

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007157</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/19/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PARK RIDGE CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>665 BUSSE HIGHWAY PARK RIDGE, IL 60068</b>
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(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) COMPLETE DATE
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S9999	<p>Final Observations</p> <p>STATEMENT OF LICENSURE VIOLATIONS:</p> <p>300.615 e) Determination of Need Screening and Request for Criminal History Record Information</p> <p>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)</p> <p>Based on observation interview and record review facility failed to follow their abuse policy for screening residents prior to admission for criminal history background check. This has the potential to affect 10 residents (R1 through 10 ) in the sample and 31 (R12 through R42) residents in the supplemental sample..</p> <p>Findings include:</p> <p>The facility Resident Census and Conditions of Residents report dated 2/17/15 indicates 41 residents reside in the nursing home.</p> <p>On 2/17/15 at 2:15pm E1 presented an undated two page Abuse Prevention Program / Facility Policy which states in part that: This facility is committed to protecting our residents from abuse by anyone including, but not limited to other residents or any other individuals.</p>	S9999	<p><b>Attachment A</b></p> <p><b>Statement of Licensure Violations</b></p>	
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Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

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S9999	<p>Continued From page 1</p> <p>On 2/18/15 at 1:16 pm with E1 (Administrator) reviewed facility recent admissions. E1 stated that he was unable to locate a binder where E1 kept documentation printed from the Illinois Sex Offender Registry which had been checked for each facility admission. E1 stated that he went ahead and checked all residents again the evening prior (2/17/15) and presented the Sex Offender Registry checks on 2/18/15.</p> <p>E1 was questioned if any criminal background checks were performed and documented for in house residents and E1 stated "No" for R1 through R10 and R11 through R42.</p> <p>On 2/18/15 at 2:20pm surveyor identified a seven page Abuse Prevention Program Facility Procedures dated 12/2013. Section II. pre-Admission Screening of Potential Residents states: This facility shall check the criminal history background of any resident seeking admission to the facility in order to identify previous criminal convictions. This facility will: Request a Criminal History Background Check within 24 hours after admission of a new resident. While background or fingerprint checks, and / or Identified Offender Reports and Recommendations are pending, the facility shall take all steps necessary to ensure the safety of residents.</p> <p>On 2/19/15 at 12.25 am E1 was questioned as to which policy the facility was following. E1 stated that the correct or current policy was seven pages titled Abuse Prevention Program Facility Procedures. E1 was asked if he would know if any current residents had a criminal history and E1 stated "no." E1 stated in part that he would comply with the facility policy and would do the</p>	S9999		
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S9999	Continued From page 2 criminal background check for all residents.  (B)	S9999		