

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000335</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/15/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WESTMONT MANOR HLTH &amp; RHB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>512 EAST OGDEN AVENUE WESTMONT, IL 60559</b>
--	--

(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 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.  These REQUIREMENTS were not met as evidenced by:  Based on interview and record review the failed to	S9999		

**Attachment A**  
**Statement of Licensure Violations**

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000335</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/15/2023</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>WESTMONT MANOR HLTH &amp; RHB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>512 EAST OGDEN AVENUE WESTMONT, IL 60559</b>
--	--

(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
S9999	<p>Continued From page 1</p> <p>request a criminal history background check, check the Illinois Sex Offender Registration (ISP) website and check the Illinois Department of Corrections (IDOC) website within 24 hours of admission for 2 of 10 residents (R44 and R332) reviewed for background checks in the sample of 22.</p> <p>The findings include:</p> <p>1. The Admission Report printed on 3/13/23 shows that R44 was admitted to the facility on 2/27/23.</p> <p>R44's Criminal History Background Check, IPS website check and IDOC website check was performed on 3/13/23.</p> <p>2. The Admission Report printed on 3/13/23 shows that R332 was admitted to the facility on 3/10/23.</p> <p>R332's Criminal History Background Check, IPS website check and IDOC website check was performed on 3/13/23.</p> <p>On 03/15/23 at 11:12 AM, V27 (Admissions) said that background checks are done within 24 hours of admission. V27 said that she missed R44's background check and she is not sure why R332's background check was done late.</p> <p>The facility's Background Checks Residents Policy revised on 1/11 shows, "When a resident is admitted to the facility, an electronic name-based background check must be ordered within 24 hours ...." The policy does not show the ISP and IDOC websites should be checked.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000335</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/15/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WESTMONT MANOR HLTH &amp; RHB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>512 EAST OGDEN AVENUE WESTMONT, IL 60559</b>
--	--

(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
S9999	Continued From page 2  (C)	S9999		