

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510507	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/24/2026
NAME OF PROVIDER OR SUPPLIER LINCOLNWOOD PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 7000 N MCCORMICK BLVD LINCOLNWOOD, IL 60712		
(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 955.145 a)1)2)3)b)c) 955.165 c)	A 000		
A3040	Section 295.3040 Health Care Worker Background Check This Regulation is not met as evidenced by: General Violation (Repeat) Section 295.3040 Health Care Worker Background Check (Repeat) 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 955.145 Employment Verification a) Each health care employer or its designee shall provide an employment verification and update the demographic information for each employee and each contracted or subcontracted worker no less than annually. (Section 33(i) of the Act) 1) The health care employer or its designee shall log into the Health Care Worker Registry through a secure login in a method prescribed by the Department. (Section 33(i) of the Act) 2) The health care employer or its designee shall indicate employment and termination dates (separation dates) within 30 days after hiring or	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: ASL510507	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/24/2026
NAME OF PROVIDER OR SUPPLIER LINCOLNWOOD PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 7000 N MCCORMICK BLVD LINCOLNWOOD, IL 60712		
(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 terminating an employee. (Section 33(i) of the Act) 3) The health care employer shall provide the employment category and type. (Section 33(i) of the Act) b) Failure to comply with this Section constitutes a licensing violation. A fine of up to \$500 may be imposed upon a health care employer for failure to maintain these records. (Section 33(i) of the Act) c) The information required in this Section shall be used by the Department of Public Health to notify any current employer of any disqualifying offenses that are reported by the Illinois State Police. (Section 33(i) of the Act) (Source: Amended at 49 Ill. Reg. 7999, effective May 22, 2025) 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510507	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/24/2026
NAME OF PROVIDER OR SUPPLIER LINCOLNWOOD PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 7000 N MCCORMICK BLVD LINCOLNWOOD, IL 60712		
(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 2 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 utilize the Department's Registry Portal to complete the 6 internet searches for employee eligibility for (E3, E6, E7, E8) employees. The establishment also failed to update and indicate the employee start date (E3, E5, E6, E7, E8). This deficient practice involved 5 of six employees reviewed for this requirement and has the probability to affect residents' safety. Findings include: An onsite visit was conducted on 2/23/26. Selected employee files were reviewed. E3 (Dining Services staff) was hired on 1/28/26. E5 (Care Associate) was hired on 6/2/25. E6 (Care Associate) was hired on 12/17/25. E7 (Care Associate) was hired on 11/6/25. E8 (Care Associate) was hired on 11/5/25. On 2/23/26, E11 (Human Resources Manager) submitted documents titled "Background Screening Report" completed by an outside vendor for E3, E6, E7 and E8. The start date of E3, E5, E6, E7, and E8 were also not indicated on their Healthcare Worker Registry documents. On 2/23/24 at 1:39PM, E11 confirmed the Registry Portal was not utilized to check internet searches. E11 indicated that the employee date will be updated in the Registry upon hire however	A3040		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510507	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/24/2026
NAME OF PROVIDER OR SUPPLIER LINCOLNWOOD PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 7000 N MCCORMICK BLVD LINCOLNWOOD, IL 60712		
(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 3 this was not followed.	A3040		