STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002430	A. BUILDING: _____ B. WING _____	01/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERFORD CARE CENTER, THE	7445 NORTH SHERIDAN ROAD CHICAGO, IL 60626

(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 Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.615 e) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. 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	S9999		

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S9999	Continued From page 1	S9999		

identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)

These requirements are not met as evidenced by:

Based on interview and record review, the facility failed to request and review the results of the criminal history background checks within 24 hours of admission for 2 (R135, R136) out of 10 residents reviewed for Identified Offender Protocol.

Findings Include:

The residents' clinical records and background checks were reviewed and revealed the following:

1. R135 was admitted on 12/29/2023. R135's Criminal History Information Response Process (CHIRP), Illinois Sex Offender Registry, National Offender Registry, and Illinois Department of Corrections were completed on 12/31/2023.

2. R136 was admitted on 9/09/2023. R136's CHIRP was completed on 9/12/2023.

On 1/10/23 at 12:10 PM, V32 (Human Resources/Admission Director) stated a resident's background check should be completed before the resident's admission in the facility.

The facility's policy titled; "Identified Offender Procedure/Protocol" with no date reads:
A. You must screen every prospective admission/new admission on the free internet sites and you must submit the UCIA Background Check through the Illinois State Police and ...* They need to be completed within 24 hours of admission*

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S9999	Continued From page 2 (C)	S9999		