PRINTED: 10/20/2022 FORM APPROVED

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING IL6016992 09/21/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **550 RIDGEVIEW DRIVE** IGNITE MEDICAL MCHENRY MCHENRY, IL 60050 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) S 000 S 000 Initial Comments Annual Licensure and Certification S9999 Final Observations S9999 Statement of Licensure Violation: 300.610a) 300.615e) Section 300.610 Resident Care Policies The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information 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 Attachment A seeking admission to the facility, unless a Statement of Licensure Violations background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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inois Department of Public TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CON A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6016992	B. WING		09/2	1/2022
	ROVIDER OR SUPPLIER	550 RIDG	DRESS, CITY, ST EVIEW DRIVE Y, IL 60050			
(X4) ID PREFIX TAG	SUMMARY STA	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S9999	identifiers as require Police. (Section 2-	ate of birth, and other ed by the Department of State 201.5(b) of the Act)	S9999			
	Based on interview failed to ensure redone within 24 hours of 10 residents	are not met as evidenced by: and record review the facility sident background checks were ars of admission. This applies s (R50, R128, R129, R130, 24) reviewed for background ple of 20.		1 1 1 1 1		
	admissions shows September 11, 20	ded list for the last 10 s, R128's admit date as 22. The Illinois State Police ation sheet for R128 shows, he eir system on September 15,				
	admissions shows September 11, 20 Bureau of Identific	ded list for the last 10 s, R324's admit date as 22. The Illinois State Police cation sheet for R324 shows, he reir system on September 15, r).	e			
	admissions show September 12, 20	ided list for the last 10 s, R129's admit date as 022. The Illinois State Police cation sheet for R129 shows, heir system on September 15, r).	е			
	admissions show	rided list for the last 10 rs, R130's admit date as 022. The Illinois State Police cation sheet for R130 shows, h	ie			

Illinois Department of Public Health STATE FORM

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Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 09/21/2022 IL6016992 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **550 RIDGEVIEW DRIVE IGNITE MEDICAL MCHENRY** MCHENRY, IL 60050 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 2 S9999 was checked in their system on September 15, 2022 (3 days later). The facility's provided list for the last 10 admissions shows, R132's admit date as September 15, 2022. The Illinois State Police Bureau of Identification sheet for R132 shows, he was checked in their system on September 19, 2022 (4 days later). The facility's provided list for the last 10 admissions shows, R133's admit date as September 17, 2022. The Illinois State Police Bureau of Identification sheet for R133 shows, he was checked in their system on September 19, 2022 (3 days later). The facility's provided list for the last 10 admissions shows. R50's admit date as September 17, 2022. The Illinois State Police Bureau of Identification sheet for R50 shows, he was checked in their system on September 19, 2022 (3 days later). On September 20, 2022, at 2:16 PM, V13 Admissions stated, she was aware that the background checks were not done. They need to be done within 24 hours of admit. On September 21, 2022, at 1:01 PM, V1 Administrator stated, they did not have a policy for background checks. They just follow the state guidance. (C)

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