Illinois D	epartment of Public	Health				
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
***	21	IL6002612	B. WING		11/3	0/2022
NAME OF PROVIDER OR SUPPLIER STREET ADD			DRESS, CITY, 8	STATE, ZIP CODE		
DUPAGE	CARE CENTER		JNTY FARM I, IL 60187	RD		***
(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
S 000	Initial Comments	Nij	S 000	W a	W	
\$# 	Annual Licensure a	nd Certification		*		V
S9999	Final Observations		S9999			
20 Se	Statement of Licens 300.615e) 300.615f)	sure Violations	25	5		5"
		*	æ.	*3 D		
.III. ₽(1) gail		etermination of Need uest for Resident Criminal rmation	W 12	¥3	100 (a)	4.1
2	Section 2-201.5(a) facility shall, within resident, request a check pursuant to temporation Act for	e screening required by of the Act and this Section, a 24 hours after admission of a criminal history background he Uniform Conviction all persons 18 or older seeking		.±	\$ Li	:: :
	check was initiated Hospital Licensing be based on the re- and other identifiers	cility, unless a background by a hospital pursuant to the Act. Background checks shall sident's name, date of birth, as as required by the Police. (Section 2-201.5(b)	s:a	# P	A se	\$
	f) The facility shall name on the Illinois website at www.isp Department of Compage at www.idoc.s	check for the individual's Sex Offender registration state.il.us and the Illinois rections sex registrant search state.il.us to determine if the is a registered sex offender.	್	A A A		76 48 58 0 14 1
	This REQUIREMENT by:	NT was not met as evidenced	22 Mo	Attachment A Statement of Licensure Violations		

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

TITLE

(X6) DATE

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PIAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:	CO	COMPLETED		
		IL6002612	B. WING	11	/30/2022		
	PROVIDER OR SUPPLIER	400 N CO	DDRESS, CITY, STATE, ZIP CODE DUNTY FARM RD N, IL 60187				
(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)	OULD BE COMPLETE		
S9999	failed to ensure that	ge 1 and record review, the facility criminal history background eted and the Illinois Sex	S9999				
	Offender Registration Corrections website hours of admission residents (R320, R3 & R473) reviewed for the state of the sta	on and Department of s were checked within 24 This applied to 7 of 10 321, R322, R323, R324, R472,	11	- X			
	provided on 11/28/2 to the facility on 11/2 Registration and De	ission/discharge report 2 showed R320 was admitted 9/22. The Illinois Sex Offender partment of Corrections sex were not checked until					
## 	provided on 11/28/2 to the facility on 11/ Offender Registratic Corrections sex reg checked until 11/19		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		\$10 20 4		
:# :3	provided on 11/28/2 to the facility on 11/ Offender Registration	sission/discharge report 2 showed R322 was admitted 10/22. The Illinois Sex on and Department of istrant websites were not //22 (9 days later).	Ξ				
2 g	provided on 11/28/2 to the facility on 11/ was not done until 1 Illinois Sex Offende	nission/discharge report 22 showed R323 was admitted 15/22. Her background check 11/18/22 (3 days later). The r Registration and Department registrant websites were not	£				

Illinois Department of Public Health

(X3) DATE SURVEY

(X2) MULTIPLE CONSTRUCTION

.. 6

(X1) PROVIDER/SUPPLIER/CLIA

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
\$0 eV		IL6002612	B. WING		11/3	0/2022
	PROVIDER OR SUPPLIER CARE CENTER	400 N COI	DRESS, CITY, S JNTY FARM 1, IL 60187	TATE, ZIP CODE RD		4
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPRINCE DEFICIENCY)		LD BE	(X5) COMPLETE DATE
S9999	checked until 11/19 5. The facility's adnorovided on 11/28/2 to the facility on 11/28/2 to the facility on 11/28/2 to the facility's adnorovided on 11/28/2 to the facility on 11/28/2 to the facility's adnorovided on 11/28/2 (10 days 11/19/22 (10 days 11/19/22 (10 days 11/19/22 (10 days 11/19/24 (10 days 11/19/25)) 7. The facility's adnorovided on 11/28/2 to the facility	nission/discharge report 22 showed R324 was admitted 16/22. Her background check 11/18/22 (2 days later). The er Registration and Department registrant websites were not 1/22 (3 days later). nission/discharge report 22 showed R472 was admitted 1/9/22. The Illinois Sex Offender epartment of Corrections sex were not checked until ater). nission/discharge report 22 showed R473 was admitted 1/25/22. Her background check, er Registration and Department registrant websites were not	\$9999			
=	that background ch Offender Registrat	necks, and the Illinois Sex ion and Department of gistrant websites are checked			75 W	
8			cn .	ĵji.		

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