FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ C B. WING IL6013353 12/12/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6120 WEST OGDEN **ALDEN TOWN MANOR REHAB & HCC CICERO. IL 60804** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Final Observations S9999 Statement of Licensure Violations Section 300.661 Health Care Worker Background Check A facility shall comply with the Health Care Worker Background Check Act [225 ILCS 46] and the Health Care Worker Background Check Code (77 III. Adm. Code 955). 955.165c)h)4)5) Section 955.165 Fingerprint-Based Criminal History Records Check c) Educational entities and health care employers shall conduct Internet searches on certain web sites, including without limitation the Illinois Sex Offender Registry, the department of corrections Sex Offender Search Engine. The Department of Corrections inmate Search Engine, the Department of Corrections Wanted Fugitives Search Engine, the National Sex Offender Public Registry, and the website of the Health and Human Services office of Inspector General to determine if the applicant has been a prison inmate or has committed Medicare or Medicaid Fraud, or conduct similar searches as provided by the web-based application. h) The student, applicant, or employer shall go to a livescan vendor and have his or her fingerprints collected electronically and transmitted to the Department of State Police within 10 working days after signing the authorization and disclosure form. Each individual shall submit his or her fingerprints in an electronic manner

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

prescribed by the Department of State Police.
4) If the student, applicant, or employee does not

TITLE

(X6) DATE

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		IL6013353	B. WING			C 12/2014		
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY,	STATE, ZIP CODE				
ALDEN.	ALDEN TOWN MANOR REHAB & HCC 6120 WEST OGDEN CICERO, IL 60804							
(X4) ID	SUMMARY STA	PROVIDER'S PLAN OF CORRECT	TION	(X5)				
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S9999	999 Continued From page 1		S9999					
	fingerprints collecte working days, the in from participating in student, or suspend employee, until such that the individual holds that the individual holds that the student, aphad his or her finger by a vendor within 3 beginning a training be terminated or the from the training proor health care emplobackground check at Care Worker Regist							
	the following:	ere not met as evidenced by	de la companya de la					
	failed to ensure Illing prescreening was poten E9, E29, E30, E33, E39, E40, E41, E42 E48, E49) of 26 empscreening for sex of at risk of potential all and failed to ensure History Records chet to the facility policy at E12) out of three emcriminal history recombined include: On 11/20/14 at 1:00 Resources) present Corrections prescreening E33, E33, E33, E34, E42, E43, E44, E45, E45, E45, E45, E45, E45, E45	Fingerprint-Based Criminal eck were completed according and procedure for two(E11, aployees reviewed for						

Illinois Department of Public Health

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Illinois l	Department of Public	Health				MITROVED
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED C 12/12/2014	
		IL6013353				
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE	·	12/2014
		6400 W/F	ST OGDEN	TATE, ZIII GODE		
ALDEN	TOWN MANOR REHAI	3 & HCC CICERO,				
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 2	S9999			
	engine which is requested. Criminal History Reprocedure dated 8/1 "The facility will concertain web sites, in Illinois Sex Offender Corrections' Sex Offender Corrections' Sex Offender Corrections prescreet left E5, E6, E8, E9, IE36, E37, E38, E39, E45, E46, E47, E48 offenses check in plants of Corrections prescreet left E5, E6, E8, E9, IE36, E37, E38, E39, E45, E46, E47, E48 offenses check in plants of Correction program under pre-employees prevention program under pre-employees prevention program under 1.e that "All have their name verifunder 1.e that "All have t	distory Records Check, " It or employee will go to a gned by the facility and have collected electronically and partment of State Police				

applicant or employee has not had his or her Illinois Department of Public Health

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
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S9999	Continued From page 3		S9999						
	fingerprints collected vendor within 30 day employee shall be to withdraw the backgr the Health Care Wo On 11/26/14 at 10:00 Resources) identifies 8/28/14 and E12 wit livescan proof of fing E11 as of 11/26/14 v E11 began to work. presented as 11/4/14 shows fingerprinting working days after die E12 were suspended working day timefrar based criminal historial	d electronically by a Livescan ys after being hired, the erminated. The facility will round check application from rker Registry. 0 am E16(Director of Human d E11 's date of hire as h date of hire of 11/4/14. No gerprinting was presented for which is almost 3 months after E12 's hire date was 4 by E16. Documentation was initiated 11/25/14, 16 ate of hire. Neither E11 or d from working within 10 me established by finger-print ry checks policy and E12 was after fingerprint result was							

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