

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3001005		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/27/2026	
NAME OF PROVIDER OR SUPPLIER Complete Care at Margate Park				STREET ADDRESS, CITY, STATE, ZIP CODE 4920 NORTH KENMORE , 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			S0000			03/20/2026
	ANNUAL HEALTH LICENSURE SURVEY						
S9999	Final Observations			S9999			04/03/2026
	Statement of Licensure Findings (1 of 3):						
	300.625c)						
	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.						
	This requirement was NOT met as evidenced by:						
	Based on interview and record reviews, the facility failed to provide documentation that they notified the Department of State Police and failed to arrange a						

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 finger-print based criminal history record within 72 hours after the CHIRP (Criminal History Information Response Process) identified the residents (R44, R69, R75) as identified offenders for three out of five residents reviewed for the Identified Offenders Program. Findings include: R44's 2/10/2026 CHIRP (Criminal History Information Response Process) documents in part a result of "MULTIPLE HITS – FEE FINGERPRINTS REQUESTED." R69's 1/29/2026 CHIRP documents in part a result of "HIT." The result included a qualifying offense listed under the Illinois Department of Public Health – Identified Offenders Program Qualifying Offenses and Class Descriptions. R75's 1/27/2026 CHIRP documents in part a result of "HIT." The result included a qualifying offense listed under the Illinois Department of Public Health – Identified Offenders Program Qualifying Offenses and Class Descriptions. On 2/25/2026 at 1:33 PM, V13 (5th floor Social Worker) stated the Social Service Director is usually over the facility's Identified Offenders Program. V13 stated the Social Service Director's responsibility is to go over the residents' CHIRPs, notify the State Police, and schedule the residents for fingerprinting. V13 stated the facility currently does not have a Social Service Director. V13 stated V32 (previous Social Service Director) was at the facility for less than two weeks in February and V13 is not sure if V32 scheduled R44, R69, and R75 for fingerprinting or notified the Department of State Police. On 2/26/2026 at 9:34 AM, facility provided R44, R69, and R75's fingerprint consents. R44 signed the Nursing Home Resident Uniform Conviction Information Act (UCIA) Fingerprint Consent Form on 2/23/2026 (greater than 72 hours after the CHIRP). R69 signed the Nursing Home Resident Uniform Conviction Information Act (UCIA) Fingerprint Consent Form on 2/25/2026 (greater than 72 hours after the CHIRP). R75 signed the Nursing Home Resident Uniform Conviction Information Act (UCIA) Fingerprint Consent Form on 2/25/2026 (greater than 72		S9999				

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S9999	Continued from page 2 hours after the CHIRP). Surveyor requested documentation/proof that facility notified the Department of State Police regarding R44, R69, and R75. On 2/26/2026 at 11:48 AM, V1 (Administrator) wrote (via email) that the communication was through the Social Service Director's email; however, [V1] does not have access to it. Survey team did not receive proof of notification at the completion of the survey. On 2/26/2026 at 9:34 AM, V1 wrote (via email) that the facility did not have an Identified Offender's Program policy. (C) 2 of 3: 300.626c) Section 300.626 Discharge Planning for Identified Offenders c) When a resident who is an identified offender is discharged, the discharging facility shall notify the Department. This requirement was NOT met as evidenced by: Based on interview and record reviews, the facility failed to notify the Identified Offenders Program of the identified offenders discharged from their facility. Findings include: IDPH's (Illinois Department of Public Health) Identified Offenders Program Facility Report (Report Date: 2/19/2026) lists 46 identified offenders residing in the facility. Facility's Identified Offender sheet lists 11 identified offenders. There were 35 residents that were not on the facility's list.		S9999				

