STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0023770	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADO HEALTHCARE - UPTOWN	**4621 NORTH RACINE AVENUE , CHICAGO, Illinois, 60640**

(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 Final Observations	S0000		
S9999	Initial Comments Annual Licensure Final Observations Statement of licensure Violations: 1 of 4 300.615 e) Section 300.615 - Determination of Need Screening and Request for Resident Criminal History Record Information 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) Based on interview, and record review the facility failed to request and review the results of the Criminal History Information Response Process (CHIRP) within 24 hours of admission for 2 (R18, R98) out of 10 residents reviewed for Identified Offender Protocol. Findings Include: The residents' clinical records and background checks were reviewed and revealed the following: 1.) R18 was admitted to the facility on 11/13/25. R18's	S9999		

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

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S9999	Continued from page 1 CHIRP was completed on 11/18/25. 2.) R98 was admitted to the facility on 11/13/25. R98's CHIRP was completed on 11/18/25. On 12/09/25 at 3:40 PM, V17 (Admissions Coordinator) stated when residents are admitted to the facility, she runs a CHIRP within 24 hours (1 business day) of admission. If a resident gets admitted on a Friday night or over the weekend, then the CHIRP would get run on Monday because that is the following business day. V17 stated the Illinois Sex Offender Registry and Illinois Department of Corrections Parolee Registry are run prior to admission. V17 stated the purpose of the background checks is for the facility to identify offenders in the facility. V17 stated those residents with qualifying offenses require fingerprinting. On 12/10/25, V17 provided surveyor with face sheets and copies of R18 and R98 CHIRP results. V17 stated R18 and R98's CHIRPs were not done within 24 hours of admission. V17 stated she had asked the administrator to run the CHIRPs because she was having difficulty logging on to the system and that was the reason for the delay. V17 stated the CHIRP should be run within 24 hours of the residents being admitted to the facility because the residents are already in the facility and the facility wants to know if they are an identified offender, so they know how to deal with the resident and put into effect any kind of required safety measures. On 12/10/25 at 3:10 PM, V1 (Administrator) stated V17 had notified her that R18 and R98's CHIRPs needed to be run but she forgot to run them right away. Facility provided document titled, Resident Background Check dated 07/13/17 which documents in part, it is the policy of (the facility name) to conduct criminal background checks on all new admissions and the facility will request a criminal history background check within 24 hours after admission. C 2 of 4 300.625 c)1)2) Section 300.625 - Identified Offenders c) If the results of a resident's criminal history background check reveal that the resident is an	S9999		

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S9999	Continued from page 2 identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following: 1) Immediately notify the Department of State Police, in the form and manner required by the Department of State Police, that the resident is an identified offender. 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. Based on interview, and record review the facility failed to arrange or order fingerprint within 72 hours for resident that criminal history background check revealed "HIT" results for qualifying offenses for 1 (R75) out of 10 residents reviewed for Identified Offender Protocol. The findings include: The residents' clinical records and background checks were reviewed and revealed the following: R75 admitted 09/18/25, CHIRP (Criminal History Information Response Process) dated 09/18/25 result came back with a "HIT" for a qualifying offense. R75's fingerprint completed 10/02/25. On 12/09/25 at 3:58 PM, V18 (Director of Social Services) stated a CHIRP is run on all new admissions to determine if they are an offender. V18 stated if there is a HIT for a qualifying offense, then he emails the independent contractor who does the fingerprinting the same day and/or by the following day he received notification about the HIT to request a fingerprinting appointment. V18 stated R75 did have a HIT on his CHIRP, and V18 emailed the independent contractor a request for them to fingerprint R75. V18 stated he does not remember the date this was done. Surveyor asked V18 for a copy of the email sent to the independent contractor requesting for R75 to be fingerprinted.	S9999		

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S9999	Continued from page 3 On 12/09/25 at 4:11 PM, V18 provided surveyor with copy of email dated 09/24/25, 12:50 PM to the independent contractor requesting a fingerprinting appointment for R75. Facility provide document titled, Resident Background Check dated 07/13/17 which documents in part, hit, the facility shall compare the background check to the List of Qualifying Offenses and arrange for a State and FBI fingerprint-based check within 72 hours and complete the fingerprint-based background check within 5 business days. C 3 of 4 300.1060 f) 300.1060 g) Section 300.1060 Vaccinations f) A facility shall document in the resident's medical record that he or she was verbally screened for risk factors associated with hepatitis B, hepatitis C, and (HIV), and whether or not the resident was immunized against hepatitis B. (Section 2-213(c) of the Act) g) All persons determined to be susceptible to the hepatitis B virus shall be offered immunization within 10 days after admission to any nursing facility. (Section 2-213(c) of the Act) This requirement was NOT met as evidenced by: Based on interview and record review, the facility failed to screen and document risk factors associated with hepatitis B, hepatitis C, and Human Immunodeficiency Virus (HIV), and failed to offer immunization within ten days after admission for residents who are susceptible to hepatitis B for five (R4, R7, R26, R27, R103) out of five residents reviewed for immunizations. These failures could potentially affect all 112 residents residing in the facility. Findings include: On 12/10/25 at 12:05 PM, surveyor requested from V3 (Infection Preventionist) for R4, R7, R26, R27, and R103's hepatitis and HIV screenings, and hepatitis B immunization information. Facility did not provide the requested documents. V3 stated that the facility does	S9999		

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S9999	Continued from page 4 not screen residents for hepatitis and HIV. V3 also stated that the facility does not offer immunizations for hepatitis B. V3 stated the facility has no policies regarding HIV and hepatitis screenings. R4, R7, R26, R27, and R103's electronic health records (EHR) have no documentation to show that the facility screened them for hepatitis and HIV. R4, R7, R26, R27, and R103's immunization history in their EHR did not include hepatitis B vaccines information/education. The facility's residents' roster printed on 12/09/25 shows a total of 112 residents residing in the facility. C 4 of 4 300.650 c) Section 300.650 Personnel Policies c) Prior to employing any individual in a position that requires a State license, the facility shall contact the Illinois Department of Financial and Professional Regulation to verify that the individual's license is active. A copy of the license shall be placed in the individual's personnel file. This requirement was NOT MET as evidenced by: Based on interviews and record reviews, the facility failed to verify two registered nurses (V33, V34) with the Illinois Department of Financial and Professional Regulation (IDFPR) prior to hire date. Findings include: On 12/11/25 at 12:32 PM, surveyor interviewed V1 (Administrator) and went over employee files. V1 stated prior to hiring someone, the facility needs to check the applicant's licenses, background checks, and verify with IDFPR. V1 stated that V33 was hired on 12/20/24, and V34 was hired on 1/16/25. Facility's Lookup Detail View from IDFPR website has a time stamp of 12/11/25 at 12:42 PM for V33 and at 12:49 PM for V34 (after hire dates). V33 and V34's employee file has no records of license verification from IDFPR. C	S9999		