

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ILL6009385	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/22/2015
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NAME OF PROVIDER OR SUPPLIER THORNTON HEIGHTS TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 160 WEST 10TH STREET CHICAGO HEIGHTS, IL 60411
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(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
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Z 000	<p>COMMENTS</p> <p>Complaint Investigation</p> <p>1495837/ IL73983 - Refer to 300.625 I) 1590148/ IL74219 - No Findings</p>	Z 000		
Z9999	<p>FINDINGS</p> <p>Statement of Licensure Violations</p> <p>Section 300.625 Identified Offenders I) If the identified offender is a convicted (see 730 ILCS 150/2) or registered (see 730 ILCS 150/3) sex offender or if the Identified Offender Report and Recommendation prepared pursuant to Section 2-201.6(a) of the Act reveals that the identified offender poses a significant risk of harm to others within the facility, the offender shall be required to have his or her own room within the facility subject to the rights of married residents under Section 2-108(e) of the Act. (Section 2-201.6(d) of the Act)</p> <p>This requirement is not met as evidenced by:</p> <p>Based interview and record review the facility failed to provide a private bedroom for an identified sex offender (R3) in a sample of 3. This failure has the potential to affect R7, R3's roommate.</p> <p>Findings Include:</p> <p>R3's Physician Order Sheet includes diagnoses of schizophrenia and psychosis. R3's State Police Criminal History report indicates R3 was convicted of public indecency and lewd exposure. On 1/22/15 at 12:30 pm R3 was observed to have</p>	Z9999		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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Z9999	<p>Continued From page 1</p> <p>R7 as a roommate.</p> <p>The facility's State Agency notice dated 12/20/13 regarding R3 indicates that R3 is an identified sex offender and requires a private room.</p> <p>On 1/20/15 at 2:40pm E3 (social social director) stated R3 was given a 30 day Involuntary Notice of Transfer or Discharge because he is an identified sex offender. On 1/22/15 at 11:55am E3 stated placement was secured for R3 at another facility but R3 refused to leave the facility. E3 stated she realizes R3 should have a private room because he is an identified sex offender. E3 stated R3 does not reside in a private room but has a roommate and R3's room is three doors down the hall from the social service office. E3 stated R7 who is R3's roommate is not an identified offender.</p> <p>On 1/22/15 at 2:15 pm E1 (Administrator) stated that the facility does not have a sex offender policy because they follow the law.</p> <p style="text-align: center;">(B)</p>	Z9999		