STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0055459	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATRIUM HEALTH CARE CENTER	**1425 WEST ESTES AVENUE , CHICAGO, Illinois, 60626**

(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) COMPLETION DATE
S0000	Initial Comments Complaint investigation: 25810221/2647486: S300.625	S0000		
S9999	Final Observations Statement of Licensure Violation 300.625c)2) Section 300.625 Identified Offenders 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: 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 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. This is not met as evidenced by: Based on interview and record review the facility failed to follow their policy of completing a fingerprint based background check timely for one (R9) of 13 residents reviewed for Identified Offenders on the total sample of 13.	S9999		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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S9999	Continued from page 1 Findings include: The (10/21/2025) facility census was 149. On 10/22/2025 at 12:23pm during the Identified Offender Program review with V8 (Social Services Director), V8 stated 'Corporate' runs the name based CHIRP (Criminal History Information Response Process) and email the result of the name based CHIRP to them (V1 (Administrator), V8, and V9 (Business Office Manager). V8 stated the purpose of checking the background is to make sure potential residents don't have negative backgrounds including sexual offender background to prevent harm to residents and staff. Background should be checked before admission to prevent abuse to other residents and staff. On 10/22/2025 at 12:33pm, R9's (10/06/2025) name based CHIRP has a HIT for residential burglary. V8 stated she emailed the Accurate Biometrics today (10/22/2025) to schedule her (R9) fingerprinting. V8 stated if there is a HIT on the name based CHIRP, the fingerprint based CHIRP should be scheduled within 24 hours. If the name based CHIRP was completed on 10/06/2025 and she (R9) was admitted on 10/10/2025, the fingerprint based CHIRP should be scheduled on 10/11/2025. V8 stated she is in charge of scheduling the fingerprint based CHIRP, but she does not check her email every day. V8 stated she did not know if the facility is aware she is not checking her email every day. On 10/22/2025 at 1:24pm, V1 (Administrator) stated the name based CHIRP should be requested within 24 hours prior to admission to ensure the safety of other residents and staff. If there is a Hit on the name based CHIRP (Criminal History Information Response Process) and it is one of the qualifying offenses, the policy is to schedule fingerprint based CHIRP within 72 hours for the safety of other residents and staff. V1 stated if her fingerprint based CHIRP is requested today (10/22/2025), her name based CHIRP was on 10/06/2025, and she was admitted on 10/10/2025, the facility is not in compliance with scheduling of the fingerprint based CHIRP and everyone at the facility is affected by this noncompliance. R9's Face Sheet documented, in part "First Admission: 10/10/2025. Diagnoses: (include but not limited to) bipolar disorder, chronic pain, and dyspepsia."	S9999		

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S9999	Continued from page 2 R9's (10/20/2025) Minimum Data Set documented, in part "Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 15." Indicating R9's mental status as cognitively intact. R9 's (10/06/2025) Name based CHIRP (Criminal History Information Response Process) documented, in part "Result: HIT. Criminal History of: (R9). Conviction Status: FELONY Conviction. Custodial Charges: 1 count. Residential Burglary. Class: 1." The (10/22/2025) V8's email correspondence with V11 (Scheduling Coordinator for Accurate Biometrics) documented, in part "I (V8) need appointment for (R9)." The (undated) Identified Offender Facility Policy and Procedure documented, in part "Policy Statement. 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. Identified offender: Any person who has been convicted of, found guilty of, any of the statute citation numbers listed in the identified offender conviction list or any of the statute citation numbers listed in the Sex offenses list of the department Identified Offenders program. Identifying Offenders. 3. Conduct a Criminal history background check: Within 24 (sic) hours of admission, request a name-based Uniform Conviction Information Act (UCIA) Criminal History background check for any resident seeking admission to the facility. 4.b. If the UCIA 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: d. the fingerprint-based background must be requested within 72 hours after receiving the name-based background check and must be conducted within five business days after receiving the name-based results." (C)	S9999		