

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008304	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/23/2015
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NAME OF PROVIDER OR SUPPLIER ALDEN TERRACE OF MCHENRY REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 803 ROYAL DRIVE MCHENRY, IL 60050
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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
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>77 ILLINOIS ADMINISTRATIVE CODE 300 The Alden Terrace of McHenry Rehab is in substantial compliance with SUBPART U: Alzheimer Unit, 77 Illinois Administrative Code, Section 300.7000 for this survey.</p> <p>Section 300.615e)</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 [20ILCS 2635] for all persons 18 or older seeking admission to the facility. 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>This requirement is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure that criminal background checks were conducted within 24 hours for all newly admitted residents.</p> <p>This applies to 2 of 10 residents (R25 and R26) reviewed for criminal history background checks.</p> <p>The findings include:</p> <p>Review of resident admission files from the previous three months showed that the facility failed to conduct criminal background checks within 24 hours for all newly admitted residents as required by state licensure regulations and the</p>	S9999		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE **05/11/15**

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S9999	<p>Continued From page 1</p> <p>facility's Abuse Prevention Policy.</p> <p>R25 was admitted on 12/26/14 and criminal background check was done 12/29/14.</p> <p>R26 was admitted on 4/10/15 and criminal background check was done 4/14/15.</p> <p>According to the facility's Pre-admission registered sex offenders and identified offenders Policy and Procedure (dated 6/2011). The facility is required to determine if a prospective admission is a registered sex offender. The facility also 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.</p> <p>On 4/21/15 at 1:00 PM, The facility's Admission Director (E5) stated she was recently hired to the position last month and was not available when R25 was admitted to the facility on 12/26/14. E5 also stated she was off duty when R26 was admitted into the facility on 4/10/15.</p> <p>On 4/22/15 at 10:20am, E1 (Administrator) stated inservice has been given to the admissions department on timely background checks on new admissions.</p> <p>(B)</p>	S9999		