STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015911	A. BUILDING: _____ B. WING _____	08/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELMONT VILLAGE OAK PARK	1035 MADISON STREET OAK PARK, IL 60302

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S 000	Initial Comments Annual Licensure Health Survey	S 000		
S9999	Final Observations Statement of Licensure Violations (1 of 3): 330.911 Section 330.911 Health Care Worker Background Check A facility shall comply with the Health Care Worker Background Check Act [225 ILCS 46] and the Health Care Worker Background Check Code (77 Ill. Adm. Code 955). These requirements were not met as evidenced by: Based on interview and record review, the facility failed to check the following websites health and human services office of inspector general, Illinois sex offenders registration, Illinois department of corrections sex registrant, Illinois department of corrections inmate search, and Illinois department of corrections wanted fugitives prior to employment for seven of ten employees reviewed for background checks. This has the potential to affect all 97 residents at the facility. Findings include: On 8/7/25 review of employee files (V13-V19) document health care worker registry search. All employee files (V13-V19) did not have any proof of documentation of the following website being checked prior to employment health and human services office of inspector general, Illinois sex	S9999		

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offenders registration, Illinois department of corrections sex registrant, Illinois department of corrections inmate search, and Illinois department of corrections wanted fugitives.

On 8/7/25 at 12:22PM, V11(Human resources) said she conducts the background checks for the staff. V11 said she does not go to each individual website listed which includes health and human services office of inspector general, Illinois sex offender's registration, Illinois department of corrections sex registrant, Illinois department of corrections inmate search, Illinois department of corrections wanted fugitives and national sex offender public registry. V11 said she just clicks the box for each website under registry checks on Illinois department of public health work portal and prints the paperwork. V11 said the outside company checks the national sex offender public registry but unsure if they check other websites. V11 was unable to provide any documents to show that employees were checked on the designated websites. V11 demonstrated how she checks the Illinois department of public Health work portal and click under registry checks a box but does not go to each individual site to search.

On 8/7/25 at 4:15Pm, V1(Administrator) said they do not have any policy related to checking the background checks for the employee. V1 said they have no other documents related to health care background checks.

Health Care Worker Background Check Act documents: "Initiate" means obtaining from a student, applicant, or employee his or her social security number, demographics, a disclosure statement, and an authorization for the Department of Public Health or its designee to request a fingerprint-based criminal history

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records check; transmitting this information electronically to the Department of Public Health; conducting Internet searches on certain web sites, including without limitation the Illinois Sex Offender Registry, the Department of Corrections' Sex Offender Search Engine, the Department of Corrections' Inmate Search Engine, the Department of Corrections Wanted Fugitives Search Engine, the National Sex Offender Public Registry, and the List of Excluded Individuals and Entities database on the website of the Health and Human Services Office of Inspector General to determine if the applicant has been adjudicated a sex offender, has been a prison inmate, or has committed Medicare or Medicaid fraud, or conducting similar searches as defined by rule; and having the student, applicant, or employee's fingerprints collected and transmitted electronically to the Illinois State Police.

Facility census dated 8/5/25 documents 97 residents.
(C)

2 of 3:

330.1155h)

Section 330.1155 Unnecessary, Psychotropic, and Antipsychotic Drugs

h) Protocol for Securing Informed Consent for Psychotropic Medication 1) Except in the case of an emergency as described in subsection (e), a facility shall obtain voluntary informed consent, in writing, from a resident or the resident's surrogate decision maker before administering or dispensing a psychotropic medication to that

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resident. When informed consent is not required for a change in dosage as described in subsection (h)(12)(A), the facility shall note in the resident's file that the resident was informed of the dosage change prior to the administration of the medication or that verbal, written, or electronic notice has been communicated to the resident's surrogate decision maker that a change in dosage has occurred. (Section 2-106.1(b-5) of the Act) 2) No resident shall be administered psychotropic medication prior to a discussion between the resident or the resident's surrogate decision maker, or both, and the resident's physician or a physician the resident was referred to, a registered pharmacist, or a licensed nurse about the possible risks and benefits of a recommended medication, and the use of standardized consent forms designated by the Department. (Section 2-106.1(b-3) of the Act)

These requirements were not met as evidenced by: Based on interview and record review, the facility failed to follow their psychotropic policy by not obtain consent (R1 and R2) prior to administration of antidepressant medication for 2 of 3 reviewed for medication management.