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S9999	Continued from page 3 On 2/25/2026 at 10:57 AM, V1 (Administrator) wrote (via email) that the facility discharged most of the 35 residents in 2024 and 2025. On 2/25/2026 at 1:33 PM, V13 (5th floor Social Worker) stated the Social Service Director is usually the one over the facility's IOP (Identified Offenders Program); however, the facility currently does not have a Social Service Director. V13 stated [V13] is not taking on the duties for the IOP but management asked V13 to create a list of identified offenders in the facility. V13 stated getting the information from the IOP book that has all the reports and fingerprint results. V13 stated the facility's IOP book is not current because a lot of the residents in the book discharged from the facility. V13 stated that the Social Service Director's responsibility is to notify the IOP when the facility discharges an identified offender. V13 does not know if V32 (former Social Service Director) did that. V13 reviewed IDPH's Identified Offenders Program Facility Report (Report Date: 2/19/2026). V13 stated most of the names on the list are no longer residents of the facility. Surveyor requested documentation/proof that facility notified the IOP about the discharges. Survey team did not receive proof of notification at the completion of the survey. On 2/26/2026 at 9:34 AM, V1 wrote (via email) that the facility did not have an Identified Offender's Program policy. (C) 3 of 3: 300.1060e) 300.1060f) Section 300.1060 Vaccinations e) A facility shall distribute educational information provided by the Department on all vaccines recommended by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (available		S9999				

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S9999	Continued from page 4 at: https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf), including, but not limited to the risks associated with shingles and how to protect oneself against the varicella-zoster virus. The facility shall provide the information to each resident who requests the information and each newly admitted resident. The facility may distribute the information to residents electronically. (Section 2-213(e) of the Act) 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) This requirement was NOT met as evidenced by: Based on interviews and record reviews, the facility failed to distribute educational information related to the risks associated with shingles, failed to administer the varicella-zoster vaccine to R185, and failed to screen residents for risk factors associated with hepatitis B, hepatitis C, and HIV, and whether or not the residents were immunized against hepatitis B for five (R13, R14, R140, R164, R185) of five residents reviewed for screening and immunizations. This has the potential to affect all residents in the facility. Findings include: On 2/25/2026 at 10:03 AM, V3 (Infection Preventionist) stated the facility does not screen residents for risk factors associated with hepatitis B, hepatitis C, and HIV, and whether or not the residents were immunized against hepatitis B. V3 stated unless the diagnoses were in the resident's admitting diagnoses, the facility does not screen for them. V3 stated [V3] will verify with administration but it is not in their facility policy to do so. During the same interview, V3 provided a Vaccine Report from the last 12 months. There were no entries for any of the residents in the "Shingles" column. V3 did not know what the blank entries signified. V3 stated [V3] has not offered or administered the varicella-zoster vaccine. V3 stated will ask administration what the blank entries signify. (V3 did not provide an answer prior to the end of the survey).		S9999				

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S9999	Continued from page 5 On 2/25/2026 at 10:39 AM, R185 was alert and oriented to person, place, and time. R185 stated wanting to receive the shingles vaccine but facility did not provide it. R185 stated informing V3 (Infection Preventionist) that [R185] wanted the shingles vaccine but V3 has not provided it. During a follow-up interview with V3 on 2/25/2026 at 3:23 PM, V3 stated there were no hepatitis B, hepatitis C, and HIV screenings for R13, R14, R140, R164, and R185. V3 also stated facility did not provide education regarding the risks associated with shingles or education about the shingles vaccine to the five residents. V3 stated these were not part of the facility's policy to do so. On 2/26/2026 at 11:34 AM, V2 (Director of Nursing) stated infection control is not V2's role but will follow-up regarding the residents' screenings. Facility did not provide documentation at the completion of the survey. On 2/26/2026 at approximately 2:50 PM, survey team met with V1 (Administrator), V2, and V33 (Regional Clinical Director). V33 stated it is not part of their policies or procedures to screen. V33 stated [V33] was not aware of regulations regarding shingles education and hepatitis B, hepatitis C, and HIV screening. Facility's undated "General Immunization/Vaccination" policy documents in part: "It is the policy of this facility to minimize the risk of acquiring, transmitting or experiencing complications from infectious disease by offering our residents, staff members, and volunteer workers immunization/vaccination against such disease." "Residents, staff, and volunteer workers will be offered immunizations against infectious diseases as per current federal, state and local guidance." (C)		S9999				