STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006134	A. BUILDING: _____ B. WING _____	02/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UPTOWN CARE AND REHABILITATION	4920 NORTH KENMORE CHICAGO, IL 60640

(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	Final Observations Statement of Licensure Violations: 300.625c)2) Section 300.625 Identified Offenders c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following: 2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files. These requirements were not met as evidenced by: Based on interview and record review, the facility failed to request/order for fingerprint-based criminal history record inquiry within 72 hours of obtaining the background check HIT and CHIRP (Criminal History Information Response Process), for 3 of 5 residents reviewed in the identified offender's protocol. This failure concerns 3 residents (R24, R78, and R101) who are Identified Offenders, and has the potential to	S9999		

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S9999	Continued From page 1 affect all 207 residents in the facility. Findings include: On 2/27/24 between 11:45am and 12:30pm during a review of the Identified Offender Protocol with V32 (Social Services Director), the following were found: R24 was admitted on 10/27/23 and fingerprint was ordered on 11/16/23. R78 was admitted on 11/9/23 and fingerprint was ordered on 12/7/23. R101 was admitted on 10/24/23 and fingerprint was ordered on 1/26/24. When asked V32 why the fingerprints for the 3 residents were not ordered within 72 hours, V32 responded she (V32) erroneously thought the fingerprints had to be ordered within 30 days as opposed to within 3 days. V32 added the person who orientated her (V32) did not explain this to her (V32). On 2/28/24 at 1:10pm, V1 (Administrator) stated, "I have an explanation for this; (V31) has not done this for long, and I gave her an in-service to ensure the fingerprints are ordered within 72 hours." Facility's undated policy titled, "Instructions for Identified Offender Program" states in part: When you have a brand-new admission to the facility, #4 - Within 72 hours ...Set up a time for the fingerprint vendor to come into the facility and take the fingerprints of the resident and make sure to obtain a fingerprint vendor receipt when the fingerprints of the resident is obtained by the fingerprint vendor". (C)	S9999		

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