PRINTED: 11/15/2023 FORM APPROVED

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 IL6007280 B. WING 10/19/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **50 PLEASANT AVENUE APERION CARE HIGHWOOD** HIGHWOOD, IL 60040 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (X5) PREFIX EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S 000 Initial Comments \$ 000 Annual Licensure and Certification Survey S9999 Final Observations \$9999 Statement of Licensure Violations 300.615e) Section 300.615 Determination of Need Screening and Request for Resident Criminal **History Record Information** 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) The requirement was not met as evidenced by: Based on interview and record review the facility failed to complete a background check for a resident within 24 hours of admission. This applies to 1 of 5 residents (R142) reviewed for background checks in the sample of 19. The findings include: Attachment A Statement of Licensure Violations R142's Electronic Medical Record (EMR) shows that he was admitted to the facility on 9/13/23. Illinois Department of Public Health LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007280	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:  B. WING		(X3) DATE SURVEY COMPLETED		
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\$9999	On 10/17/23 the facility provided Background Checks for their last 10 admissions. R142's Background Check showed the wrong birthday for R142 and it was not dated.  On 10/18/23 at 9:43 AM, Surveyor asked V10 (Admissions Director) to provide a date that R142's Background Check was completed. V10 stated, "I get the referral and then I give it to (V9-Guest Relations). (V9) is currently on vacation. I don't know why these were done late. I usually want it done on the same day that I give the referral because the patient could come in at any time." At 10:37 AM, V10 stated, "I called (V9) - I was able to pull the correct Background Check out of (R142's) EMR. (V9) said he is not sure where the undated one came from. The Background Check was requested on 10/4/23 and we received it on 10/5/23. I'm not sure why this one was done so late. I think (V9) missed it and then went back and did it. We email Corporate and they run the check. (V9) usually CC's me but in the email but he didn't with this one so I assume he was just trying to get it done. (R142) actually has a "HiT"."		\$9999				
	Check dated 10/5/2 shows that he had a	d State Police Background 3 (22 days after admission) a "HIT". The offense is demeanor for Disorderly				And an one of the first value are written for the property of	
	Reporting dated 4/2 check the criminal haresident seeking ad to identify previous a facility will: Request	ntitled Abuse Prevention and 9/22 states, "This facility shall istory background on any mission to the facility in order criminal convictions. This a Criminal History within 24 hours after				***	

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