(X3) DATE SURVEY

Illinois Department of Public Health

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		IL6005896	B. WING		03/22/2024	
MAYFIELD CARE AND REHAB 5905 WES			ODRESS, CITY, STATE, ZIP CODE ST WASHINGTON D, IL 60644			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE	
S 000		ertification and Complaint	S 000			
S9999	Survey Final Observations Statement of Licens 300.625c)2) 300.625g)	sure Violations (1 of 2):	S9999			
	c) If the results history background is an identified offer 1-114.01 of the Act, following: 2) Within 72 he fingerprint-based or be requested on the The inquiry shall be sex, race, date of biother identifiers req State Police. The inthrough the files of Police and the Fedelocate any criminal may exist regarding Bureau of Investiga Department of State inquiry under this su	entified Offenders s of a resident's criminal check reveal that the resident nder as defined in Section the facility shall do the ours, arrange for a iminal history record inquiry to e identified offender resident. based on the subject's name, inth, fingerprint images, and uired by the Department of nquiry shall be processed the Department of State eral Bureau of Investigation to history record information that the subject. The Federal tion shall furnish to the e Police, pursuant to an ubsection (c)(2), any criminal nation contained in its files.				
	documentation of co 300.615 of this Part	all maintain written compliance with Section . as NOT MET as evidenced				
llinois Depart ABORATORY	ment of Public Health DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	IATURE	TITLE	(X6) DATE	

(X2) MULTIPLE CONSTRUCTION

Electronically Signed STATE FORM

04/13/24

(X3) DATE SURVEY

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
a		IL6005896	B. WING		03/2	2/2024
	PROVIDER OR SUPPLIER	5905 WES	ODRESS, CITY, STATE, ZIP CODE ST WASHINGTON D, IL 60644			
(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	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		S9999			

(X2) MULTIPLE CONSTRUCTION

Illinois Department of Public Health

PRINTED: 04/17/2024 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION COMPLETED A. BUILDING: B. WING IL6005896 03/22/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5905 WEST WASHINGTON **MAYFIELD CARE AND REHAB** CHICAGO, IL 60644 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 2 S9999 the sample, V7 stated, "I have been here for two weeks. I gave you everything that I have." On 3/21/2024 R 9:20 AM, in review of policy entitled Facility Policy on Screening and Potential Admission of Identified Offenders and Persons with a suspected Criminal History dated 4/27/2006, the policy states a component of the pre-admission screening includes checking the person's name against the list of registered sex offenders via the state police website and the Department of Corrections website. A treatment plan appropriate to the needs of the identified offender shall be developed prior to admission. The facility shall notify IDPH within 48 hours after verifying that a prospective or newly admitted resident is a sex offender. On 3/21/2024 at 9:45 AM, in review of protocol entitled Identified Offender Risk Screening Assessment dated 2007, it states that the facility takes steps to promote a safe and appropriate environment for each resident. No offender shall knowingly be admitted to or kept in the facility who is at risk because the person is reasonably expected to self-inflict serious physical harm or to inflict serious physical harm to another person in the near future, who is destructive of property or who is an identified offender. This evaluation is required for persons who fit the "identified offender" criteria and should be completed. (B)

Illinois Department of Public Health

300.615e) 300.615f) 300.615g)

Statement of Licensure Violations (2 of 2):

Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: _ B. WING 03/22/2024 IL6005896 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **5905 WEST WASHINGTON** MAYFIELD CARE AND REHAB CHICAGO, IL 60644 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 3 Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information 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 www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender. If the results of the background check are g) inconclusive, the facility shall initiate a fingerprint-based check, unless the fingerprint check is waived by the Director of Public Health based on verification by the facility that the resident is completely immobile or that the resident meets other criteria related to the resident's health or lack of potential risk, such as the existence of a severe, debilitating physical, medical, or mental condition that nullifies any potential risk presented by the resident. (Section 2-201.5(b) of the Act). The facility shall arrange

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for a fingerprint-based background check or request a waiver from the Department within 5

