

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005516	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/15/2023
NAME OF PROVIDER OR SUPPLIER WARREN BARR LINCOLN PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2732 NORTH HAMPDEN COURT CHICAGO, IL 60614		
(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 Health Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of 2 300.615 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) Based on interview and record review, the facility failed to check and review the results of the Criminal History Information Response Process (CHIRP) within 24 hours of admission for 3 (R37, R274) out of 10 residents reviewed for Identified Offender Protocol. This failure resulted in R37 and R274 not having a background check submitted to the Identified Offender Program	S9999		

Attachment A
Statement of Licensure Violations

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

TITLE

(X6) DATE

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S9999	Continued From page 1 timely. Findings Include: The residents' clinical records and background checks were reviewed and revealed the following: 1. R37 was admitted on 2/01/2022. R37's CHIRP was completed on 2/15/2022. 2. R274 was admitted on 5/05/2023. R37's CHIRP was completed on 5/11/2023. On 12/14/2023 at 9:14 AM, V1 (Administrator) stated the Receptionist is the one responsible for running the resident's CHIRP as soon as the resident comes in the facility. V1 stated the CHIRP should be completed within 24 hours. The facility's policy titled; "Resident Background Check", dated 7/28/2023, reads: Policy Statement It is the facility's policy to comply with the state's requirement for background checks of the resident. Procedures 1. The 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. (C) 2 of 2 300.625 f)1) 300.625 g)	S9999			

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S9999	Continued From page 2 Section 300.625 Identified Offenders f) If identified offenders are residents of a facility, the facility shall comply with all of the following requirements: 1) The facility shall inform the appropriate county and local law enforcement offices of the identity of identified offenders who are registered sex offenders or are serving a term of parole, mandatory supervised release or probation for a felony offense who are residents of the facility. If a resident of a licensed facility is an identified offender, any federal, State, or local law enforcement officer or county probation officer shall be permitted reasonable access to the individual resident to verify compliance with the requirements of the Sex Offender Registration Act, to verify compliance with the requirements of Public Act 94-163 and Public Act 94-752, or to verify compliance with applicable terms of probation, parole, or mandatory supervised release. (Section 2-110(a-5) of the Act) Reasonable access under this provision shall not interfere with the identified offender's medical or psychiatric care. g) Facilities shall maintain written documentation of compliance with Section 300.615 of this Part. Based on interview and record review, the facility failed to retain and maintain documentation regarding background check for 3 (R11, R20, R37) out of 10 residents reviewed for Identified Offender Protocol. Findings Include: On 12/13/2023 at 9:36 AM, Surveyor reviewed R11, R20, and R37's background check files with	S9999			

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S9999	Continued From page 3 V23 (Social Service Director). R11, R20, and R37's Criminal History Information Response Process (CHIRP) results came back with a "HIT" for qualifying offenses. There was no documentation found in R11, R20, and R37's files if the Illinois Department of Public Health (IDPH) Identified Offender Program Office were notified of their admission to the facility. V23 stated if a resident's CHIRP result came back with a "HIT" or "Multi-Hit" for qualifying offense, the resident's face sheet, fingerprint receipt, and background check results need to be submitted to IDPH. V23 stated after submission, there should be a submission confirmation that IDPH has received the resident's files, and this documentation should be kept in the resident's files. The facility's policy titled; "Resident Background Check", dated 7/28/2023, reads: Policy Statement It is the facility's policy to comply with the state's requirement for background checks of the resident. (C)	S9999			