

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6000186	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  08/03/2023
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NAME OF PROVIDER OR SUPPLIER  AMBASSADOR NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4900 NORTH BERNARD CHICAGO, IL 60625
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S 000	Initial Comments  Annual Licensure Survey	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations: 1 of 2</p> <p>300.615e) 300.615j)</p> <p>Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information</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 for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. 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>j) The facility shall be responsible for taking all steps necessary to ensure the safety of residents while the results of a name-based background check or a fingerprint-based background check are pending; while the results of a request for waiver of a fingerprint-based check are pending; and/or while the Identified Offender Report and Recommendation is pending.</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X8) DATE
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S9999	<p>Continued From page 1</p> <p>These Requirements were NOT MET as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure that background checks for 4 (R108, R8, R106 and R43) out of 5 residents were initiated within 24 hours of admission, and failed to verify that they immediately notified Illinois Department of Public Health's Identified Offender Program Office via Identified Offender Program Management Information System (IOPMIS) for 5 (R108, R113, R8, R106, R43) residents.</p> <p>Findings include:</p> <p>On 08/02/23, surveyor selected five residents from the facility's Identified Offenders List presented by the V1(Administrator). Three of the residents R108, R8 and R43 were not listed in the IDPH Identified Offenders Facility Report. One (R113) of the two listed in the IDPH Identified Offenders Facility Report had an incorrect admission date listed. Per facility Identified Offenders list presented, R113 date of admission is 05/16/22 but is listed as 02/10/2023 on the IDPH IOP Facility Report.</p> <p>Review of documents provided showed R108 had an admission date of 08/25/2022 and the criminal background check was run on 08/29/2022; R8 admission date 01/28/2022, criminal background check run 01/31/2022; R43 admission date 10/22/2021, criminal background check run 06/26/2022. Illinois Sex Offender Registry, National Sex Offender Registry and Illinois Department of Corrections were also presented for R108 run on 08/29/23, R113 run on 05/18/22 and R8 run on 01/29/22. Illinois Sex Offender Registry, National Sex Offender Registry and</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>Illinois Department of Corrections checks for R106 and R43 were not presented.</p> <p>On 08/02/23 at 2:40PM, surveyor inquired from V1 of the facility's process for conducting background checks. V1 reported that towards the end of last year there was a consultant who conducted a mock survey and discovered that residents' background check had not been completed. V1 stated that V35 (Former Social Services Director) had been responsible for the background checks and that V35 had explained to him that a company would come to the facility to do the fingerprinting. V1 further stated that the February 2023 dates appearing in the IDPH IOP Facility Report could have been based on reporting done after the mock survey. On inquiry as to why the facility's Identified Offender List comprised of 21 residents whereas the IDPH IOP Facility Report comprised 39 residents, V1 stated that some of the residents listed in the IDPH IOP Facility Report may have been discharged. V1 said that they are hiring a new Social Services Director on 08/14/23 but that in the meantime, V27 (Assistant Social Service Director) would be responsible for the residents' background checks.</p> <p>On 08/02/23 at 2:53PM, V27 stated that her former supervisor, V35 used to be responsible for the background checks. V27 stated that she was not aware where the missing checks were located or whether IOP was notified.</p> <p>On 08/02/23 at 3:30PM, V1 stated that a failure to conduct background checks would be that the facility is not following their abuse policy. That because of that they would not know who is in the building which may lead to abuse.</p> <p>R108 is a 62 year old male with a BIMS (Brief</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>Interview for Mental Status) score of 15. CHIRP (Criminal History Information Response Process) results included AMT NARC SCHED I/II/SCH/HS/PK - 07/23/2008; FOID I D CARDS - 11/28/1992</p> <p>R106 is a 49 year old male with a BIMS score of 15. CHIRP results included AGG UUW/VEH/PREV CONVICTION - 05/29/2019; THEFT/UNAUTHD CON/&lt;\$300/1ST - 01/10/2007; CRIMINAL TRESPASS TO LAND - 08/25/2005; AGGRAVATED ASSAULT - 10/29/2004, among others.