

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009377	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/09/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER TERRACE NURSING HOME,THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1615 SUNSET AVENUE WAUKEGAN, IL 60087
---	---

(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
S9999	<p>Final Observations</p> <p>Statement of Licensure Violation:</p> <p>300.615e)</p> <p>300.615e) 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 identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act).</p> <p>This requirement is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to initiate criminal background checks within 24 hours of a resident's admission. This applies to 1 resident (R3) in the sample of 20, and 1 resident (R24) in the supplemental sample reviewed for criminal background verification.</p> <p>The findings include:</p> <p>R3 was admitted to the facility on March 6, 2015. The facility's records showed R3's criminal background check was initiated on 3/9/2015.</p> <p>R24 was admitted to the facility on February 28, 2015. The facility's records showed R24's criminal background check was initiated on 3/2/2015.</p>	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 04/24/15
---	-------	------------------------------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009377	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/09/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER TERRACE NURSING HOME,THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1615 SUNSET AVENUE WAUKEGAN, IL 60087
---	---

(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
S9999	<p>Continued From page 1</p> <p>On 4/8/2015 at 11:50 a.m., E11 (Director of Admissions) said R3 "was admitted late on a Friday night and the criminal background check was not initiated until Monday morning." E11 also said R24 "came in late on a Saturday evening through hospice from home and the criminal background check was not initiated until Tuesday, March 2, 2015." E11 said she is the only person responsible for initiating the criminal background checks for the facility, and does not work on the weekend. E11 also said there is no system in place for criminal background checks to be initiated in her absence.</p> <p style="text-align: center;">(B)</p>	S9999		