

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6006662</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/13/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ASTORIA PLACE LIVING &amp; REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6300 NORTH CALIFORNIA AVENUE CHICAGO, IL 60659</b>
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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)  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).  These Requirements were NOT Met as evidence by:  Based on interview and record review the facility failed to ensure background checks for one resident (R83) was initiated within 24 hours of admission and failed to notified Illinois Department of Public Health's Identified Offender Program Office Via Identified Offender Program Management Information System within the required regulation timeframe.	S9999	<p><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

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

TITLE

(X6) DATE

Illinois Department of Public Health

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S9999	<p>Continued From page 1</p> <p>Findings include:</p> <p>R83's had an admission date of 1/12/2021 and the CHIRP has a run date of 1/22/2021.</p> <p>On 12/12/2023 surveyor reviewed Identified Offenders Program Facility Report documents one resident R83 was admitted to the facility on 1/12/2021 but the Identified Offenders Program was not notified until 2/18/2021.</p> <p>On 12/12/2023 at 11:03am V19 (Social Service Director) stated, she has to notify the IOP program within 14 days of admission unless a person is on isolation and that she does not know what the delay was with R83 other than it was during Covid-19, but she did not recall.</p> <p>Review of documents provided showed R83's had an admission date of 1/12/2023 and the criminal background check run for Illinois Sex Offender Registry and National Sex Offender Registry on 1/18/2021 and the Illinois Department of Corrections of 1/22/2021. Surveyor reviewed R83's Nursing Home Resident Fingerprint Consent Form with a date of 2/18/2021.</p> <p>Policy titled Identified Offender with a revised date of 6/10/2023 documents, in part, the facility will comply with the state regulations in addressing residents who are identified offenders and if the results of a resident's criminal history background check reveal that the resident is an identified offender the facility will: Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident.</p> <p>(C)</p>	S9999		