

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145479	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/16/2025
NAME OF PROVIDER OR SUPPLIER  Atrium Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1425 West Estes Avenue Chicago, IL 60626	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>43351</p> <p>Based on interview, and record review, the facility failed to follow their policy of requesting a fingerprint-based background check within 72 hours of receiving the residents' name based criminal history background check for two of two residents (R9, R10) reviewed for Abuse Prevention.</p> <p>Findings include:</p> <p>On 04/14/2025 at 12:05pm during the Identified Offender Program review with V9 (Business Office Manager) observed R9's (03/26/2025) name based Criminal History Report's result: HIT and R10's (04/03/2025) name based Criminal History Report's result: HIT. This surveyor requested to see R9's and R10's fingerprinting consent, schedule, receipt, result and risk assessment. V9 stated (V3 - Social Service Director) is responsible for scheduling the fingerprinting of the residents.</p> <p>On 04/14/2025 at 1:24pm, V3 presented this surveyor R9's and R10's unsigned and undated 'Nursing Home Resident Applicant Fingerprinting Consent Forms'. V3 stated when I get the CHIRP result with HIT that is the only time we order for fingerprinting of our residents. I inform (Fingerprint Service Provider) via email. (Fingerprint Service Provider) can only do so many. They were here on 3/21/2025. I am not sure when I emailed (Fingerprint Service Provider) for their (R9 and R10) fingerprinting. Maybe on 4/8/2025. If the CHIRP came out with a 'hit', the expectation is to schedule the fingerprinting within 72 hours. V3 stated I will find out for you the purpose of scheduling the fingerprinting within 72 hours.</p> <p>On 04/14/2025 at 2:19pm inside V3's office, V3 checked the email she sent out to (Fingerprint Service Provider) and stated I don't have it in my email. I did not send an email to (Fingerprint Service Provider) to schedule the fingerprinting of (R9). For (R10), I emailed (Fingerprint Service Provider) on 04/08/2025. I know I am behind in scheduling their fingerprinting.</p> <p>On 04/14/2025 at 2:37pm, this surveyor presented V1 (Administrator) the CHIRP results of R9 and R10 and inquired when the facility should schedule the fingerprinting of these residents. V1 stated R9's fingerprinting should have been scheduled on 03/29/2025 and R10's fingerprinting should have been scheduled on 04/06/2025.</p> <p>On 04/14/2025 at 2:40pm, this surveyor presented V1 the facility provided Identified Offender Policy and Procedure and inquired if facility follows its policy of requesting a fingerprint-based background check within 72 hours. V1 stated No.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/15/2025 at 12:22pm, V1 (Administrator) stated burglary is a qualifying offense that necessitate for us to schedule fingerprinting within 72 hours. Prostitution Class 4 is also a qualifying offense.</p> <p>On 04/15/2025 at 1:16pm, V1 stated if the residents who have 'HIT' on the CHIRP were not scheduled for fingerprinting within 72 hours, we put all of the residents to potential harm. It is part of our abuse prevention program, checking the criminal backgrounds of our residents.</p> <p>R9's (04/08/2025) Minimum Data Set documented, in part Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 13. Indicating R9's mental status as cognitively intact.</p> <p>R9's (03/26/2025) Criminal History report documented, in part Criminal History Data: Prostitution. Class 4.</p> <p>R10's (03/31/2025) Minimum Data Set documented, in part Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 15. Indicating R10's mental status as cognitively intact.</p> <p>R10's (04/03/2025) Criminal History report documented, in part Criminal History Data. Burglary. Class 2.</p> <p>The (undated) Identified Offender Facility Policy and Procedure documented, in part Policy Statement. It is the policy of this facility to establish a resident sensitive and resident secure environment. In accordance with the provisions of the Nursing Home Care Act, this facility shall check the criminal history background on any resident seeking admission to the facility in order to identify previous criminal convictions. Identified offender: Any person who has been convicted of, found guilty of, any of the statute citation numbers listed in the identified offender conviction list or any of the statute citation numbers listed in the Sex offenses list of the department Identified Offenders program. Identifying Offenders. 3. Conduct a Criminal history background check: Within 24 (sic) hours of admission, request a name-based Uniform Conviction Information Act (UCIA) Criminal History background check for any resident seeking admission to the facility. 4.b. If the UCIA response contains convictions that match the Identified Offender or Sex Offender statute citation numbers, the resident is an identified offender and must be reported to Identified Offenders Program. 5. Request a live scan UCIA fingerprint check: d. the fingerprint-based background must be requested within 72 hours after receiving the name-based background check and must be conducted within five business days after receiving the name-based results.</p>		