list-style-type: none"> <li>1. R53's CHIRP dated 02/15/24 result came back with a "HIT". R53's fingerprint was completed on 02/27/24.</li> <li>2. R72's CHIRP dated 01/17/24 result came back with a "HIT". R72's fingerprint was completed on 02/19/24.</li> <li>3. R101's CHIRP dated 03/12/24 result came back with a "HIT". R101's fingerprint was completed on 04/01/24.</li> </ol>	S9999		

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S9999	<p>Continued From page 13</p> <p>4. R102's CHIRP dated 01/17/24 result came back with a "HIT". R102's fingerprint was completed on 02/05/24.</p> <p>5. R150's CHIRP dated 03/03/24 result came back with a "HIT". R150's fingerprint was completed on 03/15/24.</p> <p>6. R163's CHIRP dated 01/27/24 result came back with a "HIT". R163's fingerprint was completed 02/05/24.</p> <p>7. R169's CHIRP dated 02/07/24 result came back with a "HIT". R169's fingerprint was completed 02/19/24.</p> <p>8. R188's CHIRP dated 01/27/24 result came back with a "HIT". R188's fingerprint was completed 02/19/24.</p> <p>9. R193's CHIRP dated 02/21/24 result came back with a "HIT". R193's fingerprint was completed 04/01/24.</p> <p>10. R198's CHIRP dated 03/12/24 result came back with a "HIT". R198's fingerprint was completed 04/01/24.</p> <p>On 05/29/24 at 11:21 AM V4 (Psychiatric Rehabilitation Service Director) stated, "A background check is done and after coming through and getting a hit we do fingerprinting. This will let us know if the residents are low, moderate, or high risk. Based on the Identified Offender list that I gave to you there are 38 residents listed. The background checks are done upon admission but usually we try to do the background check before the resident is admitted. If we are able to run the background check, we do a soft search first before the</p>	S9999		

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S9999	<p>Continued From page 14</p> <p>residents are admitted to see if there are any hits and do a thorough background check once they are admitted. Everyone is supposed to have a background check. When the residents are discharged, I have not been reporting it to the Identified Offender Program. R53, there was a hit, and the fingerprints were done on 02/27/24. R72 CHIRP was done on 01/17/25. We received a full report on 02/05/24. R72 fingerprinting was done 02/19/24. R72 CHIRP was done on 01/17/25. We received a full report on 02/05/24. R72 fingerprinting was done 02/19/24. R101 CHIRP was done 5 days after he was admitted. R102 CHIRP was done on 01/17/24 and fingerprinting was complete 02/05/24. R150 CHIRP came back to the facility on 03/04/24 and the fingerprints were done on 03/15/24, outside of the 72 hours. We request fingerprints but they don't come in right away. They give us a date that they can come out to do the fingerprints and sometimes it can be a week or two before they come. They know that we have a 72-hour time limit. R163 left AMA (Against Medical Advice) on 04/20/24 and was not anticipated to return. R163 came back 04/23/24. The facility input there was no CHIRP done in November and once we identified there was no CHIRP for R163 we ran it in March 2024. R169 CHIRP was requested on 02/07/24 and the fingerprints were done 02/19/24. R188's CHIRP was done after the 24 hours of admission. The fingerprints should have been ordered within 3 days if there was a hit. R188 was admitted on 01/23/24 and the fingerprints were done on 02/19/24. R193 CHIRP was completed on 02/21/24. R163 was fingerprinted 04/01/24. R198 CHIRP was requested on 03/12/24 7 days after admission. The results on 03/19/24 was a hit and fingerprints were completed on 04/01/24.</p> <p>On 05/29/24 at 12:28 PM V18 (Social Service</p>	S9999		

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S9999	<p>Continued From page 15</p> <p>Consultant) stated "they were not doing the finger printing. R163 finger printing was done on 02/05/24. We did a mass audit to make sure everyone was being done. It was a mess we have been trying to clean it up."</p> <p>On 05/30/24 the facility provided the surveyor with emails containing appointments for fingerprinting with no resident names attached,</p> <p>The Illinois Department of Public Health Identified Offenders Program Facility Report indicate 75 Identified Offenders with three names listed twice totaling 72 residents. V stated two of the names listed on the Illinois Department of Public Health Identified Offenders Program Facility Report were not in the facility records. Thirty-five residents on the Illinois Department of Public Health Identified Offenders Program Facility Report were discharged from the facility and not reported. The facility provided an Identified Offenders List with a total of 38 names.</p> <p>Policy:</p> <p>Titled "Identified Offender" undated document in part: It is the policy of this facility to establish a resident sensitive and resident secure environment. In accordance with the provisions of the Nursing Home Care Act, this facility shall check the criminal history background on any resident seeking admission to the facility in order to identify previous criminal convictions.</p> <p>Identifying Offenders: 3. Conduct a Criminal History Background Check: Within 24 hours of admission. 4. b. If the UCIA (Uniform Conviction Information Act) response - contains convictions that match the Identified Offender or Sex Offender statute citation numbers, the resident is an Identified Offender and must be reported to</p>	S9999		

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S9999	<p>Continued From page 16</p> <p>Identified Offenders Program. 5. Request a live scan UCIA fingerprint check: a. If the UCIA name check states a fingerprint inquiry must be submitted, or d. The fingerprint-based background must be requested within 72 hours after receiving the name-based background check and must be conducted within five days after receiving the name-based results. Reporting Results if the Resident is an Identified Offender.</p> <p>1. Once the facility determines the resident is an Identified Offender, the facility must request in 72 hours for the resident to undergo live scan State and Federal Bureau of Investigation (FBI) fingerprint check on the premises within 5 business days. 2. Immediately complete and submit the Illinois Department Public Health (IDPH) Identified Offender Information (IOI) Form attached and fax it to the IDPH Identified Offender Program, along with a copy of the UCIA response. The facility will not wait for the fingerprint results to send the Identified Offender Information Form to IDPH. 3. Check for confirmation from the Identified Offender Program within one business day, confirming that all the information was submitted correctly. If a resident is discharged or expires, the facility must notify the Identified Offender Program. Within 3 business days submit the IDPH Identified Offender Information (IOI) form along with a copy of the UCIA response file to the IDPH Identified Offender Program (IOP).</p> <p>(C)</p>	S9999		