PRINTED: 03/15/2024 FORM APPROVED

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X3)			(X3) DATE SURVEY COMPLETED		
		IL6015457			01/1	1/2024		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE  1100 PEMBRIDGE DRIVE								
LAKE FOREST PLACE  LAKE FOREST, IL 60045								
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE		
S 000	Initial Comments		S 000					
	Annual Health Surv	ey						
S9999	Final Observations		S9999					
	Statement of Licensure Violations							
	300.615e)f)							
	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) 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.  This requirement was not met as evidenced by:  Based on interview and record review the facility failed to ensure resident background checks were completed within 24 hours of admission and failed to check the Illinois Sex Offender Website							

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

Electronically Signed

TITLE (X6) DATE 01/25/24 Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6015457	B. WING		01/1	1/2024
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
LAKE FOREST PLACE  1100 PEMBRIDGE DRIVE  LAKE FOREST, IL 60045						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	Continued From page 1		S9999			
	for newly admitted residents.					
	R101, R97, R102, F	10 residents (R99, R100, R197 and R198) reviewed for in the sample of 12.				
	The findings include:					
	that she was admitt (Criminal History Ro Check) shows it wa	onic Medical Record) shows ted on 1/5/24. Her CHIRP esponse Process/ Background as completed on 1/8/24. fender Registry Website was 9.				
	1/6/24. His CHIRP : 1/8/24.	s that he was admitted on shows it was completed on fender Registry Website was 00.				
	1/5/24. Her CHIRP 1/8/24.	s that she was admitted on shows it was completed on fender Registry Website was 01.				
	R102, R197 and R7 were all admitted to (State) Sex Offende	he was admitted on 1/3/24. 198's EMRs show that they the facility on 1/3/24. The er Registry Website was not 102, R197 or R198.				
	Coordinator) stated me while I was on was doing the Illino I took over and I was	PM V4 (Admissions , "Another person filled in for vacation in December. She is Sex Offender Checks. Then as told we could do either so I ational Sex Offender Checks v on my computer.				

Illinois Department of Public Health

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Illinois Department of Public Health

ΓΙΟΝ	IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		COMPLETED				
	II 6015457	B. WING		01/1	1/2024			
CUPPLIER			STATE ZID CODE	01/1	1/2024			
LAKE FOREST PLACE  LAKE FOREST, IL 60045								
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			(EACH CORRECTIVE ACTION SHOU	LD BE	(X5) COMPLETE DATE			
sidents (Reekend so 1/8/24) what ye policy elements of Nursing esidents we ents render address readdress r	99, R100 and R101) came in I just ran them (CHIRPS) on then I came in."  Intitled Abuse, Neglect and the intion of dated 2/1/22 states, and/or Social Services shall those personal histories and them at risk for being other residents." This policy esident background checks or	\$9999						
	R SUPPLIER  JAMMARY STA DEFICIENCY ATORY OR LE  d From pa sidents (R ekend so 1/8/24) wh ty policy el on, Prever of Nursing esidents wh ents render r abusing address re	IL6015457  R SUPPLIER STREET AD  1100 PEM  LAKE FO  MMARY STATEMENT OF DEFICIENCIES DEFICIENCY MUST BE PRECEDED BY FULL	IL6015457  B. WING  B. WING  CE  1100 PEMBRIDGE DR  LAKE FOREST, IL 60  IMMARY STATEMENT OF DEFICIENCIES DEFICIENCY MUST BE PRECEDED BY FULL ATORY OR LSC IDENTIFYING INFORMATION)  DEFICIENCY MUST BE PRECEDED BY FULL ATORY OR LSC IDENTIFYING INFORMATION)  DEFICIENCY MUST BE PRECEDED BY FULL ATORY OR LSC IDENTIFYING INFORMATION)  Seldents (R99, R100 and R101) came in the sekend so I just ran them (CHIRPS) on 1/8/24) when I came in."  Ty policy entitled Abuse, Neglect and con, Prevention of dated 2/1/22 states, of Nursing and/or Social Services shall residents whose personal histories and contained them at risk for being a rabusing other residents." This policy address resident background checks or	IL6015457  B. WING  CE  1100 PEMBRIDGE DRIVE LAKE FOREST, IL 60045  IMMARY STATEMENT OF DEFICIENCIES DEFICIENCY MUST BE PRECEDED BY FULL ATORY OR LSC IDENTIFYING INFORMATION)  DEFICIENCY  TAG  S9999  S9999  S1dents (R99, R100 and R101) came in elekend so I just ran them (CHIRPS) on 1/8/24) when I came in."  Tay policy entitled Abuse, Neglect and on, Prevention of dated 2/1/22 states, of Nursing and/or Social Services shall esidents whose personal histories and ents render them at risk for being rabusing other residents." This policy address resident background checks or	IL6015457  B. WING  B. WING  CE  1100 PEMBRIDGE DRIVE LAKE FOREST, IL 60045  IMMARY STATEMENT OF DEFICIENCIES DEFICIENCY MUST BE PRECEDED BY FULL ATORY OR LSC IDENTIFYING INFORMATION)  DEFICIENCY MUST BE PRECEDED BY FULL ATORY OR LSC IDENTIFYING INFORMATION)  DEFICIENCY  DEFICIENCY  DEFICIENCY  TAG  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  DEFICIENCY  S9999  S9999  S9999  S9999  S9999  S9999  S9999  S9999  S9999			

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