

Illinois State Department of Health

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><b>0049759</b> |                                                                                                                          | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING                                                |  | (X3) DATE SURVEY COMPLETED<br><b>11/26/2025</b> |  |
| NAME OF PROVIDER OR SUPPLIER<br><b>WEST SUBURBAN NURSING &amp; REHAB CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                         |                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>311 EDGEWATER DRIVE , BLOOMINGDALE, Illinois, 60108</b> |  |                                                 |  |
| (X4) ID<br>PREFIX<br>TAG                                                        | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ID<br>PREFIX<br>TAG                                                     | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY) |                                                                                                     |  | (X5)<br>COMPLETION<br>DATE                      |  |
| S0000                                                                           | Initial Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S0000                                                                   |                                                                                                                          |                                                                                                     |  |                                                 |  |
|                                                                                 | Annual Licensure Survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                         |                                                                                                                          |                                                                                                     |  |                                                 |  |
| S9999                                                                           | Final Observations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | S9999                                                                   |                                                                                                                          |                                                                                                     |  |                                                 |  |
|                                                                                 | Statement of Licensure Violations:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                         |                                                                                                                          |                                                                                                     |  |                                                 |  |
|                                                                                 | 300.615e)<br>300.615f)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                         |                                                                                                                          |                                                                                                     |  |                                                 |  |
|                                                                                 | Section 300.615 Determination of Need Screening and<br>Request for Resident Criminal History Record Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                         |                                                                                                                          |                                                                                                     |  |                                                 |  |
|                                                                                 | e) In addition to the screening required by Section<br>2-201.5(a) of the Act and this Section, a facility<br>shall, within 24 hours after admission of a resident,<br>request a criminal history background check pursuant to<br>the Uniform Conviction Information Act for all persons<br>18 or older seeking admission to the facility, unless a<br>background check was initiated by a hospital pursuant<br>to the Hospital Licensing Act. Background checks shall<br>be based on the resident's name, date of birth, and<br>other identifiers as required by the Department of<br>State Police. (Section 2-201.5(b) of the Act) |                                                                         |                                                                                                                          |                                                                                                     |  |                                                 |  |
|                                                                                 | f) The facility shall check for the individual's name<br>on the Illinois Sex Offender Registration website at<br><a href="http://www.isp.state.il.us">www.isp.state.il.us</a> and the Illinois Department of<br>Corrections sex registrant search page at<br><a href="http://www.idoc.state.il.us">www.idoc.state.il.us</a> to determine if the individual is<br>listed as a registered sex offender.                                                                                                                                                                                                                               |                                                                         |                                                                                                                          |                                                                                                     |  |                                                 |  |
|                                                                                 | These requirements are not met as evidenced by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                         |                                                                                                                          |                                                                                                     |  |                                                 |  |
|                                                                                 | Based on interview and record review, the facility<br>failed to check the CHIRP (Criminal History Information<br>Response Process) within 24 hours and failed to check<br>the Illinois Sex Offender Registration and the<br>Department of Corrections sex registrant search pages<br>for criminal background checks on new admissions to the<br>facility.                                                                                                                                                                                                                                                                           |                                                                         |                                                                                                                          |                                                                                                     |  |                                                 |  |

Office of Primary Care and Health Systems Management

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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Illinois State Department of Health

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><b>0049759</b> |                                                                                                                          | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING                                                |  | (X3) DATE SURVEY COMPLETED<br><b>11/26/2025</b> |  |
| NAME OF PROVIDER OR SUPPLIER<br><b>WEST SUBURBAN NURSING &amp; REHAB CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                         |                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>311 EDGEWATER DRIVE , BLOOMINGDALE, Illinois, 60108</b> |  |                                                 |  |
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| S9999                                                                           | <p>Continued from page 1</p> <p>This applies to 10 of 10 residents (R69, R212, R213, R217, R218, R219, R220, R222, R223, R224) reviewed for criminal background checks in the sample of 10.</p> <p>The findings include:</p> <p>1. R69's EMR (Electronic Medical Record) showed R69 was admitted to the facility on November 3, 2025. The CHIRP (Criminal History Information Response Process) was checked on November 24, 2025. The facility was unable to provide documentation that they had checked the Illinois Department of Corrections sex registrant website or the Department of Corrections sex registrant search page.</p> <p>2. R212's EMR showed R212 was admitted to the facility on November 20, 2025. The facility was unable to provide documentation that they had checked the Illinois Department of Corrections sex registrant website or the Department of Corrections sex registrant search page.</p> <p>3. R213's EMR showed R213 was admitted to the facility on November 16, 2025. The CHIRP (Criminal History Information Response Process) was checked on November 24, 2025. The facility was unable to provide documentation that they had checked the Illinois Department of Corrections sex registrant website or the Department of Corrections sex registrant search page.</p> <p>4. R217's EMR showed R217 was admitted to the facility on November 12, 2025. The CHIRP (Criminal History Information Response Process) was checked on November 6, 2025. The facility was unable to provide documentation that they had checked the Illinois Department of Corrections sex registrant website or the Department of Corrections sex registrant search page.</p> <p>5. R218's EMR showed R218 was admitted to the facility on November 24, 2025. The facility was unable to provide documentation that they had checked the Illinois Department of Corrections sex registrant website or the Department of Corrections sex registrant search page.</p> <p>6. R219's EMR showed R219 was admitted to the facility on November 11, 2025. The facility was unable to provide documentation that they had checked the Illinois Department of Corrections sex registrant website or the Department of Corrections sex registrant search page.</p> <p>7. R220's EMR showed R220 was admitted to the facility</p> | S9999                                                                   |                                                                                                                          |                                                                                                     |  |                                                 |  |

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| S9999                                                                           | <p>Continued from page 2<br/>on November 20, 2025. The facility was unable to provide documentation that they had checked the Illinois Department of Corrections sex registrant website or the Department of Corrections sex registrant search page.</p> <p>8. R222's EMR showed R222 was admitted to the facility on November 19, 2025. The CHIRP (Criminal History Information Response Process) was checked on November 3, 2025. The facility was unable to provide documentation that they had checked the Illinois Department of Corrections sex registrant website or the Department of Corrections sex registrant search page.</p> <p>9. R223's EMR showed R223 was admitted to the facility on November 12, 2025. The facility was unable to provide documentation that they had checked the Illinois Department of Corrections sex registrant website or the Department of Corrections sex registrant search page.</p> <p>10. R224's EMR showed R224 was admitted to the facility on November 12, 2025. The CHIRP (Criminal History Information Response Process) was checked on November 6, 2025. The facility was unable to provide documentation that they had checked the Illinois Department of Corrections sex registrant website or the Department of Corrections sex registrant search page.</p> <p>On November 24, 2025, at 3:03 PM, V6 (Admissions) said, "When we are going to get a new resident, we have a liaison that will visit the resident at the hospital, send a referral, the information is given to third party company to approve. If they approve the resident, the information goes to V1 (Administrator) and V2 (DON/Director of Nursing)". V6 said after she gets the ok from V1 or V2 she will run the CHIRP. The CHIRP has to be run before the resident comes to the facility so it can be done more than 24 hours of admissions. V6 said she has only been doing this job for about 6 months and has been getting help and training from their sister facility. V6 said she was not aware she had to do the Illinois Department of Corrections sex registrant website or the Department of Corrections sex registrant search page. (C)</p> |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |