PRINTED: 11/13/2024 FORM APPROVED

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6004766	B. WING		09/0	6/2024	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
PARC JOLIET 222 NORTH HAMMES JOLIET, IL 60435							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (2)		
S 000	Initial Comments		S 000				
	Annual Licensure S	Survey					
S9999	Final Observations		S9999				
	Statement of Licensure Violations:						
	300. 615 e)						
	Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information e) 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)						
	This requirement w	as NOT met as evidenced by:					
		and record review, the facility the background checks within 24					
		10 residents (R3, R20, R85, R60, & R61) in a sample of 35.					
	The findings include	e:					
	On 09/04/24 at 12:2	29 PM, V15 (Admission's					

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed 09/13/24

TITLE

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NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
\$9999	Director) record reversidents' background. 1. R3's EHR (Electrine was admitted on (Criminal History In was done on 7/18/2 Registry, & Illinois of done on 6/24/24. 2. R20's EHR show 8/1/23. R20's Illinois Department 7/28/23. 3. R85's EHR show 5/11/24 and her CHR 85's her Illinois Selllinois Department 4/26/24. 4. R95's EHR show 10/11/22, and his CHR 10/11/22, and his CHR 10/11/24, and his CHR 10/11/25/25 EHR show 10/11/24, and his CHR 10/11/24, and his CHR 10/11/25/25 EHR show 10/11/24, and his CHR 10/11/25/25 EHR show 10/11/25/25/25/25/25/25/25/25/25/25/25/25/25/	riews for were conducted for and checks. ronic Health Record) showed a 7/1/24 and his CHIRP formation Response Process) 24. R3's Illinois Sex Offender department of Correction was red she was admitted on a Sex Offender Registry, & of Corrections was done on a Sex Offender Registry, & the of Correction were done on a conducted he was admitted on a conducted he was a conducted he w	S9999	DEI TOTENOT!		
	7/13/24. R60's CHI	red she was admitted on RP was done on 7/13/24, and ender Registry, and the Illinois				

Illinois Department of Public Health

STATE FORM 90VU11 If continuation sheet 2 of 3

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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
\$9999	Department of Corr 8. R61's EHR show 7/18/24. R61's CHII the Illinois Sex Offe Department of Corr On 09/04/24 at 01:3 the background che the residents' referr CHIRP when the ac On 09/05/24 at 10:2 the background che should be done with the safety of the sta The facility's Identifi 8/24) showed the fa	ection were done on 7/18/24. ed she was admitted on RP was done on 7/17/24, and nder Registry, and the Illinois ection were done on 7/11/24. 80 PM, V15 said he was doing ecks as soon as he received eals, and he would do their dmission dates were set. 24 AM, V1 (Administrator) said ecks including the CHIRP nin 24 hours of admission for	S9999				

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90VU11 If continuation sheet 3 of 3