</p> <p>R113 is 65 year old male with a BIMS score of 06. CHIRP results included AGG ASLT/USE DDLY WEAP/RIFLE - 10/28/2016; BATTERY/MAKES PHYSICAL CONTACT - 09/22/2015, among others.</p> <p>R43 is 58 year old male with a BIMS score of 99. CHIRP results included IVC FELONIES - 01/28/1987; VIOLATION BAIL BOND - 04/29/1985, among others.</p> <p>R8 is a 77 year old male with a BIMS score of 07.</p> <p>On 08/02/23 at 3:51P, email from V1 stated that "Unfortunately we don't have any other document to prove IOP was notified other than I sent earlier". V1 had previously provided to the surveyor discharge requests printouts made to IDPH IOP.</p> <p>On 08/02/23 at 3:27P, V47 (Office Manager) stated that the CHIRP run date is the date printed on the top of the Illinois State Police background document. V47 further stated that the missing Illinois Sex Offender checks, National Sex Offender checks and Illinois Department of</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>Corrections were filed away in storage and were not available.</p> <p>The 03/01/21 facility "Abuse Prevention Program" policy documents, in part, II. Pre-Admission Screening of Potential Residents This facility shall check the criminal history background on any resident seeking admission to the facility to identify previous criminal convictions. Prior to the admission of a new resident to the facility, this facility will:</p> <ul style="list-style-type: none"> <li>·Check for the resident's name on the Illinois Sex Offender Registration Web Site. <a href="http://www.isp.state.il.us">www.isp.state.il.us</a></li> <li>·Check for the resident's name on the Illinois Department of Corrections sex registrant search page. <a href="http://www.idoc.state.il.us">www.idoc.state.il.us</a></li> </ul> <p>Within 24 hours after admission of a new resident to the facility, this facility will:</p> <ul style="list-style-type: none"> <li>·Initiate a Criminal History Background Check according to the Facility Identified Offender Policy and Procedure</li> <li>·While the background or fingerprint checks, and/or Identified Offender Report and Recommendations are pending, the facility shall take steps necessary to ensure the safety of residents.</li> </ul> <p>The "Identified Offender Procedure/Protocol" documents in part.. that if the convictions meet the Identified Offender criteria, to complete the notification process per IDPH-IOP program by going to the Web Portal for on-line submission.</p> <p style="text-align: center;">(C)</p> <p>2 of 2</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>300.1810)</p> <p>1) All Cook County facilities with Colbert Class Members shall submit to the Colbert Lead Defendant Agency, or successor Colbert Lead Defendant Agency, on a monthly basis, an accurate census of all Medicaid-eligible residents, the previous month ' s voluntary and involuntary discharges conducted under Section 300.3300, including any voluntary and involuntary discharges scheduled to be conducted within 48 hours after the end of the reporting month. This monthly census must be submitted on the form prescribed by the Colbert Lead Defendant Agency using secure (encrypted) email, no later than the fifth business day of each month.</p> <p>These requirments are not met as evidenced by:</p> <p>Based on observation, interviews, and record review, the facility failed to submit to the Colbert Lead Defendant Agency, or successor Colbert Lead Defendant Agency, on a monthly basis, an accurate census of all Medicaid-eligible residents, no later than the fifth business day of each month. This failure has the potential to affect 128 Medicaid - eligible residents that reside at the facility.</p> <p>Findings include:</p> <p>Surveyor inquired about census of all Medicaid-eligible residents.</p> <p>On 8/1/23 at 3:35 PM, V27 Social Service Assistant said, my director (V35) is no longer with us. A new Social Service Director starts on 8/14. For Colbert Williams, I (V27) am not aware of the monthly Census reporting. The previous director</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>(V35) did the reporting. The only thing that I did with Colbert Williams was help facilitate the assessments for our Colbert participants.</p> <p>On 8/1/23 at 3:55 PM, V1 (Administrator) said, "I will be honest, I have not submitted any monthly census reports. I have only been here since February. I (V1) have a new Social Service Director starting and we will get on top of the reporting."</p> <p>(C)</p>	S9999		