Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED C IL6004352 B. WING 07/13/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9246 SOUTH ROBERTS ROAD HICKORY VLG NRSG & RHB HICKORY HILLS, IL 60457 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Complaint Investigation 2293175/IL146124 S9999 Final Observations S9999 Statement of Licensure Violations: 300.625c)1) 300.625c)2) 300.625d) 300.625e) 300.625f)1) 300.625f)2) 300.625f)3)A) 300.625f)3)B) 300.625i) 300.625j) 300.625k) 300.6251) 300.625m) Section 300,625 c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following: 1) Immediately notify the Department of State Police, in the form and manner required by the Department of State Police, that the resident is an identified offender. 2) Within 72 hours, arrange for a Attachment A fingerprint-based criminal history record inquiry to Statement of Licensure Violations be requested on the identified offender resident. The inquiry shall be based on the subject's name, Itinois Department of Public Health

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

TITLE

(X8) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED C IL6004352 B. WING 07/13/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9246 SOUTH ROBERTS ROAD **HICKORY VLG NRSG & RHB** HICKORY HILLS, IL 60457 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG **TAG** CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 1 S9999 sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files. d) The facility shall comply with all applicable provisions contained in the Uniform Conviction Information Act. e) All name-based and fingerprint-based criminal history record inquiries shall be submitted to the Department of State Police electronically in the form and manner prescribed by the Department of State Police. The Department of State Police may charge the facility a fee for processing name-based and fingerprint-based criminal history record inquiries. The fee shall be deposited into the State Police Services Fund. The fee shall not exceed the actual cost of processing the inquiry. (Section 2-201.5(c) of the Act) f) If identified offenders are residents of a facility, the facility shall comply with all of the following requirements: 1) The facility shall inform the appropriate county and local law enforcement offices of the identity of identified offenders who are registered sex offenders or are serving a term of parole, mandatory supervised release or probation for a felony offense who are residents of the facility. If a resident of a licensed facility is an identified Illinois Decartment of Public Health

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED		
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S9999	Continued From page	ge 2	S9999			<del></del>	-	
	1	•						
	offender, any federa	or county probation officer		1				
	shall be permitted re	easonable access to the		1			-	
2	individual resident to	verify compliance with the		1				
	requirements of the	Sex Offender Registration		1.5			ı	
	Act, to verify complia	ance with the requirements of		7			J	
	Public Act 94-163 ar	nd Public Act 94-752, or to		1				
	verify compliance wi	th applicable terms of					1	
	propation, parole, or	mandatory supervised					1	
	release. (Section 2-1	under this provision shall not					1	
	interfere with the ide	ntified offender's medical or		-	10		١	
	psychiatric care.	runos offerider s fitedical of					1	
	. ,			1			1	
	2) The facility staff si	hall meet with local law				- 20	1	
	enforcement officials	to discuss the need for and		132		- 9	1	
	to develop, if needed	l, policies and procedures to					1	
	address the presenc	e of facility residents who are					1	
	parole, mandatory su	ters or are serving a term of					ı	
	probation for a felony	Offense including		E8		1	ı	
	compliance with Sec	tion 300.695 of this Part.		5545		-	Ι	
						1	ı	
	3) Every licensed fac	ility shall provide to every					1	
	prospective and curre	ent resident and resident's					I	
	guardian, and to ever	y facility employee, a written						
===	the resident quardiar	the Department, advising n, or employee of his or her	ı				L	
	right to ask whether a	any residents of the facility		34			1	
ł	are identified offende	rs. The facility shall confirm		500 (8)			L	
	whether identified offe	enders are residing in the		5 <del>4</del> 7 - 321			L	
	facility.	81					Г	
	A) The maker of the first							
	A) The notice shall als	so be prominently posted						
	within every licensed	racility.					Г	
1	B) The notice shall in	clude a statement that				Y.S.		
	information regarding	registered sex offenders .	ĺ					
	may be obtained from	the Illinois State Police						
	website, www.isp.state	e.il.us, and that information						
+	1 45 10 11 11						4	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED C !L6004352 B. WING 07/13/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9246 SOUTH ROBERTS ROAD HICKORY VLG NRSG & RHB HICKORY HILLS, IL 60457 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 3 S9999 regarding persons serving terms of parole or mandatory supervised release may be obtained from the Illinois Department of Corrections website, www.idoc.state.il.us. (Section 2-216 of the Act) i) For current residents who are identified offenders, the facility shall review the security measures listed in the Identified Offender Report and Recommendation provided by the Department of the State Police. i) Upon admission of an identified offender to a facility or a decision to retain an identified offender in a facility, the facility, in consultation with the medical director and law enforcement, shall specifically address the resident's needs in an individualized plan of care. k) The facility shall incorporate the Identified Offender Report and Recommendation into the identified offender's care plan. (Section 2-201.6(f) of the Act) I) If the identified offender is a convicted (see 730 ILCS 150/2) or registered (see 730 ILCS 150/3) sex offender or if the Identified Offender Report and Recommendation prepared pursuant to Section 2-201.6(a) of the Act reveals that the identified offender poses a significant risk of harm to others within the facility, the offender shall be required to have his or her own room within the facility subject to the rights of married residents under Section 2-108(e) of the Act. (Section 2-201.6(d) of the Act) m) The facility's reliance on the Identified Offender Report and Recommendation prepared pursuant to Section 2-201.6(a) of the Act shall not relieve or indemnify in any manner the facility's Illinois Department of Public Health

