

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6000459	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  09/13/2023
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NAME OF PROVIDER OR SUPPLIER  ALDEN VALLEY RIDGE REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 275 EAST ARMY TRAIL ROAD BLOOMINGDALE, IL 60108
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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)	(X5) COMPLETE DATE
S 000	Initial Comments  Annual Licensure and Certification survey	S 000		
S9999	Final Observations  Statement of Licensure Violations 300.615e) 300.615f)  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. 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) f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at <a href="http://www.isp.state.il.us">www.isp.state.il.us</a> and the Illinois Department of Corrections sex registrant search page at <a href="http://www.idoc.state.il.us">www.idoc.state.il.us</a> to determine if the individual is listed as a registered sex offender.  This REQUIREMENT was not met as evidenced by:  Based on record review and interview, the facility failed to check the Illinois Department of Corrections (IDOC) website and the Illinois Sex Offender Registration (ISP) website as part of the	S9999	Attachment A Statement of Licensure Violations	

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

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER  <b>ALDEN VALLEY RIDGE REHAB &amp; HCC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>275 EAST ARMY TRAIL ROAD BLOOMINGDALE, IL 60108</b>		
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S9999	<p>Continued From page 1</p> <p>resident background check. This has the potential to affect all 158 residents that reside at the facility.</p> <p>This applies to 10 of 10 residents (R39, R165, R51, R111, R166, R37, R373, R374, R83, and R169) reviewed for background checks in the sample of 31.</p> <p>The findings include:</p> <p>The facility CMS 672 dated 9/11/23 shows there are 158 residents in the facility.</p> <p>The facility was asked to provide background checks completed for their last ten admissions to the facility. Background checks were reviewed for R39, R165, R51, R111, R166, R37, R373, R374, R83, and R169. None of the ten residents' background checks included documentation of running a search on the IDOC or the ISP websites.</p> <p>On 09/12/23 at 03:10 PM, V2, Assistant Administrator, said she is not sure if there are any further resident background checks. V2 said she will double check with corporate on resident background checks.</p> <p>On 9/13/23 at 11:55 AM, V1, Administrator, said they have not completed any further resident background checks, "What you have is what was done."</p> <p>(C)</p>	S9999		