

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0052431		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/30/2026	
NAME OF PROVIDER OR SUPPLIER NORRIDGE GARDENS				STREET ADDRESS, CITY, STATE, ZIP CODE 7001 WEST CULLOM , NORRIDGE, Illinois, 60634			
(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		S0000			02/20/2026	
	Annual Certification and Licensure Survey						
S9999	Final Observations		S9999			02/20/2026	
	Statement of Licensure Violations						
	300.625c)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 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.						
	These requirements were NOT MET as evidenced by:						
	Based on interview and record review, the facility						

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	Continued from page 1 failed to ensure fingerprinting is scheduled for a resident with Criminal History Information Response Process Hit result. This failure has the potential to affect the safety of all 216 residents currently residing in the facility. Findings include: R228's Face Sheet indicated R228 was admitted in the facility on 01/19/2026. During record review with V26 (Admissions Director), V26 stated that R228's Criminal History Information Response Process (CHIRP) dated 01/20/2026 indicated "Hit" result. On 01/28/2026 at 9:37AM, V26 presented an electronic email sent to V27 (Social Service Director) dated 01/20/2026 and stated that she informed V27 on 01/20/2026 that R228's CHIRP result came back with Hit, so she can schedule for fingerprint. On 01/28/2026 at 1:30PM V27 stated that the facility just reached out today to schedule R228 for fingerprinting. V27 stated that there is no schedule set for R228 to go for fingerprinting as of this date/time. (C)			S9999			