Illinois Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: B. WING 10/14/2022 IL6005896 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5905 WEST WASHINGTON** MAYFIELD CARE AND REHAB CHICAGO, IL 60644 (X5) COMPLETE DATE PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) \$ 000 Initial Comments S 000 Complaint Investigation 2287959 :IL00151941-Section 300.615 **Determination of Need Screening and Request** for Resident Criminal History Record Information cited \$9999 Final Observations S9999 Statement of Licensure Violations 300.615b) Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information b)All persons seeking admission to a nursing facility must be screened to determine the need for nursing facility services prior to being Burn M. F. admitted, regardless of income, assets, or funding source. (Section 2-201.5(a) of the Act) A screening assessment is not required provided one of the conditions in Section 140.642(c) of the rules of the Department of Healthcare and Family Services titled Medical Payment (89111, Adm. Code 140.642(c)) is met. This requirement was not met as evidence by: Based on interview and record review, the facility failed to screen a resident seeking admission to the facility prior to being admitted. This failure resulted in a resident (R1) who is a registered sex offender being admitted into the facility without a background check. Attachment A Findings Include: Statement of Licensure Violations R1's Face Sheet documents resident is a 52-year-old with diagnoses including but not

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

TITLE

(X6) DATE

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Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WNG 10/14/2022 IL6005896 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5905 WEST WASHINGTON MAYFIELD CARE AND REHAB CHICAGO, IL 60644 **SUMMARY STATEMENT OF DEFICIENCIES** (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) Continued From page 1 S9999 limited to: bipolar disorder, unspecified, unspecified psychosis not due to a substance or known physiological condition, restlessness and agitation, hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease, gastro-esophageal reflux disease without esophagitis, chronic obstructive pulmonary disease, unspecified, unspecified osteoarthritis, unspecified site, delusional disorders On 10/13/2022 at 9:08am, V1 (administrator) stated, o We have a resident who is a registered sex offender in the building, one or 21 have to find out for sure. We do background checks for the residents. If it is a sex offender, we are supposed to give it to the social service. We have to have the state police come and do an assessment. Social service has to do a care plan and the resident has to be in a private room." On 10/13//2022 at 10:09am, V2 (admissions director) stated, "Once the resident gets admitted. I do background checks and I check the insurance as far as their eligibility. I check every new resident prior to the resident coming into the building. Even the residents who have been here in the building I want to do background checks. We have a new management company. That representative that is from the management company, I asked her to do background checks on every resident in the entire building. Some residents have been here in the facility for a while and of course the background checks have been done but for some residents we cannot locate. We are currently doing a complete audit of everyone. I just want to do the background

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