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(X4)	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID	PROVIDER'S P	PROVIDER'S PLAN OF CORRECTION			
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S99	99 Continued From pa	9 Continued From page 4						╗
	liability or responsib	ility with regard to the		1				
	identified offender of	r other facility residents.			•			ı
	This requirement	6.		!			1	
	by:	as NOT MET as evidenced						
	1-3.							
	Based on interview	and record review, the facility		35				
	failed to follow Illinois state law by failing to check							1
	admission, failed to	nder Registry website upon document any contact with						ĺ
	state/local police no	lifving them of a sex offender		:				-
	In the facility, and fa	iled to notify IDPH that the	G.					1
	resident was living w	ithin 500 feet of a park for						1
	identified offender of	at of three reviewed for olicy and procedures.						
	identifica enerider pr	oncy and procedures.						1
	Findings Include:	:-						1
	D1 is a 70 year old	tale at a g ti						1
	type 2 diabetes schi	vith the following diagnosis: zophrenia, and left femur						ı
	fracture. R1 admitted	to the facility on 01/14/22						
	and discharged on 0	4/27/22.						ı
	The Beekersund Oh		ĺ			.00		
	1/14/22, 2/14/22, and	eck was submitted for R1 on						L
	,	0/10/22.	ļ	**				
	The Criminal History	Analysis was given to the				}		ı
	facility on 4/5/22. R1	has the following criminal				1	5.5	ı
	Charges: failure to re	port change of address -						L
	06/20/05, failure to re	port change of address -	1					ŀ
	04/06/05, failure to re	port change of address						Ł
		sexual offender registration						П
	act - 01/02/03, failure	to report change of address						
	06/02/99, andravated	report change of address criminal sexual assault for a						
	victim less than age 1	3 and for a victim age 13-16						
	- 02/21/95.	The state of the s						ſ
	0= 07/09/00 =4 0:0=4	11.14.6						
ole Dess	On 07/08/22 at 8:25A	M, V4 (Social Service			1/4		16	

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED B. WING IL6004352 07/13/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9246 SOUTH ROBERTS ROAD **HICKORY VLG NRSG & RHB** HICKORY HILLS, IL 60457 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 5 S9999 Director) stated, "We sent the request in the day R1 got here to get a background check. R1 did tell me R1 had a criminal history but R1 didn't tell me what it was. R1 just told me it was a run-in with the law years ago. We got the notification of what was on her background check about a week before R1 was discharged home. We got an email from Illinois Department of Public Health saving that we were within 500 feet of a park so R1 could not stay in the facility. R1 was about to be discharged so we just continued on with that discharge plan. I'm pretty sure R1 had a felony on R1's record for sexual abuse of some kind with a minor. I reported it to the sheriff of Hickory Hills. When R1 left I called the police again to report that R1 was leaving, and he told us to remind R1 that R1 needs to go and report it." On 07/12/22 at 2:14PM, V4 stated, "R1 admitted on 1/14/22 and R1 discharged on 4/27/22. The background check was ran on 1/14/22 when R1 admitted. We got it back on 4/5 that it was a hit for criminal sexual abuse of a minor. I can't remember the exact date, but public health told us that R1 needed to discharge but we were already in the discharge planning process at that time working with R1's family for a date. R1 never told us R1 was a sexual offender. R1 told us that R1 had some type of criminal background but R1 never told us what because R1 said R1 couldn't remember. I notified Hickory Hills police and came to talk with her in the building. I also notify the state police, but they did not come to the facility. Corporate runs the report but I don't know why the website wasn't checked. Corporate has a responsibility of checking all the background checks and everything like that," On 07/13/22 at 10:27AM, V11 (Corporate Office Manager) stated, "I get the request from the

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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	a history of criminal to identified offender cristability during the accides not appear to postate official representate official representate police perform the cridetermination of lowerisk are not determinatives of crimes and fraggravated criminal sintervention documentates are not performed to the resident version the resident version the IDPH statementates.	iteria. R1 has demonstrated dmission screening process, resent an unusual risk. A nting IDPH, and the state iminal history analysis. The risk, moderate risk, and high ed. The brief summary of the factors are: history of	33		No.	
1.5			1			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_ COMPLETED B. WING IL6004352 07/13/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9246 SOUTH ROBERTS ROAD **HICKORY VLG NRSG & RHB** HICKORY HILLS, IL 60457 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S9999 Continued From page 7 S9999 R1's criminal history, there is no documentation of the facility utilizing the Illinois Sex Offender Registry website to search for R1, and there is no documented action the facility took to notify IDPH from 04/05/22 to 04/20/22 of R1's criminal history and the facility being within 500 feet of a park. (C)