

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006779	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/27/2015
NAME OF PROVIDER OR SUPPLIER OAK LAWN RESPIRATORY & REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 9525 SOUTH MAYFIELD OAK LAWN, IL 60453		
(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: 300.615e) 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 regulations were not met as evidenced by: Based on interview and record review the facility failed to ensure criminal background checks were completed within 24 hours after the admission for one of 16 (R19) residents reviewed for criminal background checks in the sample of 16, and nine residents (R24-R32) in the supplemental sample. The findings include: The facility's Admission Log for 11/23/14- 2/23/15 states R19 was admitted to the facility on 1/14/15, R24 was admitted to the facility on 1/15/15, R25 was admitted to the facility on 2/5/15, R26 was admitted to the facility on 2/13/15, R27 was admitted to the facility on 1/28/15, R28 was admitted to the facility on 2/10/15, R29 was admitted to the facility on 2/13/15, R30 was admitted to the facility on 2/20/15, R31 was	S9999		

Attachment A
Statement of Licensure Violations

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

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006779	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/27/2015
NAME OF PROVIDER OR SUPPLIER OAK LAWN RESPIRATORY & REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 9525 SOUTH MAYFIELD OAK LAWN, IL 60453		
(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	Continued From page 1 admitted to the facility on 2/23/15, and R32 was admitted to the facility on 1/31/15 . The Criminal History Information Response Process report,dated 2/25/15, states criminal histories were requested for R19 and R24-32 on 2/25/15. On 2/26/15 at 11:45 AM, E1 (Administrator) stated there was a problem with the system and criminal histories were not obtained on R19 and R24-32 until 2/25/15. (B)	S9999		