

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004758 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 08/30/2024 |
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| NAME OF PROVIDER OR SUPPLIER RIVER VIEW REHAB CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 50 NORTH JANE ELGIN, IL 60123 |
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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 Investigation of Facility Reported Incident of 8/22/24/IL177326 | S 000 | | |
| S9999 | Final Observations Statement of Licensure Violations 300.615)e 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) This requirement was NOT met as evidenced by: Based on interview and record review, the facility failed to do resident background checks within 24 hours on the CHIRP (Criminal History Information Response Process) website and submit proof of the dates of when they were done. This applies to 1 of 1 resident (R2) in sample of 7. | S9999 | | |

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| Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed | TITLE | (X6) DATE 09/09/24 |
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| S9999 | <p>Continued From page 1</p> <p>The findings include:</p> <p>On 8/30/24 at 12:27 PM, V1 (Administrator) stated, "I can't find (R2)'s folder with his background check information. (V5-PRSD/Psychiatric Rehabilitation Services Director) and Admissions director are both responsible for doing the background checks for residents. I have the information that he was checked against the Sexual Offender Registry and Department of Corrections. His name didn't show up. I can't find the results of the CHIRP assessment. (V5)'s last day with us was Wednesday 8/28/24. I texted her but she's not responding timely. I'll keep looking for it. I have the emailed receipt that CHIRP confirmation request was received on 2/3/23. It should have been done within 24 hours of admission. It's strange that I have every other resident's file but not (R2)'s."</p> <p>R2's face sheet documents an admission date of 2/3/23.</p> <p>Email to V1 shows that on 2/3/23, 1 inquiry for R2 had been received successfully.</p> <p>On 8/30/24 at 4:23 PM, V1 was unable to provide surveyor documentation that R2 was checked in CHIRP. V1 was also unable to provide the CHIRP assessment/report for R2.</p> <p>Facility's abuse policy (1/2020) shows the following: "C. Pre-Admission Screening of Potential Residents: This facility shall check the criminal history background check within 24 hours after admission of a new resident. While the background of fingerprint checks, and/or identified offender report and recommendations</p> | S9999 | | |

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| S9999 | Continued From page 2 are pending, the facility shall take all steps necessary to ensure the safety of residents." (C) | S9999 | | |