FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: A. BUILDING: _ IL6003057 09/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 701 NORTH LAGRANGE ROAD **GROVE OF LAGRANGE PARK, THE** LA GRANGE PARK, IL 60526

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(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)	(X6) COMPLET DATE
S 000	Initial Comments	S 000	ä	(III)
W	Annual Licensure Survey			periodical as as manual
S9999	Final Observations	S9999		irel)a server-m manas
	Statement of Licensure Violations		**	10 mm a mm
	300.615e)			The half of the factors and th
	Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information 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.			
gen e och kyddingsing ged Andgide visiones soch e same man indestruktion de mingegregere ydrage frigansis adend	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)			PP-MPN-field-deformers resource and the field of the fiel
	This REQUIREMENT was not met as evidenced by:			
	Based on interview and record review the facility failed to ensure resident background checks were done with 24 hours of admission to the facility. This applies to 3 of 10 residents (R113, R271 & R272) reviewed for background checks in the sample of 24.		Attachment A Statement of Licensure Violations	
	The findings include:	6		

Illinois Department of Public Health

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

TITLE

(X8) DATE

	Department of Public	Health					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		,	
		IL6003057	B. WING		09/20/2023	ł.	
NAME OF	PROVIDER OR SUPPLIER	STREET AT	DDRESS, CITY, S	STATE, ZIP CODE			
GROVE OF LAGRANGE PARK, THE 701 NORTH LAGRANGE ROAD LA GRANGE PARK, IL 60526							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE COMPI	LETE	
S9999	Continued From page	age 1	S9999				
	Check list Septemb admission date as \$	ew Resident Background ber 3, 2023 shows, R113's September 3, 2023.	Principal medicine is a second or second				
	R113's Illinois State was done on Septe	e Police background check ember 5, 2023 (2 days later).					
my vegorialización delle come	Check list Septemb	ew Resident Background ber 3, 2023 shows, R271's September 15, 2023.					
haldedhaldelman - hywry	R271's Illinois State was done on Septe	e Police background check ember 18, 2023 (3 days later).	The state of the s				
	The facility's Nev Check list September admission date as S	w Resident Background per 3, 2023 shows, R272's September 8, 2023.					
unaaanaari k (saada ye ta	R272's Illinois State was done on Septe	e Police background check ember 11, 2023 (3 days later).					
		2023 at 9:35 AM, V1 d, they were last minute et got missed.					
* Type may no reconstruction and a	revised July 28, 202 It is the facility's poli- requirement for back resident. Procedure	ent Background Check last 23 shows, "Policy Statement: licy to comply with the state's ckground checks of the es: 1. The facility shall, within ission of a resident, request a					
	criminal history back Uniform Conviction I 18 or older seeking a unless a background	Advision of a resident, request a skyround check pursuant to the Information Act for all persons admission to the facility, and checks was initiated by a the Hospital Licensing Act."		E 53			
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