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
i L		IL6005896	B. WING		03/22/2024		
MAYFIELD CARE AND REHAR 5905 WES			DDRESS, CITY, STATE, ZIP CODE ST WASHINGTON D, IL 60644				
(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 APPROPRIATI DEFICIENCY)		(X5) COMPLETE DATE	
\$9999	days after receiving name-based backg fingerprint-based background fingerprinting or 3/14/2024, R469. days after receiving name-based background backgro	g inconclusive results of a ground check. The ackground check shall be 5 days after receiving the 5 days after receiving the 6 of the name-based check. ANDITION WAS NOT MET as evidenced eview and interview, the facility Criminal History Information (CHIRP) reports within 24 for five out of five residents R19, R72), [B] failed to ent of the Illinois Sex Offender sident (R19) out of five mple, and [C] failed to ent of the National Sex or one resident (R19) out of The facility failed review the of Corrections database for dents (R467, R42, R468, R19, Administrator) provided recompleted as a positive HIT. completed on 10/4/2023. Was admitted to the facility. On ininistrator) provided records CHIRP completed 3/11/2024, der was made available.	S9999				
	records for R469 w	Administrator) provided hich included a CHIRP 24. No fingerprinting order was					

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PRINTED: 04/17/2024 FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: B. WING 03/22/2024 IL6005896 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 5905 WEST WASHINGTON MAYFIELD CARE AND REHAB CHICAGO, IL 60644 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 5 On 1/26/2023, R19 was admitted to the facility. On 3/20/2024, V1 (Administrator) provided records for R19 which included a CHIRP completed 2/1/2023 and was a positive HIT. No review of the Illinois Sex Offender Registry or National Sex Offender Registry was completed. Fingerprinting was completed on 2/13/2023. On 3/4/2024, R72 was admitted to the facility. On 3/20/2024, V1 (Administrator) provided records for R72 which included a CHIRP completed on 3/20/2024 which was a positive HIT. No fingerprinting order was made available. On 3/21/2024 at 9:27 AM, V1 (Administrator) was asked for the individualized treatment plan for the 5 residents in the sample (R19, R42, R72, R467, R468) in compliance with facility policy entitled Facility Policy on Screening and Potential Admission of Identified Offenders or Persons with a Suspected Criminal History. At 10:44 AM on 3/21/2024, V1 (Administrator) stated, "Treatment Plans There are none." On 3/21/2024 at 10:45 AM, V1(Administrator) stated there was no sex offender background check completed for R19. On 3/20/2024 at 1:24 PM V1 (Administrator) stated the top date on the Criminal History Information Response Process (CHIRP) is the date requested and date received.

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On 3/21/2024 at 9:05 AM, met with V7 (Director of Social Services). When inquiring about the absence of state and national sex offender registry assessment for R19 and for Illinois Department of Corrections check for all five residents in the sample, V7 stated, "I have been

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PRINTED: 04/17/2024 **FORM APPROVED** Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: B. WING IL6005896 03/22/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5905 WEST WASHINGTON MAYFIELD CARE AND REHAB** CHICAGO, IL 60644 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 6 S9999 here for two weeks. I gave you everything that I have." On 3/21/2024 R 9:20 AM, in review of policy entitled Facility Policy on Screening and Potential Admission of Identified Offenders and Persons with a suspected Criminal History dated 4/27/2006, the policy states a component of the pre-admission screening includes checking the person's name against the list of registered sex offenders via the state police website and the Department of Corrections website. A treatment plan appropriate to the needs of the identified offender shall be developed prior to admission. The facility shall notify IDPH within 48 hours after verifying that a prospective or newly admitted resident is a sex offender. On 3/21/2024 at 9:45 AM, in review of protocol entitled Identified Offender Risk Screening

Assessment dated 2007, it states the facility takes steps to promote a safe and appropriate environment for each resident. No offender shall knowingly be admitted to or kept in the facility who is at risk because the person is reasonably expected to self-inflict serious physical harm or to inflict serious physical harm to another person in the near future, who is destructive of property or who is an identified offender. This evaluation is required for persons who fit the "identified offender" criteria and should be completed. (B)

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