Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES **IDENTIFICATION NUMBER:** COMPLETED AND PLAN OF CORRECTION A. BUILDING: \_ B. WING IL6016281 05/24/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 339 9TH AVENUE **MEADOWBROOK MANOR - LAGRANGE** LA GRANGE, IL 60525 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) \$ 000 S 000 Initial Comments Annual Licensure and Certification S9999 S9999 Final Observations 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 e) 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). This REQUIREMENT was not met as evidenced Based on interview and record review the facility failed to ensure resident's background checks were done within 24 hours of admission. This applies to 10 of 11 residents (R388, R385, R381, R180, R181, R182, R183, R184, R185, R186) Attachment A reviewed for background checks in the sample of Statement of Licensure Violations 26.

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

The findings include:

TITLE

(X6) DATE

PRINTED: 06/07/2023 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:** COMPLETED A. BUILDING: \_ B. WING IL6016281 05/24/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 339 9TH AVENUE **MEADOWBROOK MANOR - LAGRANGE** LA GRANGE, IL 60525 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) S9999 S9999 Continued From page 1 1. R181's face sheet shows, his admission date to the facility as May 17, 2023. The facility did not provide a background check for R181. On May 23, 2023, at 11:00 AM, V6 Admissions stated, she ran R181's background check on May 22, 2023 (5 days later) and there was a hit so it has not come back yet. R388's face sheet shows, her admission date to the facility as February 11, 2023. R388's background check was done on May 22, 2023 (100 days later). 3. R182's face sheet shows, his admission date to the facility as May 18, 2023. R182's background check was done on May 22, 2023 (4 days later). 4. R385's face sheet shows, his admission date to the facility as May 18, 2023. R385's background check was done on May 22, 2023 (4 days later). 5. R180's face sheet shows, her admission date to the facility as May 16, 2023. R180's background check was done on May 22,

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2023 (6 days later).

2023 (4 days later).

to the facility as May 18, 2023.

6. R183's face sheet shows, her admission date

R183's background check was done on May 22,

PRINTED: 06/07/2023 FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: B. WING IL6016281 05/24/2023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 339 9TH AVENUE **MEADOWBROOK MANOR - LAGRANGE** LA GRANGE, IL 60525 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) S9999 S9999 Continued From page 2 7. R184's face sheet shows, her admission date to the facility as May 19, 2023. R184's background check was done on May 22, 2023 (3 days later). 8. R185's face sheet shows, her admission date to the facility as May 17, 2023. R185's background check was done on May 22, 2023 (5 davs later). 9. R186's face sheet shows, her admission date to the facility as May 19, 2023. R186's background check was done on May 22, 2023 (3 days later). 10. R381's face sheet shows, her admission date to the facility as May 19, 2023. R381's background check was done on May 22, 2023 (3 days later). On May 23, 2023, at 11:00 AM, V6 Admissions verified, these resident's (R388, R385, R381, R180, R181, R182, R183, R184, R185, R186) background checks were not checked within 24 hours. On May 24, 2023, at 12:12 PM, V1 Administrator stated, background checks are to be done within 24 hours.

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The facility's abuse prevention program dated February 7, 2017, shows, "II. Pre-Admission Screening of Potential Residents: This facility shall check the criminal history background on any resident seeking admission to the facility in order to identify previous criminal convictions.

**LKK811** 

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ B. WING IL6016281 05/24/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 339 9TH AVENUE **MEADOWBROOK MANOR - LAGRANGE** LA GRANGE, IL 60525 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 3 S9999 This facility will: Request a Criminal History Background Check within 24 hours after admission of a new resident..."

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STATE FORM