Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING iL6009377 06/29/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1615 SUNSET AVENUE** THE TERRACE WAUKEGAN, IL 60087 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Final Observations S9999 Statement of Licensure Violation 1-2: 300.625 c)1)2) Section 300.625 Identified Offender If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following: Immediately notify the Department of State Police, in the form and manner required by the Department of State Police, that the resident is an identified offender. Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal Bureau of investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files. This REQUIREMENT was not met as evidenced by: Attachment A Statement of Licensure Violations Based on interview and record review the facility failed to notify the State Police and arrange for a

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ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6009377	B. WING	3/13		
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	fingerprint based criminal background check within 72 hours followed by a risk assessment screening for 4 residents with a "Hit" found on their name based background check. This applies to 4 of 14 residents (R8, R27, R34, R111) reviewed for background checks in a sample of 16.					
					40 40	
	The findings includ	e:			= .	
	1. R8 EMR (Electr that R8 was admitt	onic Medical Record) shows ed to the facility on 2/19/21.				
		Background check was /21 and shows that R8 had a				140
120	R8's Fingerprint Ch fingerprints were no	eck Report shows that R8's of done until 5/5/22.				
	"Resident has an id an order of protecti	iated on 6/29/22 states, lentified criminal history with on." Interventions for this deview the State Police lysis report."				* # U
	"We redid the reque	2 AM V18 (Admissions) stated, est for fingerprints for (R8) in ever had a risk assessment		howana o c		
	2. R27's EMR shown facility on 12/8/21.	vs that he was admitted to the		*		e 1
		background check was 21 and shows R27 had a				Section 19
	 R27's Care Plan init	tisted on 6/16/22 states				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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	form dated 6/27/22 59.	shows a resident sample of					
-	On 6/29/22 the facil	ity provided a current					
	On 6/29/22 the facility provided a current employee list showing 14 employees hired since January of 2022.						
	The facility provided Certified Nursing As	background checks on V10					
	Housekeeping, and	V23 CNA, V22 and V23's					
	background check of	loes not show a date the vas performed and V10's	TT 0		44	-	
	background check w	as incomplete.					
1	she has only been th	AM, V1 Administrator stated ne administrator for a few					
	days and there is no V1 stated corporate	human resources person. human resources does the		a a s			
111	to employee files, so	V1 stated she had no access she has no way to	29				
- 10	determine who is ne	w and what their hire dates		40.0		E:	
1.4	employee list and all	rate provided the current the background checks for es that they had. V1 stated			-		
- 1	background checks s	should be done within so hired for all employees.		ii.			
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