Findings Include:

R1's face sheet documents chronic conditions: Benign Prostatic Hyperplasia (BPH), Dementia, Fracture, Gastroesophageal reflux disease (GERD), Insomnia. Physical comments: Right femur fracture, normocytic anemia, hyponatremia, right elbow bursitis and Parkinson. R1's medication administration record dated 8/2025 documents: Venlafaxine capsule 150 milligram (mg) extended release (ER) take two (2) caps (300mg) by mouth daily. (Depression) was given. R1's geriatric depression scale dated

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3/20/25 documents: three (3), zero to five (0-5) normal above five (5) indicates depression.

On 8/7/25 at 2:59pm, V2 (Director of Resident Care Service) said, she completed the depression assessment for R1. A score of three (3) indicates no depression. V2 said since R1's admission he has not displayed any sign and symptoms of depression. V2 said R1 is out of his room and participates in activities. V2 said R1 does not have a consent for his antidepressant. V2 said the initials on the medication administration record means the medication was given. V2 said R1 received an antidepressant for August. V2 said prior to giving a resident a psychotropic medication they should have a signed consent.

R2's face sheet documents chronic conditions: Coronary Artery Disease, Diabetic (w/o Insulin), (GERD), Hyperlipidemia, Hypertension, Osteoarthritis, Covid Booster. Physical comments: Valve replacement surgery, folic acid deficiency, iron deficiency, left carotid bruit, bilateral knee replacement, cataract, status post Coronary Artery Bypass Grafting (CABG). R2's consent no date documents: newly started Escitalopram five (5) milligram daily, no signature. R2's medication administration record dated 8/2025 documents: Escitalopram five (5) milligram, one (1) tab by mouth was given. R2's geriatric depression scale dated 5/20/25 documents: Zero (0) * resident distracted and doesn't answer directly. Couldn't finish.

On 8/7/25 at 3:44PM, V2 (Director of Resident Care Service) said R2's cannot sign a consent. R2 has a Power of attorney (POA). V2 said R2's consent for the antidepressant has not been signed by his POA. V2 said the initials on the

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medication administration record means the medication was given. V2 said R2 received an antidepressant for August. V2 said prior to giving a resident a psychotropic they should have a signed consent.

Medication Management Policy dated 5/2024 documents: when psychotropic medication are prescribed by the physician/provider, a consent form its use should be obtained from the resident/responsible party.
(C)

3 of 3:

330.3720a)

330.3720b)

Section 330.3720 Plumbing and Heating

a) Every existing facility shall comply with the Department's rules titled Illinois Plumbing Code.

b) All plumbing installations and fixtures on the premises shall be of such a type and design that danger of contaminated water entering the drinking water piping by backflow or back siphonage is eliminated. The following standards shall be used as a guide to determine satisfactory compliance of individual fixtures: 8) Hot water available to residents at shower, bathing and hand-washing facilities shall not exceed 110 degrees Fahrenheit; and 9) Protective measures, including, but not limited to, installation of a mixing valve, limited access to controls, and checking water temperatures daily at various points, shall be implemented to ensure that the temperature of hot water available to residents at shower, bathing and hand-washing facilities shall not exceed 110 degrees Fahrenheit.

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S9999	Continued From page 6 These requirements were not met as evidenced by: Based on observation, interview and record review, the facility failed to maintain water temperature in (R10, R2 and R6) rooms at 110 degrees Fahrenheit (F). This failure affected 3 of 3 resident reviewed for water temperatures in a sample size of ten. Findings Include: On 8/8/25 at 10:30am, during the environmental tour with V3 (maintenance director), R10's bathroom sink water temperature was observed at 113F. R10's kitchen sink was observed to be 114F. V3 said he doesn't not have to do anything with the thermometer. V3 said he lets the water run for a few minutes and then temp the water until the thermometer has a final reading. Water Temperature Self-Inspection dated 7/17/25 documents. R10's kitchen sink temperature was 118F, bathroom sink was 118F and resident's shower was 116F. On 8/8/25 at 10:41am, V3 tested/tempted R2's shower. R2's shower water was observed at 114F. On 8/8/25 at 10:45am, V3 tested/tempted R6's shower and sinks. R6's shower water and bathroom sink were observed at 116F. R6's kitchen sink water was observed at 115F. On 8/8/25 at 11:53am, V3 said, "We have to make a service appointment for the water mixture value to be adjusted. We do not have a water policy for temperatures in resident's rooms". (C)	S9999		