

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510187	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/09/2026
NAME OF PROVIDER OR SUPPLIER HARTWELL PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 5520 N PAULINA ST CHICAGO, IL 60640		
(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
A 000	Initial Comment Annual Licensure Survey 295.3040, 955.165 c)	A 000		
A3040	Section 295.3040 Health Care Worker Background Check This Regulation is not met as evidenced by: General Violation Section 295.3040 Health Care Worker Background Check An establishment shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code. (Source: Amended at 36 Ill. Reg. 13632, effective August 16, 2012) Section 955.165 Fingerprint-Based Criminal History Records Check c) Educational entities and health care employers shall conduct Internet searches on certain web sites, including without limitation the Illinois Sex Offender Registry, the Department of Corrections' Sex Offender Search Engine, the Department of Corrections' Inmate Search Engine, the Department of Corrections Wanted Fugitives Search Engine, the National Sex Offender Public Registry, and the website of the Health and Human Services Office of Inspector General to determine if the applicant has been adjudicated a sex offender, has been a prison inmate, or has committed Medicare or Medicaid fraud, or shall conduct similar searches as	A3040		

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: ASL510187	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/09/2026
NAME OF PROVIDER OR SUPPLIER HARTWELL PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 5520 N PAULINA ST CHICAGO, IL 60640		
(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
A3040	Continued From page 1 provided by the web-based application. (Section 15 of the Act) These requirements are not met as evidenced by: Based on interview and record review, the establishment failed to ensure the 6 Registry checks were completed prior to employee hire and in the employee file for two (E5, E9) of two new employees reviewed. This deficient practice has the probability to affect all residents. Findings include: An onsite visit was conducted on 2/9/26. Selected employee files were requested. According to Employee Roster: E5 (Resident Associate) was hired on 6/30/25. E9 (Resident Associate) was hired on 12/27/25. Employee files provided by E10 (Human Resources Director) on 2/9/26 at 12:05PM did not have the documents indicating the 6 internet searches were completed for E5 and E9. E10 said, (E10) will find the documents and it will be submitted to surveyor. On 2/9/26 at 1:25 PM, E10 provided E5's and E9's Healthcare Workers Registry forms to surveyor. According to the forms, the 6 internet searches were completed on 2/9/26, the day of survey. E10 said, the 6 Registry checks should have been completed prior to employee hire.	A3040		